

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001081	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 W BETHEL AVENUE, MUNCIE, Indiana, 47304		
(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
Q0000	<p>INITIAL COMMENTS</p> <p>This visit was for a federal recertification survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 010493</p> <p>Survey Date: 4/29/24 to 4/30/24</p> <p>QA: 5/17/2024</p>	Q0000		
Q0242	<p>INFECTION CONTROL PROGRAM</p> <p>CFR(s): 416.51(b)</p> <p>The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on document review, observation, and interview, the facility failed to ensure staff followed the policy related to safe intravenous practices for 1 of 1 patient observations (P31).</p> <p>Findings include:</p> <p>1. Policy and Procedure "Medication Administration", last revised 2/22/24, Document N0: CS-NURS-21. The policy indicated on page 3, F. Intravenous injection: 1. Prepare medication and syringes as per parenteral guidelines above. 2. Select the proper port. Cleanse with an antiseptic pad. 3. Administer drug.</p> <p>2. During observation of care provided to patient P31 at approximately 3:15 p.m. on 4/29/2024, MD9 (Anesthesiologist) was observed not disinfecting the needless hub before administering intravenous medication.</p>	Q0242	05/14/2024	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Q0242	<p>Continued from page 1</p> <p>3. On 4/30/24 at approximately 10:15 am, staff A2 (Director of Surgery) confirmed that MD9 did not follow the Medication Administration policy by not using antiseptic before administering intravenous medications during the surgery.</p>	Q0242		