

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001157	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2021
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP COD 1801 N SENATE BLVD INDIANAPOLIS, IN 46290		
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S 0000 Bldg. 00	<p>This visit was for a state licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 006622</p> <p>Survey Date: 03/15-16/2021</p> <p>QA: 03/19/2021</p>	S 0000		
S 0230 Bldg. 00	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(5)</p> <p>The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following:</p> <p>(5) Provide for a periodic review of the center and its operation by a utilization review or other committee composed of three (3) or more duly licensed physicians having no financial interest in the facility.</p> <p>Based on document review and interview, the facility failed to ensure the Utilization Review (UR) committee was composed of at least three (3) duly licensed medical physicians with no financial interest in the facility for two (2) of four (4) quarters in 2020.</p> <p>Findings include:</p>	S 0230	<p>Tag S 230 410 IAC 15-2.4-1 Governing Body; Powers and Duties</p> <p>The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following: (5) provide for a periodic review of the</p>	04/01/2021

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S 0616 Bldg. 00	<p>1. Review of facility administrative documents indicated that only two (2) physicians with no financial interest were appointed to function on the Utilization Review (UR) committee for the second and third quarters of 2020.</p> <p>2. In interview on 3-16-2021 at 1300 hours, employee S5, Clinical Director, confirmed all the above, and no additional documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(3)</p> <p>An adequate medical record must</p>		<p>center and its operation by a utilization review or other committee composed of (3) or more duly licensed physicians having no financial interest in the facility.</p> <p>The Senate Street Surgery, LLC was found not be compliant with this regulation as the facility failed to ensure the Utilization Review (UR) committee was composed of at least three (3) duly licensed medical physicians for two of four quarters in 2020.</p> <p>The Manager of OR at the Senate Street Surgery Center will ensure that Anesthesia Consultants of Indianapolis, LLC (ACI) will have three physicians conducting the utilization review for each quarter. It is important to note that ACI had three physicians performing the utilization review for the fourth quarter of 2020. There are twenty physicians that perform this function for the ASC's within the ACI physician group. As of April 1, 2021 this issue has been corrected. The Director of the Senate Street Surgery center will send a memo to the ACI signifying the importance of ensuring that this regulation is followed.</p>	

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	<p>be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(3) The center shall use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. Each entry must be authenticated in accordance with the center and medical staff policies.</p> <p>Based on document review and interview, the facility failed to ensure medical staff authenticated orders using signature and date/time in 16 (Patient 2, 3, 4, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 28, 29 and 30) of 20 medical records (MR) reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of patient 2's MR lacked documentation of the date/time medical staff D1 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/15/20. 2. Review of patient 3's MR lacked documentation of the date/time medical staff D2 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/15/20. 3. Review of patient 4's MR lacked documentation of the date/time medical staff D3 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/16/20. 4. Review of patient 7's MR lacked documentation of the date/time medical staff D4 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/18/20. 	S 0616	<p>Tag S 616 410 IAC 15-2.5-3(c) (3) Medical Records, Storage, and Administration</p> <p>An adequate medical record system must be maintained with documentation of service rendered for each patient of the center as follows: (3) The center shall use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. Each entry must be authenticated in accordance with the center and medical staff policies.</p> <p>The Senate Street Surgery Center, LLC was found not to be compliant with this regulation based upon document review and interview. The facility failed to ensure medical staff authenticated orders using signature and date/time in 16 of 20 medical records.</p> <p>To correct the deficiency, the</p>	05/01/2021

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	<p>5. Review of patient 8's MR lacked documentation of the date/time medical staff D5 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/21/20.</p> <p>6. Review of patient 9's MR lacked documentation of the date/time medical staff D6 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/23/20.</p> <p>7. Review of patient 10's MR lacked documentation of the date/time medical staff D7 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/24/20.</p> <p>8. Review of patient 11's MR lacked documentation of the date/time medical staff D8 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/24/20.</p> <p>9. Review of patient 12's MR lacked documentation of the date/time medical staff D9 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/25/20.</p> <p>10. Review of patient 13's MR lacked documentation of the date/time medical staff D10 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/25/20.</p> <p>11. Review of patient 15's MR lacked documentation of the date/time medical staff D11 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/29/20.</p>		<p>Manager of the PACU at the Senate Street Surgery Center, updated and altered the Anesthesia Pre-op Orders (form CH-00000) to include lines for a physician signature that included specific areas for the date and time of the signature to validate the orders. Previously, the orders did not specify the time for order validation, only the date. This was completed on April 1, 2021. This document was shared with the Senate Street Surgery Center staff on April 13, 2021 at the monthly staff meeting. Currently, this form is in circulation and the old forms have been disposed of.</p> <p>To ensure compliance, the Manager will send out communication via a memo to each team member and will send out a memo out to the physicians alerting them to the citation and informing them of the changes to the order sheet/transfer sheet and informing them of the audit process. Memos will be sent by April 19, 2021. The Manager will audit three to five charts each week for the next three months (May, June and July 2021) for continued compliance. The physicians will be notified of any noncompliance by the Manager immediately upon discovering the incomplete documentation. At the April 21, 2021 Medical Staff Meeting, the Clinical Director will</p>	

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	<p>12. Review of patient 16's MR lacked documentation of the date/time medical staff D12 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/29/20.</p> <p>13. Review of patient 17's MR lacked documentation of the date/time medical staff D13 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 9/30/20.</p> <p>14. Review of patient 28's MR lacked documentation of the date/time medical staff D7 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 10/10/20.</p> <p>15. Review of patient 29's MR lacked documentation of the date/time medical staff D9 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 10/30/20.</p> <p>16. Review of patient 30's MR lacked documentation of the date/time medical staff D14 (Physician) authenticated his/her Anesthesia Pre-Operative orders for procedure performed on 3/4/21.</p> <p>17. Review of policy/procedure, Content of Medical Record, approved/revised 4/2020 indicated on page 3: "The following apply to all entries in the Medical Record: C. 1. All entries must be legible and complete. Entries must reflect date and time...".</p> <p>18. On 3/1/21 at approximately 1205 hours, staff S2 (Clinical Manager) was interviewed and confirmed</p>		<p>share the results of the survey, the changes to the form(s), and the process of auditing for compliance to the Medical Staff in attendance. Also, the information presented will be included in the meeting minutes for the April 21, 2021 Medical Staff Meeting.</p> <p>The Manager, with the support of the Clinical Director and the Medical Director of the Senate Street Surgery Center, will be responsible for the ensuring that the deficiency is corrected and there is ongoing compliance.</p> <p>The deficiency will be corrected by May 1, 2021. Ongoing compliance will be evaluated through the auditing of the documentation so the changes are hardwired.</p>	

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	patient 2, 3, 4, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 28, 29 and 30 Anesthesia Pre-Operative orders were not authenticated with date/time. Staff S2 confirmed all physician orders should be authenticated including dates/times of signature.				