

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

PRINTED: 05/04/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15C0001149		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/22/2022	
NAME OF PROVIDER OR SUPPLIER  EAGLE HIGHLANDS SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 6850 PARKDALE PLACE INDIANAPOLIS, IN 46254			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
Q 0000  Bldg. 00	<p>This visit was for a recertification survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 004756</p> <p>Survey Date: 3-21-2022- 3-22-2022.</p> <p>QA: 3/28/22</p>			Q 0000			
Q 0242  Bldg. 00	<p>416.51(b) INFECTION CONTROL PROGRAM</p> <p>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.</p> <p>Based on observation and interview, facility failed to remove expired pediatric equipment from the respiratory crash cart for 1 pediatric crash cart and failed to follow policy &amp; procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes in 8 out of 24 endoscopes observed..</p> <p>Findings include:</p> <p>1. During tour on 3/22/22 beginning at approximately 11:00 a.m. the following was observed in the respiratory crash cart: 4 out of 4 Pediatric Tracheostomy Cuffs with expiration dates of 2/2022, 1/2022, 11/2021, and 12/2021 and 1 CO2 (carbon monoxide) Easy with an expiration date of 12/17/2021.</p> <p>2. Staff member S3 (Manager, Clinical Operations</p>			O 0242	<p>Based on observation and interview, facility failed to remove expired pediatric equipment from the respiratory crash cart for 1 pediatric crash cart. During the tour on 03-22-2022, the following was observed in the respiratory crash cart: 4 out of 4 Pediatric Tracheostomy Cuffs with expiration dates of 2/2022, 1/2022, 11/2021, and 12/2021 and 1 CO 2 Easy with an expiration date of 12/17/2021. Based on document review, observation and interview facility failed to follow policy and procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes in 8 out of 24</p>		04/22/2022

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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	<p>Operating Room) verified in interview on 3/22/22 at approximately 11:00 a.m. the above items were expired.</p> <p>3. Review of facility policy, CLEANING, DISINFECTING, AND STERILIZATION OF FLEXIBLE ENDOSCOPES, approved 03/16/2022, indicated endoscopes that are not packaged and sterilized, but are high-level disinfected should be used immediately or stored in a dust free environment that allows for ventilation and drying and tagged with the date they were processed.</p> <p>4. During tour on 3/22/22 beginning at approximately 11:00 a.m. observed 8 out of 24 processed scopes hanging in a cabinet. The endoscopes lacked tags with date they were processed.</p> <p>5. Interview on 3/22/22 at approximately 1145 with S3 (Manager, Clinical Operations Operating Room) confirmed the scope storage as indicated above.</p> <p>6. Interview on 3/22/22 at approximately 1500 S2 (Clinical Director ASC) confirmed endoscopes in the first cabinet are not tagged.</p>				<p>endoscopes observed. During the tour on 03-22-2022 observed 8 out of 24 processed scopes hanging in a cabinet. The endoscopes lacked tags with date they were processed.</p> <p>1. To correct the deficiency the Clinical Manager will ensure all contents of all emergency carts are checked monthly for expiration dates. All expired items will be replaced with new supplies. The Clinical Manager will reeducate the staff and ensure compliance with policy and procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes with tagging of all endoscopes with date they are processed.</p> <p>2. To prevent the deficiency from recurring in the future the Clinical Manager will ensure all contents of all emergency carts are checked monthly for expiration dates. All expired items will be replaced with new supplies. The Clinical Manager will make random checks on all emergency carts ensuring all contents are within date. The Clinical Manager will monitor compliance with policy and procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes with tagging of all endoscopes with date they are processed. Random checks will</p>		

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S 0000  Bldg. 00	This visit was for a licensure survey of an Ambulatory Surgery Center.  Facility Number: 004756  Survey Date: 3-21-2022- 3-22-2022.  QA: 3/28/22			S 0000	be completed at least quarterly. 1. Who is going to be responsible = The Clinical Manager is responsible for compliance. 2. By what date is the deficiency corrected = 04.22.2022		
S 0400  Bldg. 00	410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(a)  (a) The center shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors. Based on observation and interview, the facility failed to remove expired pediatric equipment from the respiratory crash cart for 1 pediatric crash cart.  Findings include:  1. During tour on 3/22/22 beginning at approximately 11:00 a.m. the following was observed in the respiratory crash cart: 4 out of 4			S 0400	Based on observation and interview, facility failed to remove expired pediatric equipment from the respiratory crash cart for 1 pediatric crash cart. During the tour on 03-22-2022, the following was observed in the respiratory crash cart: 4 out of 4 Pediatric Tracheostomy Cuffs with		03/23/2022

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S 0854  Bldg. 00	<p>Pediatric Tracheostomy Cuffs with expiration dates of 2/2022, 1/2022, 11/2021, and 12/2021 and 1 CO2 (carbon monoxide) Easy with an expiration date of 12/17/2021.</p> <p>2. Staff member S3 (Manager, Clinical Operations Operating Room) verified in interview on 3/22/22 at approximately 11:00 a.m. the above items were expired.</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(d)(2)</p> <p>Requirements for surgical services include:</p> <p>(2) Surgical services shall develop, implement, and maintain written</p>				<p>expiration dates of 2/2022, 1/2022, 11/2021, and 12/2021 and 1 CO 2 Easy with an expiration date of 12/17/2021.</p> <p>1. To correct the deficiency the Clinical Manager will ensure all contents of all emergency carts are checked monthly for expiration dates. All expired items will be replaced with new supplies.</p> <p>2. To prevent the deficiency from recurring in the future the Clinical Manager will ensure all contents of all emergency carts are checked monthly for expiration dates. All expired items will be replaced with new supplies. The Clinical Manager will make random checks on all emergency carts ensuring all contents are within date. Random checks will be completed at least quarterly.</p> <p>1. Who is going to be responsible = The Clinical Manager is responsible for compliance.</p> <p>2. By what date is the deficiency corrected = 03.23.2022</p>		

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	<p>policies governing surgical care designed to assure the achievement and maintenance of standards of medical and patient care as follows: Based on document review, observation and interview facility failed to follow policy &amp; procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes in 8 out of 24 endoscopes observed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of facility policy, CLEANING, DISINFECTING, AND STERILIZATION OF FLEXIBLE ENDOSCOPES, approved 03/16/2022, indicated endoscopes that are not packaged and sterilized, but are high-level disinfected should be used immediately or stored in a dust free environment that allows for ventilation and drying and tagged with the date they were processed.</li> <li>During tour on 3/22/22 beginning at approximately 11:00 a.m. observed 8 out of 24 processed scopes hanging in a cabinet. The endoscopes lacked tags with date they were processed.</li> <li>Interview on 3/22/22 at approximately 1145 with S3 (Manager, Clinical Operations Operating Room) confirmed the above.</li> <li>Interview on 3/22/22 at approximately 1500 S2 (Clinical Director ASC) confirmed endoscopes in the first cabinet are not tagged.</li> </ol>			S 0854	<p>Based on document review, observation and interview facility failed to follow policy and procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes in 8 out of 24 endoscopes observed. During the tour on 03-22-2022 observed 8 out of 24 processed scopes hanging in a cabinet. The endoscopes lacked tags with date they were processed.</p> <ol style="list-style-type: none"> <li>To correct the deficiency the Clinical Manager will reeducate the staff and ensure compliance with policy and procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes with tagging of all endoscopes with date they are processed.</li> <li>To prevent the deficiency from recurring in the future the Clinical Manager will monitor compliance with policy and procedure regarding Cleaning, Disinfecting, and Sterilization of Flexible Endoscopes with tagging of all endoscopes with date they are processed. Random checks will be completed at least quarterly. <ul style="list-style-type: none"> <li>Who is going to be responsible = The Clinical Manager is responsible for</li> </ul> </li> </ol>		04/22/2022

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					compliance 2.By what date is the deficiency corrected = 04-22-2022		