

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2022
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NAME OF PROVIDER OR SUPPLIER CAPITOL STREET SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2007 CAPITOL AVENUE INDIANAPOLIS, IN 46202
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(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) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for a state licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 013672</p> <p>Survey Date: 04/06/2022 - 04/07/2022</p> <p>QA: 4/14/2022</p>	S 000		
S 664	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN.</p> <p>410 IAC 15-2.5-3(f)(9)</p> <p>All patient records must document and contain, at a minimum, the following:</p> <p>(9) A written or dictated report describing techniques, findings, and tissue removed or altered.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to produce operative notes in 2 of 30 (patients' 28 and 29) medical records reviewed.</p> <p>1. Review of patient's 28 and 29 medical records lacked documentation of operative notes.</p> <p>2. Interview on 4/7/22 with S1 (Registered Nurse [RN], Director of Nursing) and S3 (Administrator) at approximately 2:30 p.m. confirmed the above information.</p>	S 664		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S 784 S 784	<p>Continued From page 1</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL</p> <p>410 IAC 15-2.5-4(b)(3)(P)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(P) A requirement that the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to authenticate and date operative notes in 3 of 30 patients' (1, 2 and 27) medical records reviewed.</p> <p>1. Review of medical records on patients' 1, 2, and 27 lacked authenticated/closed within 30 days of their operation.</p> <p>2. Interview on 4/7/22 with S1 (RN, Director of Nursing) and S3 (Administrator) at approximately 2:30 p.m. confirmed the above information.</p>	S 784 S 784		