

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230054051		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/16/2024	
NAME OF PROVIDER OR SUPPLIER BLOOMINGTON SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1011 W SECOND ST , BLOOMINGTON, Indiana, 47403			
(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: 005405 Survey Date: 01/16/24 QA: 1/22/2024 & 1/24/2024		S0000				
S0826	MEDICAL STAFF; ANESTHESIA AND SURGICAL CFR(s): 410 IAC 15-2.5-4 410 IAC 15-2.5-4(c)(1)(E) The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following: (E) Safety training required of personnel. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to ensure operating room (OR) safety training in 7 of 7 physicians reviewed (MD1, MD2, MD3, MD4, MD5, MD6, and MD7). Findings include: 1. Review of Bloomington Surgery Center Medical Staff Rules and Regulations, last approved 12/12/23, lacked indication of physician requirements for OR safety		S0826			02/28/2024	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0826	Continued from page 1 training. 2. Review of Policy and Procedure binder, lacked a policy on physician requirements for OR safety training. 3. Review of Bloomington Surgery Center Board of Directors and Active Medical Staff Annual Meeting minutes, dated 12/12/23, indicated The Medical Staff Bylaws and Rules and Regulations were reviewed and approved by, both, the Medical Staff and Governing Board. 4. In interview on 01/16/24 at approximately 3:30 pm, A1 (Director of Surgical Services) verified no OR safety training is mandated for physicians.	S0826					
S1010	PHARMACEUTICAL SERVICES CFR(s): 410 IAC 15-2.5-6 410 IAC 15-2.5-6(3)(A) Pharmaceutical services must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug handling, storing, labeling, and dispensing. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and observation, personnel failed to properly label medication that was removed from the original package (MD7). Findings include: 1. Facility policy titled "Labeling All Injectable or Oral Medications Removed From Original Packaging", no	S1010				01/30/2024	

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S1010	Continued from page 2 policy number, last revised 12/12/2023, indicated if immediate use is not anticipated, the syringe/medicine cup should include name of medication, initials of person drawing the medication, and date of draw. 2. During surgery observation on 1/16/2024 at approximately 1030 hours, MD7 (Doctor of Osteopathy) was observed removing a prefilled unlabeled syringe from scrub top pocket and administering medication to patient #31 via IV (intravenous) access.	S1010					
S1146	PHYSICAL PLANT, EQUIPMENT MAINTENANCE, CFR(s): 410I AC 15-2.5-7 410 IAC 15-2.5-7(b)(2) (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: (2) No condition may be created or maintained which may result in a hazard to patients, public, or employees. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review, observation and interview, the facility failed to maintain an environment free of potential hazards to patients in 1 of 1 medical gas room. Findings include: 1. Review of facility policy titled, Gases, Medical, no policy number, last revised 12/12/23, indicated all tanks shall be secured to prevent tipping or falling. 2. Review of the Bloomington Surgery Center Board of Directors and Active Medical Staff Annual Meeting	S1146				01/31/2024	

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S1146	Continued from page 3 minutes, dated 12/12/23, indicated the Policy and Procedure Manual was reviewed and approved. 3. While on tour, accompanied by A3 (Building Grounds Coordinator), on 01/16/24 at approximately 4:05 pm, this writer observed 3 tanks of medical gases, in the medical gas room, that were not secured to prevent tipping or falling. 4. In interview, on 01/16/24 at approximately 4:30 pm, A1 (Director of Surgical Services), verified there were 3 tanks of medical gases, in the medical gas room, that were not secured to prevent tipping or falling.	S1146					
S1154	PHYSICAL PLANT, EQUIPMENT MAINTENANCE, CFR(s): 410 IAC 15-2.5-7 410 IAC 15-2.5-7(b)(3)(C) (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: (3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows: (C) Operational and maintenance control records must be established and analyzed at least triennially. These records must be readily available on the premises.	S1154				02/14/2024	

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S1154	<p>Continued from page 4</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to establish operational and maintenance control records for triennial analysis and lacked preventive maintenance on 1 of 1 emergency code call systems.</p> <p>Findings include:</p> <p>1. Facility policy titled, Bio-Medical Equipment, no policy number, last revised 12/12/23, indicated the facility would contract with a Biomedical Engineer who would be responsible for the inspection of all equipment at the center.</p> <p>2. Review of the Bloomington Surgery Center Board of Directors and Active Medical Staff Annual Meeting minutes, dated 12/12/23, indicated the Policy and Procedure Manual was reviewed and approved.</p> <p>3. Review of facility preventive maintenance logs lacked preventive maintenance records on the emergency code call system.</p> <p>4. In interview, on 1/16/24 at approximately 2:25 pm, A1 (Director of Surgical Services), verified no preventive maintenance has been done on the code call system, only daily user checks done by facility staff.</p>	S1154					