

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/26/2021
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP COD 5255 E STOP 11 ROAD, SUITE 100 INDIANAPOLIS, IN 46237
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(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
S 0000 Bldg. 00	This visit was for a state licensure survey of an Ambulatory Surgery Center. Facility Number: 003217 Survey Date: 02/25-26/2021 QA: 3/1/21	S 0000	Acknowledged	
S 0428 Bldg. 00	410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(i) The infection control committee responsibilities must include, but are not limited to: (E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following: (i) Sanitation. Based on observation and interview, the facility failed to provide a clean environment in eight (8) rooms/areas. Findings Include: 1. During tour of facility on 02/26/21 with S-1 (Director of Nursing) at 1:55 pm, this surveyor noted several areas of wipeable, visible and copious amounts of dust. They are: a. Pod 1 - top of glove box holder, top of	S 0428	<ul style="list-style-type: none"> · Educate Housekeeping o Proper cleaning of all surfaces related to patient care · Educate Staff o Monitoring all surfaces related to patient care for dust and other contaminants o Reporting concerns noticed as opportunity for improvement · Develop Tools for Daily, Weekly & Monthly Monitoring: 	03/31/2021

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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	<p>medication/supply refrigerator, top of blanket warmer in the Nutrition room and chair rail in room 15.</p> <p>b. Room 2 - top of chair rail, top of patient locker, top of needle disposal unit and all of the cubby holes for patient storage.</p> <p>c. Cabinets - top of cabinets in rooms 21 - 23.</p> <p>d. Operating Room 2 - bottom of anesthesia cart, top of side table on anesthesia pyxis machine and arms of overhead lights.</p> <p>e. Pod 3 - top of medical record cabinet.</p> <p>f. Central Processing - top of Steris autoclave.</p> <p>2. Interview on 02/26/21 with S-1 at 2:30 pm confirmed areas mentioned in number 1 had wipeable, visible and copious amount of dust.</p>		<p>o Cleaning Checklists with monitoring tool</p> <p>§ To given to administration and shared with cleaning company weekly</p> <ul style="list-style-type: none"> · <u>The cleaning checklist will have a monitoring section</u> · <u>Quality indicator will be added to the Center's dashboard.</u> <p>Cleaning added to the Center's QAPI Program (attached herein). Additionally, monthly tours with the facility, cleaning company and property managers will occur to address any issues. this will be an ongoing correction that should resolve and prevent with ongoing tours. The Administrator and Director of Nursing will be responsible for this oversight.</p>		