

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240022771		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/10/2024
NAME OF PROVIDER OR SUPPLIER BELTWAY SURGERY CENTERS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 151 PENNSYLVANIA PKWY, CARMEL, Indiana, 46280			
(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	<p>INITIAL COMMENTS</p> <p>This visit was for a state licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 002277</p> <p>Survey Dates: 01/08/2024 - 01/10/2024</p> <p>QA:</p> <p>INFECTIOUS CONTROL PROGRAM</p> <p>CFR(s): 410 IAC 15-2.5-1</p> <p>410 IAC 15-2.5-1(a)</p> <p>(a) The center shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>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.</p> <p>Findings include:</p> <p>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.</p> <p>2. During facility tour on 1/8/2024 at approximately</p>	S0000			
S0400		S0400			

Office of Primary Care and Health Systems Management

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

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240022771	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/10/2024
NAME OF PROVIDER OR SUPPLIER BELTWAY SURGERY CENTERS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 151 PENNSYLVANIA PKWY, CARMEL, Indiana, 46280		
(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
S0400	<p>Continued from page 1</p> <p>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.</p> <p>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.</p> <p>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.</p>	S0400		
S0446	<p>INFECTON CONTROL PROGRAM</p> <p>CFR(s): 410 IAC 15-2.5-1</p> <p>410 IAC 15-2.5-1(f)(2)(E)(x)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(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:</p> <p>(x) A program of linen management.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>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</p>	S0446		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240022771	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/10/2024
NAME OF PROVIDER OR SUPPLIER BELTWAY SURGERY CENTERS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 151 PENNSYLVANIA PKWY, CARMEL, Indiana, 46280		
(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
S0446	<p>Continued from page 2 Closet).</p> <p>Findings include:</p> <p>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.</p> <p>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.</p> <p>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.</p>	S0446		
S1000	<p>PHARMACEUTICAL SERVICES</p> <p>CFR(s): 410 IAC 15-2.5-6</p> <p>410 IAC 15-2.5-6</p> <p>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:</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>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.</p>	S1000		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240022771	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/10/2024
NAME OF PROVIDER OR SUPPLIER BELTWAY SURGERY CENTERS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 151 PENNSYLVANIA PKWY, CARMEL, Indiana, 46280		
(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
S1000	<p>Continued from page 3</p> <p>Findings include:</p> <p>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 outdated.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	S1000		
S1166	<p>PHYSICAL PLANT, EQUIPMENT MAINTENANCE,</p> <p>CFR(s): 410 IAC 15-2.5-7</p> <p>410 IAC 15-2.5-7(b)(4)(B)(ii)</p> <p>(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:</p>	S1166		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240022771	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/10/2024
NAME OF PROVIDER OR SUPPLIER BELTWAY SURGERY CENTERS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 151 PENNSYLVANIA PKWY, CARMEL, Indiana, 46280		
(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
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> <ol style="list-style-type: none"> 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. 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. 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. 	S1166		