

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240066221		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD MPC2 - D1450, INDIANAPOLIS, Indiana, 46202			
(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: 006622</p> <p>Survey Dates: 7/1/2024 & 7/2/2024</p> <p>QA: 7/10/2024 & 7/11/2024</p> <p>GOVERNING BODY; POWERS AND DUTIES</p> <p>CFR(s): 410 IAC 15-2.4-1</p> <p>410 IAC 15-2.4-1(c) (5) (C)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(C) Orientation of all new employees, including contract and agency personnel, to applicable center and personnel policies.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure that contract staff received orientation to the facility for 3 of 3 personnel files reviewed (H1, H2, and H3).</p> <p>Findings include:</p> <p>1. Facility policy titled, "Orientation to the Ambulatory surgery Center – Contractors/Vendors/Suppliers, Publication Date:</p>	S0000			
S0153		S0153			08/14/2024

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: 240066221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD MPC2 - D1450, INDIANAPOLIS, Indiana, 46202		
(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
S0153	<p>Continued from page 1</p> <p>03/26/2024, indicated under 1. Purpose, To provide orientation to promote a safe and healthy environment for patients, visitors, employees, volunteers, or contract personnel at the ambulatory surgery center (ASC). Under VI. Procedures, A. Contractors are to be oriented to ASC safety policies and procedures. B. Orientation for contractors who will work within the ASC for one month or more will be provided collaboratively between the contractor's employer and the ASC. Orientation will include, but is not limited to the subjects of HIPAA [Health Insurance Portability and Accountability Act], Environment of Care and Patient Safety. 2. ASC specific orientation includes:</p> <p>a. Tour the facility b. Policy review c. Review of Fire Safety including: Location of fire pulls, facility evacuation routes; d. Location of necessary supplies, e. Completion of Confidentiality Statement, f. Review of Emergency Codes.</p> <p>2. Review of H1, H2, and H3's (Contracted Housekeepers) personnel files lacked documentation of an orientation to the facility.</p> <p>3. Interview with A1 (Ambulatory Surgery Center Director of Operations) and A2 (Administrative Assistant) on 07/02/2024 at approximately 11:40 a.m., confirmed H1, H2, and H3 did not have documentation of orientation to the facility.</p>	S0153		
S0172	<p>GOVERNING BODY; POWERS AND DUTIES</p> <p>CFR(s): 410 IAC 15-2.4-1</p> <p>410 IAC 15-2.4-1 (c)(5) (L)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(L) Maintaining personnel records for each employee of the center which include personal data, education and experience, evidence of participation in job related educational activities, and records of employees which relate</p>	S0172		08/14/2024

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240066221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD MPC2 - D1450, INDIANAPOLIS, Indiana, 46202		
(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
S0172	<p>Continued from page 2</p> <p>to post offer and subsequent physical examinations, immunizations, and tuberculin tests or chest x-rays, as applicable.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to maintain a complete personnel file for 3 of 3 personnel files reviewed (H1, H2, and H3).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy titled, "Orientation to the Ambulatory surgery Center – Contractors/Vendors/Suppliers, Publication Date: 03/26/2024, indicated under VI. Procedures, B., 1. The ASC maintains a file for contractors who work within the ASC for one month or more that contains: a. Job Description b. performance expectations c. method(s) and location of documentation of the completion of orientation activities d. A current copy of any license, registration or certification required for the contractor to perform their function within the ASC. 2. Review of H1, H2, and H3's (Contracted Housekeepers) personnel files lacked documentation of a complete personnel file. 3. Interview with A1 (Ambulatory Surgery Center Director of Operations) and A2 (Administrative Assistant) on 07/02/2024 at approximately 11:40 a.m., confirmed H1, H2, and H3 lacked documentation of a complete personnel file as required by facility policy and procedure. 	S0172		
S0442	<p>INFECTION CONTROL PROGRAM</p> <p>CFR(s): 410 IAC 15-2.5-1</p> <p>410 IAC 15-2.5-1(f)(2)(E)(viii)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p>	S0442		08/14/2024

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240066221		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD MPC2 - D1450, INDIANAPOLIS, Indiana, 46202			
(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
S0442	<p>Continued from page 3</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>(viii) An employee health program to determine the communicable disease history of new personnel as well as an ongoing program for current personnel as required by state and federal agencies.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure contract personnel had proof of required immunization documentation in 3 of 3 personnel files reviewed (H1, H2, and H3).</p> <p>Findings include:</p> <p>1. Facility policy titled, "Vaccinations for Employee Occupational Health", Publication Date 05/17/2024, indicated under II. Scope, Application of this policy includes but is not limited to the following persons: individuals employed by IU Health and its affiliates (IU Health Personnel); Any individual who has been granted privileges to provide clinical care at any IU Health facility (Privileged Providers); non-workers including, volunteers; student learners; and vendors, contractors and contingent workers. Under V. Policy Statements, A. All team members contingent workers and non-workers are required to provide proof of immunity or be vaccinated for the following: 1. Influenza, MMR, and Varicella.</p> <p>2. Review of H1, H2, and H3's (Contracted Housekeepers) personnel files lacked documentation of a varicella titer or varicella immunization, rubella and/or rubeola titer and/or Measles, Mumps, Rubella (MMR) immunization record.</p> <p>3. Interview with A1 (Ambulatory Surgery Center</p>	S0442			

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240066221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD MPC2 - D1450, INDIANAPOLIS, Indiana, 46202		
(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
S0442	Continued from page 4 Director of Operations) and A2 (Administrative Assistant) on 07/02/2024 at approximately 11:40 a.m., confirmed H1, H2, and H3 did not have documentation regarding immunizations in their personnel file as described above.	S0442		
S0612	<p>MEDICAL RECORDS, STORAGE, AND ADMIN.</p> <p>CFR(s): 410 IAC 15-2.5-3</p> <p>410 IAC 15-2.5-3(c)(1)</p> <p>(c) An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility lacked accurate medical records in 9 out of 28 medical records (Patient 5, 6, 8, 9, 17, 20, 21, 22, and 23) and in 2 of 2 patients who were transferred (Patient 29 and 30) medical records reviewed.</p> <p>Findings include:</p> <p>1. Facility Policy titled, "Patient Release to Home", Publication Date 04/01/2024, indicated under VI. Procedures, E. Prior to release of the patient from PACU the following must occur: 1. Physician order which includes "May release to home when discharge criteria is met" must be documented. 7. All postoperative instructions are complete and documented.</p> <p>2. Facility Policy titled, "Transfer of a Perioperative Patient", Publication Date: 08/25/2023, indicated under VI. Procedures, C. Complete the transfer paperwork/forms. Place a patient label on each form. 1. The physician will need to complete the "ASC Transfer Physician Orders and Documentation/Patient Consent"</p>	S0612		08/14/2024

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240066221		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD MPC2 - D1450, INDIANAPOLIS, Indiana, 46202			
(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
S0612	<p>Continued from page 5 form for all patient transfers (See FORMS/APPENDICES).</p> <p>2. Complete the ASC Transfer Nursing Notes (See FORMS/APPENDICES).</p> <p>3. Facility Policy titled, "Content of Medical Records", Publication Date: 06/06/2024, indicated under V. Policy Statements, C. The following apply to all entries in the Medical Record: 1. All entries must be legible and complete. Entries must reflect date and time, pertinent, factual, and meaningful observations and information within the scope and authority of a particular discipline.</p> <p>4. Review of patients' medical records 5, 6, 8, 9, and 17 lacked documentation of the time patient was given discharge instructions prior to discharge.</p> <p>5. Review of patients' medical records 20, 21, 22, and 23 lacked documentation of the time and/or date on discharge orders.</p> <p>6. Review of patient's medical records 5, 6, and 22 lacked documentation of the time on intraoperative and/or postoperative orders.</p> <p>7. Review of medical records 29 and 30 lacked documentation of the ASC Transfer Physician Orders and Documentation/Patient Consent form and the ASC Transfer Nursing Notes per policy.</p> <p>8. Interview with A4 (Clinical Specialty Coordinator) on 07/01/2024 at approximately 4:35 p.m., confirmed patient 29 and 30's medical record lacked the above form and notes per policy.</p> <p>9. Interview with A2 (Administrative Assistant) on 07/02/2024 at approximately 11:20 a.m., confirmed that Risk Management confirmed patient 29 and 30's medical record lacked the above form and notes per policy.</p> <p>10. Interview with A4 on 07/02/2024 at approximately 12:30 p.m., confirmed that patients 5, 6, 8, 9, 17, 20, 21, 22, and 23 medical records lacked the above documentation.</p>	S0612			