(X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240117181	Α	(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 PREFII 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 Licensure survey of an Ambulatory Surgery Center. Facility Number: 011718 Survey Dates: 10/29/24 to 10/30/24 QA: 1/20/2025 MEDICAL RECORDS, STORAGE, AND ADMIN. CFR(s): 410 IAC 15-2.5-3 410 IAC 15-2.5-3(b)(1) (b) The organization of the medical record service must be appropriate to the scope and complexity of the services provided as follows: (1) The services must be directed by a registered record administrator (RRA) or an accredited record technician (ART). If a full-time and/or part-time RRA or ART is not		S0606			11/19/2024			
	employed, then a consultant must be provided to assist the								
	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			(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 reconaccredited record techniciconsultant. Findings include: 1. Review of facility's establis list for the previous 12 month consultant. 2. Review of N6's (Registered lacked training/certification and and 10 National	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 thed contract/agreement is lacked a medical record d Nurse) personnel file is an RRA and/or ART. approximately 11:30 am, ied Nurse) confirmed N6 is of the RRA/ART for the RA and/or ART irmed ASC's medical ied by an RRA and/or ART	S0606					