(X6) DATE

AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240117181		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2024			
NAME OF PROVIDER OR SUPPLIER  Franciscan Surgery Center LaPorte			STREET ADDRESS, CITY, STATE, ZIP CODE  900 I STREET, SUITE 1 , LA PORTE, Indiana, 46350					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
S0000	INITIAL COMMENTS		S0000					
S0606	This visit was for a State Lice Ambulatory Surgery Center. Facility Number: 011718 Survey Dates: 10/29/24 to 10 QA: 1/20/2025 MEDICAL RECORDS, STOR CFR(s): 410 IAC 15-2.5-3 410 IAC 15-2.5-3(b)(1)  (b) The organization of the marecord service must be approached as follows:  (1) The services must be directly a registered record administration (RRA) or an accredited record technician (ART). If a full-time	PAGE, AND ADMIN.  RAGE, AND ADMIN.  Redical  Opriate to  the  acted by  ator  id	S0606			11/19/2024		
	and/or part-time RRA or ART employed, then a consultant							
	must be provided to assist the	e						
	qualified person in charge.							
	Documentation of the finding	s and						

STATE FORM Event ID: 64906-H1 Facility ID: 011718 If continuation sheet Page 1 of 2

TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240117181	Ä	X2) MULTIPLE CONSTRUCTION A. BUILDING 3. WING	(X3) DATE SURVEY COMPLETED 10/30/2024			
NAME OF PROVIDER OR SUPPLIER  Franciscan Surgery Center LaPorte			STREET ADDRESS, CITY, STATE, ZIP CODE 900 I STREET, SUITE 1 , LA PORTE, Indiana, 46350					
(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		
S0606	Continued from page 1 recommendations of the conbe maintained.  This LICENSURE REQUIRE  Based on document review a failed to ensure that the med directed by a registered reconanceredited record technic consultant.  Findings include:  1. Review of facility's establis list for the previous 12 month consultant.  2. Review of N6's (Registerelacked training/certification and and 10/30/24 and 11/30/24 and 11/30	MENT is NOT MET as evidenced by:  and interview, the facility ical record services were rd administrator (RRA) or ian (ART) on staff or by a  wheel contract/agreement as lacked a medical record  d Nurse) personnel file as an RRA and/or ART.  approximately 11:30 am, and Nurse) confirmed N6 as of the RRA/ART for the RA and/or ART irmed ASC's medical and by an RRA and/or ART	S0606					