

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001055	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2021
NAME OF PROVIDER OR SUPPLIER  CENTRAL INDIANA SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 9002 N MERIDIAN LOWER LEVEL INDIANAPOLIS, IN 46260		
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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: 008655</p> <p>Survey Dates: 07-06-2021 to 07-08-2021</p> <p>QA: 7/9/2021</p>	S 0000		
S 0618  Bldg. 00	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN.</p> <p>410 IAC 15-2.5-3(c)(4)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(4) Medical records must be retained in their original or legally reproduced form as required by federal or state law.</p> <p>Based on document review and interview, it could not be determined if the facility medical records policy specified the minimum length of time a medical record was required to be maintained is 7 years.</p> <p>Findings include:</p> <p>1. Review of facility "Medical Records," Policy No. 4.01, last reviewed 5/2021, did not indicate that the minimum length of time that medical records are required to be maintained is 7 years in accordance with state law.</p>	S 0618	<p>Policy/Procedure 4.01 Medical Records amended to include storage of medical records for no less than 7 years. Approved at Board Meeting 2 August 2021. Implemented 3 August 2021. the Director of Nursing will assume responsibility for communicating and monitoring the change.</p> <p>Corrected</p>	08/03/2021

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 1114  Bldg. 00	<p>2. In interview on 7-08-2021 at 1113 hours, employee P50, Registered Nurse, confirmed no timeframe is given for medical record retention in facility Policy No. 4.01.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(a)(3)</p> <p>(3) There must be emergency power and lighting in accordance with National Fire Protection Association (NFPA) 99. Based on observation, the facility failed to ensure patient safety in 1 of 4 boom lights observed.</p> <p>Findings include:</p> <p>1. Tour of facility on 07/07/21 with P50 (Registered Nurse) at 9:50 am, this surveyor observed in Operating Room 1, the metal cap where the arms meet/joint on boom light missing; observed rusted parts on the inside of the arm.</p> <p>2. Interview on 07/07/21 with P50 at approximately 10:00 am, confirmed open, rusted area on boom light in Operating Room 1.</p>	S 1114	Exposed area covered with non porous material. The Infection Preventionist will monitor this area and assume accountability for infection risk prevention. the Director of Nursing will assume accountability for patient safety and monitor via inspection. Corrected	07/10/2021
S 1154  Bldg. 00	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(3)(C)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p>			

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

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FORM APPROVED  
OMB NO. 0938-039

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S 1168  Bldg. 00	<p>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:</p> <p>(C) Operational and maintenance control records must be established and analyzed at least triennially. These records must be readily available on the premises. Based on document review and interview, it could not be determined if the facility performed a triennial analysis for 2 pieces of physical plant equipment. This equipment included the emergency generator unit, and facility smoke detectors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 7-6-2021 at 0900 hours, employee P50, Registered Nurse, provided maintenance documentation for the facility emergency generator, and smoke detector's. This documentation did not indicate that a triennial analysis was conducted on either piece of equipment.</li> <li>2. In interview on 7-8-2021 at 1113 hours, employee P50, Registered Nurse, confirmed no triennial analysis documentation was available for either piece of equipment.</li> </ol> <p>(b) The condition of the physical plant and the overall center</p>	S 1154	<p>Director of Nursing held discussions with current vendors providing P.M. and inspections for both smoke detectors, sprinklers and generator. Buckeye will add a triennial assessment analysis to their fall load test. Koorsen during the fall fourth quarter inspection will do like wise. The director of Nursing will assume accountability for monitoring, via the written reports, the triennial assessment analysis. Presented to Board 8/2/2021. Approved. Corrected</p>	08/03/2021

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	<p>environment must be developed and maintained in such a manner that the safety and well being of patients are assured as follows:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(iii) Appropriate records must be kept pertaining to equipment maintenance, repairs, and electrical current leakage checks and analyzed at least triennially.</p> <p>Based on document review and interview, it could not be determined if the facility performed a triennial review for one group of patient care equipment (facility wheelchairs).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 7-6-2021 at 0900 hours, employee P50, Registered Nurse, was requested to provide documentation that the facility performed a triennial review of preventative maintenance activity for the facility wheelchairs.</li> <li>2. In interview on 7-8-2021 at 1113 hours, employee P50, Registered Nurse, indicated there was no above-requested documentation available.</li> </ol>	S 1168	Trimedex added the triennial review parameter to the wheelchair semi annual assessment. The next inspection is scheduled for December 2021. The Director of Nursing will assume accountability for monitoring the process via inspection reports. Corrected 8/03/2021	08/03/2021