

Indiana State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>240036331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>02/11/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>SULLIVAN SURGICENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>320 N SECTION ST , SULLIVAN, Indiana, 47882</b>	
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S0000	INITIAL COMMENTS  This visit was for a State Licensure survey of an Ambulatory Surgery Center.  Facility Number: 003633  Survey Date: 02/11/2025  QA: 2/21/2025	S0000		
S0156	GOVERNING BODY; POWERS AND DUTIES  CFR(s): 410 IAC 15-2.4-1  410 IAC 15-2.4-1 (c)(5) (E)  Require that the chief executive officer develop and implement policies and programs for the following:  (E) Maintenance of current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on a job description, for each employee providing direct patient care or support services, including contract and agency personnel, who are not subject to a clinical privileging	S0156		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0156	Continued from page 1 process.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review and interview, facility failed to complete annual performance evaluations for 4 of 5 personnel files reviewed (A2, A3, N2, and N4).  Findings include:  1. Facility policy titled "Job Description/Performance Evaluation", Policy Number: 1000.13, Review Date: 12/1/2023, under Guidelines: 1. All employees are evaluated: 1.2 Annually during the anniversary month or month the performance appraisal is to be completed.  2. Review of personnel files on 2/11/2025 indicated A2 (Business Office Manager), A3 (Operating Room Technician), N2 (Registered Nurse, Director of Nursing, Infection Prevention), and N4 (Central Supply) annual performance evaluations were last completed on 12/2023.  3. In interview on 2/11/2025 at approximately 1500 hours with A2, he/she confirmed all 4 personnel records lacked documentation of yearly evaluations.	S0156		
S0162	GOVERNING BODY; POWERS AND DUTIES  CFR(s): 410 IAC 15-2.4-1  410 IAC 15-2.4-1 (c)(5) (G)  Require that the chief executive officer develop and implement policies and programs for the following:  (G) Ensuring cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and center policy for all health care workers including contract and agency personnel, who provide direct patient care.	S0162		

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S0162	Continued from page 2 This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review and interview, facility failed to obtain cardiopulmonary resuscitation (CPR) certification for 1 of 5 personnel files reviewed. (A3 [Operating Room Technician])  Findings include:  1. Facility policy titled Cardiopulmonary Resuscitation Training, policy number 1200.2, last reviewed 12/1/23, under Policy: All medical staff will be trained in CPR and will follow proper procedure in case of cardiopulmonary emergency; under Procedure: All medical staff shall be CPR certified, and a copy of current CPR certifications will be kept in employee records.  2. Facility job description titled Operating Room Technician, under Qualifications: Must have current CPR.  3. Review of A3 (Operating Room Technician) personnel file lacked documentation of valid CPR certification.  4. In interview on 2/11/25 at approximately 1330 hours, A3 verified he/she did not have current CPR certification.	S0162		
S0442	INFECTION CONTROL PROGRAM  CFR(s): 410 IAC 15-2.5-1  410 IAC 15-2.5-1(f)(2)(E)(viii)  The infection control committee responsibilities must include, but are not limited to:  (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:  (viii) An employee health program to	S0442		

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S0442	<p>Continued from page 3</p> <p>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, facility failed to obtain pre-employment physicals for 2 of 5 personnel files reviewed. [N1 (Maintenance Manager), N2 (Registered Nurse, Director of Nursing, Infection Prevention)]; facility failed to maintain documentation of annual TB (Tuberculosis) screenings in 4 of 5 personnel records reviewed [A2 (Office Manager), A3 (Operating Room Technician), N2, N4 (both Central Supply)]; and facility failed to maintain documentation of employee vaccination records in 2 of 5 personnel records reviewed. (N1, N2)</p> <p>Findings include:</p> <p>1. Facility policy titled "Pre-employment Physicals", Policy Number: 1600.03, last reviewed 12/1/23, under Procedure, 1. A physical exam is to be obtained by the newly hired employee prior to work within the first week of employment. The physical exam may include lab work as ordered by the physician. 3. Required immunizations and vaccinations will be included in all employee files. 7. All physical forms and immunizations will be a part of the employee permanent record.</p> <p>2. Facility policy titled Infection Control Program for Tuberculosis, No Policy Number, Last Reviewed 12/1/23, Page 1, under 1. Policy, 1.1 The policy and practice of this facility is to follow this written Tuberculosis (TB) Infection Program which is based on the outcome of our TB risk assessment. 1.2 Testing and/or risk assessment will be conducted annually on employees.</p> <p>2. Review of personnel files on 2/11/25 indicated N1 and N2 lacked documentation of pre-employment physical; A2, A3, N2 and N4 lacked documentation of TB (Tuberculosis) screenings; N1 and N2 lacked documentation of vaccinations including Rubella, Rubeola, Vericella and Hepatitis B.</p> <p>3. In interview on 11/14/2023 at approximately 1500 hours with A2, he/she confirmed lack of pre-employment</p>	S0442		

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S0442	Continued from page 4 physical in personnel file for N1 and N2, lack of TB screenings in personnel file for N2 and N4, and lack of vaccination records in personnel file for N1 and N2.	S0442		
S0664	<p>MEDICAL RECORDS, STORAGE, AND ADMIN.</p> <p>CFR(s): 410 IAC 15-2.5-3</p> <p>410 IAC 15-2.5-3(f)(9)</p> <p>All patient records must document and contain, at a minimum, the following:</p> <p>(9) A written or dictated report describing techniques, findings, and tissue removed or altered.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, facility failed to maintain completed medical records for 6 of 30 medical records reviewed (Patient #10, 11, 12, 14, 25 and 26)</p> <p>Findings include:</p> <p>1. Facility policy titled Operative Report and Techniques, Policy Number: 200.42 last reviewed 12/1/23, under Policy: An operative report and techniques has to be dictated immediately at the dictation room in the lounge immediately after each surgical procedure.</p> <p>2. Medical record review on 02/11/2025 indicated the following medical records reviewed, lacked documentation of operative report:</p> <p>P10 surgery date 12/10/24</p> <p>P11 surgery date 12/2/24</p> <p>P12 surgery date 11/19/24</p> <p>P14 surgery date 11/1/24</p> <p>P25 surgery date 7/16/24</p>	S0664		

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S0664	Continued from page 5 P26 surgery date 7/16/24  3. In interview on 2/12/2025 at approximately 1500 hours with A3 (Office Manager), he/she confirmed provider had not completed operative report for patient #10, 11,12,14, 25 and 26.	S0664		
S0912	PATIENT CARE SERVICES  CFR(s): 410 IAC 15-2.5-5  410 IAC 15-2.5-5(a)(5)  (a) Patient care services must require the following:  (5) That an experienced registered nurse supervise all nursing personnel, including, but not limited to, registered nurses, licensed practical nurses, and surgical technologists, in surgical areas and recovery unit(s) as follows:  (A) Licensed practical nurses, and surgical technologist may serve as scrub personnel under the supervision of a qualified registered nurse.  (B) Circulating duties in the operating room shall be performed by a qualified registered nurse. Licensed practical nurses and surgical technologists may assist in circulating duties under the	S0912		

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S0912	Continued from page 6  supervision of a qualified registered nurse who is immediately available to respond to emergencies, in accordance with applicable state law and approved medical staff policies and procedures.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review and interview facility failed to have a RN (Registered Nurse) present to supervise nursing personnel in the surgery and recovery areas of facility on 2/11/25.  Findings include:  Facility policy titled Nursing Staff Responsibilities in the Operating Room, Policy Number: 200.43 a.k.a. 600.96, Last Reviewed 12/1/2023, under Policy: The Operating Room will be staffed with a Registered Nurse or LPN (Licensed Practical Nurse) responsible to and shall function under the direction of the Nursing and Surgical services. under Guidelines: 1. Operating Room Staff functions: 1.3 Circulating duties in the operating room shall be performed by a qualified nurse. Surgical Technicians may assist in circulating duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.  2. In interview on 2/11/2025 at approximately 0930 hours with A1 (Administrator/Doctor of Medicine), he she confirmed there was not a RN present on 2/11/25 to supervise A3 (Operating Room Technician) in the surgery and recovery areas of the facility.	S0912		
S0932	PATIENT CARE SERVICES  CFR(s): 410 IAC 15-2.5-5  410 IAC 15-2.5-5(b)(6)  (b) Written patient care policies and procedures shall be available to personnel and shall include, but not	S0932		

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S0932	Continued from page 7 be limited to, the following:  (6) A provision that a registered nurse assigns the care of each patient to patient care personnel in accordance with the patient's need and the specialized qualifications and competence of the patient care personnel available.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review and interview facility failed to have RN (Registered Nurse) present to assign the care of each patient to qualified and competent personnel.  Findings include:  1. Facility policy titled Plan for the Provision of Nursing Care, Policy Number 600.01, Last Reviewed 12/1/2023, under III. Scope Of Service. 2. Delivery Systems, Each patient has a primary nurse who is responsible for assessing, planning, implementing, evaluating, and communicating the plan of care; under IV. Standards, 1. Standards of Practice, The Director of Nursing is responsible and accountable to assure that consistent standards are utilized whenever nursing care is delivered. Patients admitted to the Surgical center can expect nursing care which: A) Allows for the RN to assess or review all admissions and initiate or review the plan of care.  2. In interview on 2/22/2025 at approximately 0930 hours with A1 (Administrator/Doctor of Medicine), he/she confirmed that there was not a nurse staffed to assign patient care. A1 confirmed he/she assigned care of patients to A3 (Operating Room Technician) on 2/11/25.	S0932		
S1010	PHARMACEUTICAL SERVICES  CFR(s): 410 IAC 15-2.5-6  410 IAC 15-2.5-6(3)(A)	S1010		

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S1010	<p>Continued from page 8 Pharmaceutical services must have the following:</p> <p>(3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following:</p> <p>(A) Drug handling, storing, labeling, and dispensing.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review, observation and interview, facility failed to label 2 of 2 pre-drawn syringes in procedure room with drug name, strength, date, time and initials. (A3 [Operating Room Technician])</p> <p>1. Facility policy titled Drug handling, dispensing, labeling, and storing, Policy number 800.02, Effective Date: 12/1/2023, under Policy: To handle, store, label, and dispense in the safest way to serve the patients; under Guidelines: All medications will be properly labeled.</p> <p>2. In observation of P31 procedure on 2/11/25 at approximately 1130 hours indicated:</p> <p>Two 3 ml (milliliter) pre-drawn syringes on procedure tray lacked documentation of drug name, strength, date, time and initials of person preparing.</p> <p>3. In interview on 2/11/25 at approximately 1615 hours, A1 (Administrator) confirmed pre-drawn medication syringes on procedure tray should contain documentation of drug name, strength, date, time and initials of person preparing. A1 also indicated the two 3 ml syringes that were completely unmarked were Lidocaine 1% with Sodium Bicarbonate.</p>	S1010		
S1188	<p>PHYSICAL PLANT, EQUIPMENT MAINTENANCE,</p> <p>CFR(s): 410 IAC 15-2.5-7</p> <p>410 IAC 15-2.5-7(c)(4)</p>	S1188		

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S1188	Continued from page 9  (c) A safety management program must include, but not be limited to, the following:  (4) A written fire control plan that contains provisions for the following:  (A) Prompt reporting of fires. (B) Extinguishing of fires. (C) Protection of patients, personnel, and guests. (D) Evacuation. (E) Cooperation with firefighting authorities. (F) Fire drills.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review and interview, the facility failed to conduct quarterly fire drills for 4 of 4 quarters in calendar year 2024.  Findings include:  1. Review of fire drills for calendar year 2024, indicated there were no fire drills conducted in 4 quarters.  2. Interview of employee A1 (Medical Doctor) on 02-11-2025 at 1405 hours, confirmed there were no documentation of 4 quarters of fire drill, and no further documentation was provided prior to exit.	S1188		
S1198	PHYSICAL PLANT, EQUIPMENT MAINTENANCE,  CFR(s): 410 IAC 15-2.5-7  410 IAC 15-2.5-7(c)(6)	S1198		

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S1198	<p>Continued from page 10 (c) A safety management program must include, but not be limited to, the following:</p> <p>(6) Emergency and disaster preparedness coordinated with appropriate community, state, and federal agencies.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to provide a safety management program coordinating emergency and disaster preparedness with community, state, and federal agencies.</p> <p>Findings:</p> <p>1. On 02/11/2025, review of all-inclusive meeting minutes and facility policies and procedures, lacked documentation the facility had coordinated preparedness efforts with community, state, and federal agencies.</p> <p>2. Interview with employee A1 (Medical Doctor) at 1400 hours on 02/11/2025 indicated the facility had not coordinated preparedness efforts with community, state, and federal agencies.</p>	S1198		