

Indiana State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>250123971</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>02/11/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>ROC SURGERY LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>705 RILEY HOSPITAL DR SUITE 0201 , INDIANAPOLIS, Indiana, 46202</b>	
(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: 012397  Survey Date: 02/10/25 – 02/11/25  QA: 02/21/2025	S0000		
S0630	MEDICAL RECORDS, STORAGE, AND ADMIN.  CFR(s): 410 IAC 15-2.5-3  410 IAC 15-2.5-3(d)  (d) The medical record must contain sufficient information to:  (1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of the patient's stay in the center and the results.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review and interview, the facility lacked completed medical records in 19 of 30 (Patients 1, 2, 3, 4, 5, 6, 9, 10, 14,16, 17, 19, 21, 22, 24, 25, and 28) patient medical records reviewed.  Findings include:  1. Facility policy titled, Content of Medical Records,	S0630		03/25/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0630	<p>Continued from page 1 last publication date 06/26/2024, 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>2. Review of medical records for Patients 1, 2, 3, 4, 5, 6, 9, 10, 14,16, 17, 19, 21, 22, 24, 25, and 28 lacked documentation of date and/or time in the discharge instructions signature line for nursing staff and parent/legal guardian.</p> <p>3. Interview with A5 (PACU Educator) on 02/10/2025 2:15 p.m. at approximately confirmed Patients 1, 2, 3, 4, 5, and 6 medical records lacked documentation of date and/or time on the signature line of the patients discharge instructions.</p> <p>4. Interview with A4 (Shift Coordinator) on 02/10/2025 at approximately 3:30 p.m. confirmed Patients 9, 10, 14, 16, 17, 18, 19, 21, 21, 22, 24, 25, and 28 medical records lacked documentation of date and/or time on the signature line of the patients discharge instructions.</p>	S0630		