

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230138831		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/18/2024	
NAME OF PROVIDER OR SUPPLIER GOSHEN HEALTH SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1605 WINSTED DR , GOSHEN, Indiana, 46526			
(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	
S0000	INITIAL COMMENTS This visit was for a state licensure survey of an Ambulatory Surgery Center. Facility Number: 013883 Survey Dates: 01/17/24 to 01/18/24 QA: 1/25/2024		S0000				
S0400	INFECTION CONTROL PROGRAM CFR(s): 410 IAC 15-2.5-1 410 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. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review, observation, and interview the facility failed to ensure a dust free environment in five (5) areas. (Pre/post Operative Area, Operating Room 2, Procedure Room 2, Hallway, Center Core) Findings include: 1. The facility policy titled, Infection Control, policy number 10.2, indicated the center must provide a functional and sanitary environment for the provision of surgical services. This policy was last reviewed on 01/25/2023. 2. The facility policy titled, Environmental Cleaning, policy number 50.5, indicated to damp dust from top to		S0400			01/26/2024	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0400	Continued from page 1 bottom on overhead lights, clean and disinfect patient beds, floors, mobile/fixed equipment, and supply carts. This policy was last reviewed on 01/25/2023. 3. During observation the following was observed to have visible/wipeable dust: a. Pre/Post Operative Area - seven (7) of seven (7) patient transport carts. b. Operating Room 2 - overhead surgical light. c. Procedure Room 2 - overhead light. d. Center Core - bottom of cast cart and bottom of nerve block cart. e. Hallway - floor under three (3) scrub carts. 4. In interview on 01/17/2024 at approximately 12:30 pm with administrative staff member A # 1 (Administrative Director), confirmed the facility should not have dust anywhere.		S0400				
S0472	INFECTION CONTROL PROGRAM CFR(s): 410 IAC 15-2.5-1 410 IAC 15-2.4-1(2)(h) (h) Environmental surfaces and equipment not requiring sterilization which have been contaminated by blood or other potentially infectious materials shall be cleaned then decontaminated in accordance with acceptable standards of practice and applicable state laws and rules, 410 IAC 1-4. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview the facility failed to ensure the blood glucose meter was cleaned/disinfected according to the manufacturers		S0472			02/02/2024	

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S0472	Continued from page 2 recommendations. (Harmony Blood Glucose Meter) Findings include: 1. The facility policy titled, Clia Waived Testing, policy number LAB 60.3, indicated the facility would follow the instructions of the testing equipment manufacturer. This policy was last reviewed on 1/25/2023. 2. Review of the user's guide for the Harmony Blood Glucose Monitoring System, indicated only the following products and/or same Environmental Protection Agency (EPA) Registration Number have been validated for cleaning and disinfecting the meter: a. Dispatch Hospital Cleaner Disinfectant Towels with Bleach (EPA # 56392-8). b. Medline Micro-Kill+ Disinfecting, Deodorizing, Cleaning Wipes with Alcohol (EPA # 59894-10). c. Clorox Healthcare Bleach Germicidal and Disinfectant Wipes (EPA # 67619-12) d. Medline Micro-Kill Bleach Germicidal Bleach Wipes (EPA # 37549-1) 3. In interview on 01/17/2024 at approximately 12:30 pm with administrative staff member A # 1 (Administrative Director), confirmed the staff were not using the manufactures recommended cleaning/disinfecting wipes to clean the blood glucose meter.	S0472					
S1172	PHYSICAL PLANT, EQUIPMENT MAINTENANCE, CFR(s): 410 IAC 15-2.5-7 410 IAC 15-2.5-7(b)(5) (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:	S1172				03/08/2024	

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S1172	Continued from page 3 (5) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following: This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review, observation, and interview the facility failed to ensure equipment was able to be terminally cleaned in two (2) areas. (Operating Room 1 & Operating Room 2) Findings include: 1. The facility policy titled, Control of Contaminants in Patient Care Areas, Procedure and Operating Rooms, policy number 45.1, indicated to check mattresses and padding positioning device surfaces to sure they maintain intact and moisture resistant. This policy was last reviewed in 01/25/2023. 2. The facility policy titled, Environmental Cleaning, policy number 50.5, indicated end of day cleaning/disinfecting (also known as Terminal Cleaning) should be completed to Operating Room beds, Operating Room bed attachments and positioning devices, tables, Mayo Stands, and furniture (chairs, stools, step stools). This policy was last reviewed in 01/25/2023. 3. During tour an observation was made of the following: a. Operating Room 1 - two (2) Mayo Stands had visible rusted wheels, two (2) arm positioning devices had torn leather, and the base of the operating bed had visible rust. b. Operating Room 2 - linen hamper had visible rusted wheels and the base of the operating bed had visible rust. 4. In interview on 01/17/2024 at approximately 12:30 pm with administrative staff member A # 1 (Administrative Director), confirmed the equipment was unable to be terminally cleaned with rust on it.			S1172			