STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001081	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER LLC	3600 W BETHEL AVENUE MUNCIE, IN 47304

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Q 000	INITIAL COMMENTS The visit was for a Federal re-certification survey and a Focused Infection Control survey. Facility Number: 010493 Survey Date: 10/26-28/20 and 11/6/20 QA: 11/2/20 and 11/16/20	Q 000		
Q 061	ANESTHETIC RISK AND EVALUATION CFR(s): 416.42(a)(1) A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure documentation that preoperative anesthesia evaluations were completed prior to surgery for 3 of 30 medical records (patients #11, 23, and 28). Findings include; 1. Facility policy titled "Guidelines for Patient Care in Anesthesiology" last approved 2/21/20 indicated the following: "...II Anesthesiologist's Responsibilities: Anesthesiologist's responsibilities to patients should include: A. Preanesthetic evaluation and treatment...III. Guidelines for Anesthesia Care: B. Preanesthetic evaluation and preparation means that an anesthesiologist: 1. Reviews the chart; 2. Interviews the patient to: a. Discuss medical history, including anesthetic experiences and drug therapy; 3. b. Perform any examinations that	Q 061		10/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/08/2020

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Q 061	Continued From page 1	Q 061		

would provide information that might assist in decisions regarding risk and management...C. Perianesthetic care means: 1. Re-evaluation of the patient immediately prior to induction..."

2. Review of patient #11's medical record indicated the following:
(A) The patient had surgery on 7/17/20 and the procedure started at 0835 hours.
(B) The patient's preoperative anesthesia evaluation was documented on 7/17/20 at 1042 hours, which indicated the preoperative anesthesia evaluation was completed after the start of the patient's procedure.

3. Review of patient #23's medical record indicated the following:
(A) The patient had surgery on 10/22/20 and the procedure started at 0728 hours.
(B) The patient's preoperative anesthesia evaluation was documented on 10/22/20 at 0804 hours, which indicated the preoperative anesthesia evaluation was completed after the start of the patient's procedure.

4. Review of patient #28's medical record indicated the following:
(A) The patient had surgery on 8/31/20 and the procedure started at 0733 hours.
(B) The patient's preoperative anesthesia evaluation was documented on 8/31/20 at 0804 hours, which indicated the preoperative anesthesia evaluation was completed after the start of the patient's procedure.

5. During an interview with N8 (Director of Surgery) on 10/28/20 at 4:50 p.m., he/she verified that preoperative anesthesia evaluations were documented after the start of the patients'

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Q 061	Continued From page 2 procedures for patients #11, 23 and 28.	Q 061		
Q 100	ENVIRONMENT CFR(s): 416.44 The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients. This CONDITION is not met as evidenced by: Based on observation and interview, the facility failed to ensure continuity of egress lighting for 4 of 4 exits (see tag K281), and failed to ensure 2 of 2 flexible cords and power strips were not used as a substitute for fixed wiring (see tag K920). The cumulative effect of these systemic problems resulted in the facility's inability to ensure that the location from which it provides services are constructed, arranged and maintained to ensure the provision of quality health care in a safe environment.	Q 100		
Q 104	SAFETY FROM FIRE CFR(s): 416.44(b)(1)-(3) (b) Standard: Safety from fire. (1) Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served, and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4). (2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific	Q 104		

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Q 104	Continued From page 3 provisions of the Life Safety Code, which would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients. (3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords and power strips were not used as a substitute for fixed wiring according to 9.1.2. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only. Findings include: Based on observations on 11/06/20 during the tour between 12:16 p.m. to 1:36 p.m. with the Director of Surgery and Maintenance Supervisor the following was discovered: a) A vending machine and pop machine were connected to a power strip which was powered by an extension cord in the exit access to the Front exit. b) A power strip was used to power a large refrigerator in the Employee breakroom. Based on interview at the time of observations, the Maintenance Supervisor acknowledged items (a) and (b) above. This issue was discussed with the Director of Surgery at the exit conference.	Q 104		

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Q 108	BUILDING SAFETY CFR(s): 416.44(c) (c) Standard: Building Safety. Except as otherwise provided in this section, the ASC must meet the applicable provisions and must proceed in accordance with the 2012 edition of the Health Care Facilities Code (NFPA 99, and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6). (1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to an ASC. (2) If application of the Health Care Facilities Code required under paragraph (c) of this section would result in unreasonable hardship for the ASC, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure continuity of egress lighting for 4 of 4 exits. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways and exit passageways leading to a public way. This deficient practice could affect all patients, staff and visitors if needing to exit the facility Findings include: Based on observations on 11/06/20 during the tour between 11:00 a.m. to 2:00 p.m. with the Director of Surgery and Maintenance Supervisor all four exit discharges were provided with outside lighting. Based on interview at the time of the observations, the Director of Surgery and	Q 108		

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Q 108	Continued From page 5 Maintenance Supervisor acknowledged the facility did not have these light fixtures at the discharge locations on generator backup. This issue was discussed with the Director of Surgery at the exit conference.	Q 108		
Q 242	INFECTION CONTROL PROGRAM CFR(s): 416.51(b) The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. This STANDARD is not met as evidenced by: Based on document review, observation and interview, the center failed to maintain an effective Infection Control (IC) program due to a failure to ensure signs indicating how and when to perform hand hygiene were posted and to ensure all individuals entering the facility were screened for symptoms of upper respiratory infections (including COVID-19) for two occurrences. Findings include: 1. Review of the Centers for Disease Control and Prevention (CDC) guidelines titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated 7-15-20) indicated the following: "Post visual alerts (e.g., signs, posters) at the entrance and in strategic	Q 242		10/28/20

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Q 242	Continued From page 6 places (e.g., waiting areas, elevators, cafeterias) to provide instructions (in appropriate languages) about... how and when to perform hand hygiene... Educate patients, visitors and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering... Screen everyone (patients, HCP, visitors entering the facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection... Actively take their temperature and document absence of symptoms consistent with COVID-19..." 2. Review of the policy/procedure COVID-19 Policy (approved 4-20) indicated the following: "Follow CDC and any State or local recommendations/guidance regarding COVID-19 pandemic. All patients, visitors, staff, physicians, and vendors will go through a screening process prior to entering the center... signs and symptoms (S&S) of COVID-19 (new cough, shortness of breath, fever, chills, muscle pains, headache, sore throat, diarrhea, nausea or new loss of taste or smell within the past 14 days...[or]... contact with anyone with the above listed symptoms... signage posted on the surgery center entrance and waiting room area: visitor restrictions and wear a mask... Patient/Visitor Arrival/Discharge... Patient will come to the front entrance to go through the screening questions, temperature check, and to get a mask... representatives will check in at the front entrance and go through the same screening process as the patients..." 3. During an observation on 10-26-20 at 0930 hours, upon arrival to the center, the surveyor entered the outer and inner facility doorways and approached the desk where the Patient Screener	Q 242		

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Q 242	Continued From page 7 A10 was seated. Wall and door signs indicating the need to wear a mask and floor indicators to encourage maintain distances of 6 feet or more from other persons were observed. No signs indicating how and when to perform hand hygiene were observed and no alcohol-based hand rub (ABHR) or tissues were observed on the screening desk or elsewhere in the vicinity of the front entrance. 4. At the time of screening, staff A10 checked the temperature of the surveyor, reported a result of 96 degrees Fahrenheit, and failed to ask any screening questions about symptoms of an upper respiratory infection or about any recent contact with anyone who tested positive for COVID-19 or was experiencing any of the indicated symptoms in the past 14 days before directing the surveyor to the surgery center. 5. On 10-26-20 at 1045 hours, the Director of Surgery A2 and the Clinical Manager A3 confirmed the patient screeners were instructed to ask the screening questions to all individuals entering the facility and confirmed the COVID-19 policy had not been followed.	Q 242		