

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
NAME OF PROVIDER OR SUPPLIER BLOOMINGTON SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 1011 W SECOND ST BLOOMINGTON, IN 47403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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: 005405</p> <p>Dates: 07/27/21 to 07/28/21</p> <p>QA: 8/2/21</p>	S 0000		
S 0212 Bldg. 00	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(d)(2)(A & B)</p> <p>(d) In accordance with center policy, the governing body shall do the following:</p> <p>(2) Ensure the following:</p> <p>(A) The center develops, implements, and maintains written medical staff policies and procedures for emergencies, initial treatment, and transfer.</p> <p>(B) The center provides immediate lifesaving measures within the scope of service available, to all persons in the center, to include, but not be limited to, the following:</p> <p>(i) Timely assessment. (ii) Basic life support. (iii) Proper transfer mode.</p> <p>Based on document review, the facility failed to</p>	S 0212	<p>A checkbox was added to the transfer paperwork in order to</p>	08/11/2021

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.

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

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S 0780 Bldg. 00	<p>ensure that medical staff called report to receiving facility upon transfer of patient for 3 of 3 (Patients 1, 2 and 3) patient's.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of policy titled, "Transfer of Patient Chart Information", reviewed 12/21/2020, stated in all cases, the receiving facility must be notified prior to transferring of patient. The surgeon and/or anesthesiologist should communicate with the hospital receiving physician the reason for the transfer. 2. Review of Patients 1's medical records (MR) indicated patient was transferred on 7/23/20. The MR lacked documentation of report called from surgeon and/or anesthesiologist to receiving facility prior to transfer. 3. Review of Patients 2's MR indicated patient was transferred on 10/07/20. The MR lacked documentation of report called from surgeon and/or anesthesiologist to receiving facility prior to transfer. 4. Review of Patients 3's MR indicated patient was transferred on 1/05/21. The MR lacked documentation of report called from surgeon and/or anesthesiologist to receiving facility prior to transfer. <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>document that the attending physician/anesthesiologist has given verbal report to the emergency department. Please see attached document. As each patient transfer occurs, the Quality Assurance Coordinator will review each transfer packet (paperwork) to verify report was given and paperwork is complete.</p> <p>This will be monitored by the Quality Assurance Committee during the quarter each transfer takes place; on a quarterly basis, as needed.</p> <p>Director of Surgical Services is responsible for this correction.</p>	

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	<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 orders are documented according to policy and standards of practice related to route of medications (meds) for 30 of 30 patients (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 and 30) medical records reviewed.</p> <p>Findings:</p> <p>1. Policy titled "Medication Administration", reviewed 12/21/2020, stated to provide a safe, effective administration of prescribed medications, all medications shall be ordered, administered, and recorded according to accepted standards of practice.</p> <p>2. Review of patient medical records indicated:</p> <p>A. Patients 1, 2, 3, 4, 6, 7, 8, 11, 13, 17, 20, 21, 22, 23, 25, 26, 27, 29 and 30's MR's lacked documentation of route/site of meds to be administered in preoperative and intraoperative physician orders.</p> <p>B. Patients 5, 9, 10, 12, 15 and 16's MR's lacked documentation of route/site of meds to be administered in intraoperative and postoperative physician orders.</p> <p>C. Patients 14, 18, 19, 24, 28's MR's lacked</p>	S 0780	<p>All physician orders, including preoperative, intraoperative, and postoperative orders, will be updated to document route/site of medications to be administered.</p> <p>This will be monitored during weekly internal medical records review and also during quarterly contracted service medical record review. The contracted service has been made aware.</p> <p>Director of Surgical Services is responsible for this correction.</p>	08/20/2021

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	documentation of route/site of meds to be administered in intraoperative physician orders.			