STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001053	A. BUILDING 00 B. WING	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SURGERY CENTER	220 E VIRGINIA ST EVANSVILLE, IN 47711

(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	This visit was for a state licensure survey of an ambulatory surgery center. Facility Number: 007651 Dates of Survey: 4/15/19 to 4/16/19 QA: 4/22/19	S 0000		
S 0058 Bldg. 00	410 IAC 15-2.3-2 POSTING OF LICENSE 410 IAC 15-2.3-2 (b) (b) A copy must be conspicuously posted in an area open to patients and the public on the premises of each separate building of a multiple building system. Based on observation and document review, the facility failed to have a current Ambulatory Surgery Center	S 0058	At the end of the day an updated current license was printed from our files and placed in the posted frame in the lobby. This will be prevented	04/16/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001053	A. BUILDING 00 B. WING	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SURGERY CENTER	220 E VIRGINIA ST EVANSVILLE, IN 47711

(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
	(ASC)license posted. 1. On 4/15/2019 at 0930 hours, it was noted upon entering the facility that the posted State License had expired 12/31/2018. 2. Indiana State Ambulatory Surgery Center Licensure Rules indicate that a current license must be posted in a conspicuous place.		from happening again by placing a reminder in the administrative binder file. Center Manager will be responsible to ensure this happens	
S 1010 Bldg. 00	410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(A) Pharmaceutical services must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug handling, storing, labeling, and dispensing. Based on observation, document review and interview, the facility failed to follow their policy for drug handling, storing, labeling and dispensing in 2 instances, while touring the facility. 1. While touring the facility on 4/15/2019 at approximately 1430 hours, it was noted in the Yag (laser) procedure	S 1010	Since there was no way to know how long those medications were open, they were discarded on 4/16/2019. Staff was in-serviced on proper labeling when opening multi dose medications. To ensure this doesn't happen again, routine monthly monitoring will be complete. The Director of Nursing and/or Center Manager will be	04/18/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001053	A. BUILDING 00 B. WING	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SURGERY CENTER	220 E VIRGINIA ST EVANSVILLE, IN 47711

(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
	room, that 2 bottles of medications were not labeled with the opening date. A. One opened bottle of Goniotaire 2.5% Hypromellose Solution (demulcent) was sitting on a counter. There was no opening date on the bottle. B. One opened bottle of Goniotaire 2.5% Hypromellose Solution was in a drawer. There was no opening date on the bottle. 2. Facility Policy titled: Multidose Medications; Shelf Life After Entry, PH-11, (no date), indicated: A. In some cases where only multi dose vials are available, the Center will exercise all recommended precautions to ensure the sterility of the product. B. The vial is dated with the expiration date, which is 28 days after the initial entry, or the manufacturer's expiration date, whichever is sooner. Vial should be discarded by expiration date after the initial entry. All topical solutions are good until the manufacturer's expiration date, with some exceptions. (Ophthalmologic drops are not listed as an exception in the policy.) 3. In interview, staff member #1, Director of Nursing, indicated agreement with the above findings.		responsible to make sure this is complete	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001053	A. BUILDING 00 B. WING	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SURGERY CENTER	220 E VIRGINIA ST EVANSVILLE, IN 47711

(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 1146 Bldg. 00	410I AC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(2) (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: (2) No condition may be created or maintained which may result in a hazard to patients, public, or employees. Based on document review, observation and interview, the center created or maintained a condition which may result in a hazard to patients or employees with one piece of equipment (blanket warmer) of 1 facility. Findings include: 1. On 4/15/19, between approximately 2:30 p.m. and 2:45 p.m., during facility tour in the presence of A2, Director of Nursing, the patient blanket warmer temperature appeared to be approximately 172 degrees Fahrenheit (F). 2. On 4/15/19, between approximately 2:30 p.m. and 2:45 p.m., when asked	S 1146	The blanket warmer was set to the proper temperature of 130 degrees. Staff was in-serviced on proper temperature as well as properly documenting on the daily and notifying DON or Center Manager if out of range. This will be prevented by checking daily on the log. The DON and /or Center Manager will be responsible to ensure compliance	04/18/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001053	A. BUILDING 00 B. WING	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SURGERY CENTER	220 E VIRGINIA ST EVANSVILLE, IN 47711

(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
	what the temperature should be for the blanket warmer, A2 indicated they keep their warmer at 200 degrees F. When asked to verify the blanket warmer temperature reading, A2 indicated the temperature reading was 175 degrees F. 3. Review of the facility's "Daily Checks" log indicated the blanket warmer temperature should be set at 130 degrees F. The log indicated the temperature was checked daily, but lacked documentation of a temperature reading. 4. Review of the manufacturer's manual for the blanket warmer lacked documentation of a recommended temperature setting. 5. Review of AORN (Association of Perioperative Registered Nurses) guidelines as provided by the facility indicated the following: AORN recommends a limit of 130 degrees Fahrenheit for blankets...The temperature range of blanket or linen warming cabinet should not exceed 130 degrees Fahrenheit. 6. On 4/15/19, between approximately 2:45 p.m. and 3:00 p.m., A1, Center Manager, indicated the facility did not have a policy on blanket warmer temperatures, but did follow AORN			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001053	A. BUILDING 00 B. WING	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SURGERY CENTER	220 E VIRGINIA ST EVANSVILLE, IN 47711

(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
	guidelines and would provide a copy. A1 verified that the blanket warmer temperature is to be maintained at 130 degrees Fahrenheit.			