

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001102 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 09/28/2021 |
|--|---|---|--|---|
| NAME OF PROVIDER OR SUPPLIER VISION SURGICAL CENTER AT SPRINGHILL INC | | STREET ADDRESS, CITY, STATE, ZIP COD 302 W 14TH ST STE 100 B JEFFERSONVILLE, IN 47130 | | |
| (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 |
| S 0000 Bldg. 00 | <p>This visit was for a State licensure survey of an Ambulatory Surgery Center.</p> <p>Facility number: 002769</p> <p>Dates: 9/27/21 to 9/28/21</p> <p>QA: 10/05/2021</p> | S 0000 | | |
| S 0780 Bldg. 00 | <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(3)(N)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(N) A requirement that all practitioner orders are in writing or acceptable computerized form and must be authenticated by a responsible practitioner as allowed by medical staff policies and within the time frames specified by the medical staff and center policy not to exceed thirty (30) days.</p> <p>Based on document review, the facility failed to ensure physician medication orders and/or documentation of medications administered are documented according to policy and standards of practice related to route/site and/or frequency/prn protocol of medications (meds) for 27 of 30</p> | S 0780 | <p>Vision Surgical Center complies with standards of practice related to medication administration. The Standing Orders have always had the operative eye hand written on the top of the form. However, all standing orders for all physicians</p> | 10/19/2021 |

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 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| | <p>patients (Patients 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29 and 30) medical records (MR) reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. State Operation Manual (SOM) Appendix A, document titled "Orders of an Authorized Practitioner" and document titled "Preparation and Administration of Drugs", indicates, all practitioner orders for the administration of drugs and reporting of administration of drugs must include... dose, frequency and route". 2. Review of patient medical records indicated: <ol style="list-style-type: none"> A. Patients 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 28, 29 and 30's MR's lacked documentation of route/site of meds administered in preoperative record. B. Patients 8 and 27's MRs lacked documentation of route/site of meds administered in postoperative record. C. Patient 23's MR lacked frequency/prn protocol in pre-operative and discharge physician medication orders. D. Patient 17's MR lacked frequency/prn protocol in pre-operative, operative and discharge physician medication orders. E. Patients 14, 15, 20, and 28's MRs lacked route/site and frequency/prn protocol in pre-operative and operative physician medication orders and lacked frequency/prn protocol in discharge physician medication orders. F. Patients 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16, 18, 19, 22, 24, 25, 26, 27, 29 and 30's MRs lacked route/site and frequency/prn protocol in pre-operative physician medication orders and lacked frequency/prn protocol in discharge physician medication orders. | | | have been updated to include the site/route, and/or frequency/prn. The Director of Nursing keeps the master copy of all chart forms and will monitor whenever changes are made to the standing orders on an on-going basis. |