

Indiana State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>240022771</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>01/10/2024</b>	
NAME OF PROVIDER OR SUPPLIER <b>BELTWAY SURGERY CENTERS LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>151 PENNSYLVANIA PKWY , CARMEL, Indiana, 46280</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	INITIAL COMMENTS  This visit was for a state licensure survey of an Ambulatory Surgery Center.  Facility Number: 002277  Survey Dates: 01/08/2024 - 01/10/2024  QA:		S0000				
S0400	INFECTION CONTROL PROGRAM  CFR(s): 410 IAC 15-2.5-1  410 IAC 15-2.5-1(a)  (a) The center shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review, observation and interview, the facility failed to provide a safe and healthful environment in one area toured SIMS (Supply Inventory Management System) Department.  Findings include:  1. Facility policy titled, "Environmental Cleaning in the Perioperative Setting", no policy number, last revised 6/6/23, indicated the purpose for the policy was to provide an environment for the perioperative team and patients that minimizes the risk of contamination by potentially infectious microorganisms.  2. During facility tour on 1/8/2024 at approximately		S0400				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0400	Continued from page 1 9:00 am and 1/10/2024 at approximately 3:00 pm, with S1 (Registered Nurse [RN], Clinical Manager), S2 (RN, Clinical Manager), S4 (RN, Clinical Manager) and S5 (RN, Clinical Manager), the following was observed in the SIMS Department Clean Supply Area: copious amounts of dirt, dust, debris, and supplies on the floor underneath metal supply racks housing clean supplies; metal supply carts were unable to be cleaned underneath due to not being properly elevated off the ground.  3. Interview with S9 (Manager of SIMS) on 1/9/2024 at approximately 11:00 am, confirmed the SIMS department clean supply area storage shelving racks containing clean supplies were unable to be cleaned underneath and the floor beneath these racks had visible dust, debris, and supplies present.  4. Interview with S3 (Director) on 1/10/2024 at approximately 3:30 pm, confirmed the facility is responsible for cleaning the SIMS Department and had not been cleaning the area.	S0400					
S0446	INFECTION CONTROL PROGRAM  CFR(s): 410 IAC 15-2.5-1  410 IAC 15-2.5-1(f)(2)(E)(x)  The infection control committee responsibilities must include, but are not limited to:  (E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:  (x) A program of linen management.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review, observation and interview, the facility failed to store linen per policy/procedure in one area toured (Operating Room [OR] Clean Linen	S0446					

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S0446	Continued from page 2 Closet).  Findings include:  1. Facility policy titled, "Laundry and Linen Service", no policy number, last revised 6/6/23, indicated clean linen will be handled in a manner to minimize contamination and be kept covered at all times.  2. During facility tour, with staff members S1 (Registered Nurse [RN], Clinical Manager), S2 (RN, Clinical Manager), S4 (RN, Clinical Manager) and S5 (RN, Clinical Manager), on 1/8/2024 at approximately 9:00 am and 1/10/2024 at approximately 3:00 pm, it was observed that the OR Clean Linen Closet had uncovered clean linen housed with the OR cleaning supply mop bucket filled with cleaning solution.  3. Interview with S1 on 1/8/2024 at approximately 11:00 am, confirmed clean linen in the OR core was housed uncovered with OR cleaning supplies including a mop bucket containing cleaning solution and should not have been.		S0446				
S1000	PHARMACEUTICAL SERVICES  CFR(s): 410 IAC 15-2.5-6  410 IAC 15-2.5-6  The center shall provide drugs and  biologicals in a safe and effective  manner, in accordance with accepted  professional practice, and under the  direction of an individual designated  responsible for pharmaceutical  services. Pharmaceutical services  must have the following:  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review, observation and interview, the facility failed to provide drugs in safe manner in two areas toured OR (Operating Room) Narcotic Storage and Medication Cabinet.		S1000				

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S1000	Continued from page 3 Findings include:  1. Facility policy titled, "Controlled Substances: Handling, Ordering, Receiving, Storage, Tracking, and Discrepancy Resolution", no policy number, last revised 12/26/23, indicated the ASC medication RN will conduct monthly area inspections to check for and remove outdates.  2. Facility policy titled, "Medication Inventory, Storage and Safe Procurement for Administration", no policy number, last revised 1/3/24, indicated medications in all storage locations are checked for outdated medication.  3 During facility tour, with staff members S1 (Registered Nurse [RN], Clinical Manager), S2 (RN, Clinical Manager), S4 (RN, Clinical Manager) and S5 (RN, Clinical Manager), on 1/8/2024 at approximately 9:00 am and 1/10/2024 at approximately 3:00 pm, it was observed that the OR Narcotic Cabinet had three expired Fentanyl vials and 11 expired Albuterol ampules in the Medicine Cabinet.  4. Interview with S4 on 1/8/2024 at approximately 10:30 am, confirmed there were three vials of expired fentanyl in the OR Narcotic Cabinet but should not have been.  5. Interview with S5 on 1/10/2024 at approximately 11:00 am, confirmed there were eleven ampules of expired albuterol in Medicine Cabinet and should not have been.	S1000					
S1166	PHYSICAL PLANT, EQUIPMENT MAINTENANCE,  CFR(s): 410 IAC 15-2.5-7  410 IAC 15-2.5-7(b)(4)(B)(ii)  (b) The condition of the physical  plant and the overall center  environment must be developed and  maintained in such a manner that the  safety and well-being of patients are  assured as follows:	S1166					

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S1166	<p>Continued from page 4</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(ii) There must be evidence of preventive maintenance on all patient care equipment.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, it could not be determined that the facility performed and documented preventive maintenance (PM) activity for 2 of 12 pieces of patient care equipment (Zoll Defibrillator and Stryker Surgical Light).</p> <p>Findings include:</p> <p>1. On 01-10-2024 at approximately 1400 hours, employee S3 (Director) was requested to provide documentation that the facility performed PM activity for Zoll Defibrillator and Stryker Surgical Light for the last 12 months.</p> <p>2. Review of Biomedical Maintenance Records indicated that the Zoll Defibrillator was last serviced in 10/2022, and the Stryker Surgical Light was last serviced in 04/2022.</p> <p>3. Interview on 01-10-2024 at approximately 1445 hours, with employee S3, confirmed that no PM activity was completed or documented in the last 12 months for either piece of patient care equipment mentioned above.</p>		S1166				