

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/08/2021  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001172	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/17/2021
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NAME OF PROVIDER OR SUPPLIER  ROC SURGERY LLC	STREET ADDRESS, CITY, STATE, ZIP COD 705 RILEY HOSPITAL DR SUITE 0201 INDIANAPOLIS, IN 46202
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S 0000  Bldg. 00	<p>This visit was for a state licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 012397</p> <p>Survey Dates: 8-16-2021 to 8-17-2021</p> <p>QA: 8/19/2021</p>	S 0000		
S 0772  Bldg. 00	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(3)(M)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(M) A requirement that a medical history and physical examination be performed as follows:</p> <p>(i) In accordance with medical staff requirements on history and physical consistent with the scope and complexity of the procedure to be performed.</p> <p>(ii) On each patient admitted by a physician, dentist, or podiatrist who has been granted such privileges by the medical staff or by another member of the medical staff.</p> <p>(iii) Within the time frame specified by the medical staff prior to date of</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>admission and documented in the record with a durable, legible copy of the report and with an update and changes noted in the record on admission in accordance with center policy.</p> <p>Based on document review and interview, the facility failed to provide a current and/or updated History and Physical (H&amp;P) for 1 of 30 (Patient 21) medical records (MRs) reviewed; or a physical exam on the H&amp;P for 1 of 30 (Patient 25) MRs reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of policy titled: Content of Medical Records (PolicyStat ID: 9866384), last approved 06/02/2021, indicated that a complete history and physical shall be completed within 30 days prior to admission for surgery; the exam must upon admission, prior to the performance of surgery or invasive procedure, include a notation of any changes, signature and date of service; and needs to contain a current physical examination.</li> <li>Review of Patient 21's MR indicated an H&amp;P dated 03/03/21 was in the MR. Patient was admitted for a surgical procedure on 03/22/21. A blank H&amp;P with a note dated 03/22/21, indicated that S6's (Surgeon) office was notified that the H&amp;P was not completed and MR lacked documentation of an update to the H&amp;P upon admission and/or prior to surgery.</li> <li>Review of Patient 25's MR indicated patient was admitted for a surgical procedure on 05/20/21 and an H&amp;P done on 05/20/21 lacked documentation of a physical examination upon admission and/or prior to surgery.</li> <li>Interview on 08/16/21 at approximately 2:30 pm,</li> </ol>	S 0772	<p>It is the clinical manager's responsibility to ensure that all medical records are complete according to policy. Reviewing patient #21 and #25 it has been confirmed that the H&amp;Ps were not correctly filled out prior to surgery according to policy. On 8/26/21 the Medical Director sent out a letter to the medical staff reminding them of our policies and proper standards of practice. Also on 8/25/21 the OR Clinical Manager sent out a letter on behalf of Management to the ROC Surgery staff members regarding proper handoff, check lists and safety practices according to our facilities policies and procedures. The staff involved in each specific instance will be made aware of the errors and reeducated to our proper standard of practice by 8/27/21.</p> <p>To prevent the reoccurrence of having incomplete medical records, the Clinical Manager will reiterate to the staff the importance of auditing the paperwork sent in to be scanned. The Clinical Manager will also randomly audit medical records each week to look for incomplete records.</p>	08/27/2021			

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	with S3 (Post Anesthesia Care Unit Clinical Nursing) confirmed lack of a current and/or updated H&P for Patient 21 upon admission and/or prior to surgery; and lack of physical exam on the H&P for Patient 25 upon admission and/or prior to surgery.				