

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
Q0000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 001222</p> <p>Survey Date: 11-13/15-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: clauglin 11/26/12</p>	O0000		

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
Q0082	<p>416.43(b), 416.43(c)(2), 416.43(c)(3) PROGRAM DATA; PROGRAM ACTIVITIES (b)(1) The program must incorporate quality indicator data, including patient care and other relevant data regarding services furnished in the ASC.</p> <p>(b)(2) The ASC must use the data collected to - (i) Monitor the effectiveness and safety of its services, and quality of its care. (ii) Identify opportunities that could lead to improvements and changes in its patient care.</p> <p>(c)(2) Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.</p> <p>(c)(3) The ASC must implement preventive strategies throughout the facility targeting adverse patient events and ensure that all staff are familiar with these strategies.</p> <p>Based on document review and interview, the facility failed to ensure 1 (transcription) directly provided service was included in the facility's quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI indicated it did not include monitors and standards for the directly provided service of transcription.</p>	O0082	The dashboard used to document the quality indicators did not include our in-house transcription service. This was added and the standards set. The Surgery Center Manager is responsible for implementing and monitoring the QAPI projects on a quarterly basis..	11/19/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374		
(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	
	2. In interview, on 11-15-12 at 2:15 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374		
(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	
Q0083	<p>416.43(d) PERFORMANCE IMPROVEMENT PROJECTS</p> <p>(1) The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the ASC's services and operations.</p> <p>(2) The ASC must document the projects that are being conducted. The documentation, at a minimum, must include the reason(s) for implementing the project, and a description of the project's results</p> <p>Based on document review and interview, the facility failed to produce objective data of the corrective action and results to an identified problem through a performance improvement project.</p> <p>Findings:</p> <p>1. Review of a performance improvement project entitled ROTATION OF STAFF THROUGH PRIMARY CARE, started in June, 2012, indicated this [results of the action taken] will be monitored at 3 month, 6 month and 12 month intervals to determine if an improvement has been made in the competence in the OR and an increase in physician confidence in staff as reported by oral recognition. It further indicated as a conclusion to the project, September 2012 - a re-evaluation of the module nursing vs. the primary nursing model is complete.</p>	O0083	The WSC policy now includes clear instruction for the surgery manager, or whoever is performing QA studies to obtain documented objective data to support findings in a QA study. The Surgery Center Manager is responsible for implementing correct procedure for performing QA studies and monitoring and reviewing the QAPI projects when they are completed or annually for compliance with the policy and procedure for coreect collection of data.	11/19/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
	<p>2. Further review of the project indicated there was no documented objective data to support the conclusion.</p> <p>3. In interview, on 11-14-12 at 10:50 am, employee #A1 indicated the project was completed because the module practice, as opposed to the previous primary nursing model, resulted in an increase in physician confidence in staff as reported by oral recognition. The employee was requested to provide documentation of objective data to support the conclusion and no further data was provided prior to exit.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
Q0103	<p>416.44(a)(3) IDENTIFICATION, PREVENTION, AND MAINTENANCE [The ASC must provide a functional and sanitary environment for the provision of surgical services.] The ASC must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities. Based on document review, observation and interview, the facility failed to follow its policy/procedure of the Disposal of Trash in one observation.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of policy/procedure Disposal of Trash indicated the following: "Policy - The policy of the center is to maintain a clean and safe environment. Proper disposal of waste, excluding biohazard waste, is important to the safety of the patient and infection control.</li> <li>Regular trash is confined by the use of trash bags and the cans are emptied by taking the trash bags and securing the tops with a knot.</li> <li>Bags are then collected and may be put into larger bags to accommodate easy transport to the trash dumpster or bin located outside in the driveway area of the parking lot."</li> </ol> <p>This policy/procedure was last reviewed/revised on 11-01-10.</p>	O0103	<p>The WSC policy has been revised to state regular trash will be confined to plastic trash bags that are secured at the top and may be put into larger bags for easier transport to the outside dumpster at the close of the day. Regular trash accumulated during the course of the day will be stored in secured bags on top of or beside closed biohazard trash containers. The regular trash is not to be mixed in the same bag or same container as biohazard trash/waste and is to be disposed of in the sanitation department's dumpster. Biohazard trash/waste is picked up by a contracted company specializing in biohazard disposal. The Surgery Center Manager is responsible for implementing and monitoring for compliance of trash disposal. Random inspections will be made by the Infection Control nurse and/or the Surgery Manager on a weekly basis to insure compliance.</p>	11/16/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
	<p>2. During the facility tour of the surgery area on 11-13-12 at 1230 hours with staff #40 the following was observed: 6 large bags of trash on the floor in the substerile hallway. 2 bags of trash were touching open shelves that contained sterile and clean items.</p> <p>3. On 11-13-12 at 1230 hours, staff #40 confirmed that trash from the operating rooms is usually placed on the floor of the substerile hallway floor prior to taking outside to the dumpster at the end of the day.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
Q0162	<p>416.47(b) FORM AND CONTENT OF RECORD The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:</p> <ul style="list-style-type: none"> <li>(1) Patient identification.</li> <li>(2) Significant medical history and results of physical examination.</li> <li>(3) Pre-operative diagnostic studies (entered before surgery), if performed.</li> <li>(4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body.</li> <li>(5) Any allergies and abnormal drug reactions.</li> <li>(6) Entries related to anesthesia administration.</li> <li>(7) Documentation of properly executed informed patient consent.</li> <li>(8) Discharge diagnosis.</li> </ul> <p>Based on document review and interview, the facility failed to ensure the medical record (MR) contained sufficient information to justify treatment in 16 of 16 cataract MRs reviewed (Patient #1, 4, 6, 9, 10, 11, 12, 13, 17, 18, 21, 22, 24, 26, 27 and 30).</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>1. Review of patient #1, 4, 6, 9, 10, 11, 12, 13, 17, 18, 21, 22, 24, 26, 27 and 30's MR indicated each received Proparacaine medication drops and each MR lacked documentation of a physician's order to</li> </ul>	O0162	The process to update the physicians orders in a computer software program is being completed at this date. Until the revised orders are on the chart with explicit orders for Proparacaine drops prior to the instillation of other drops, the current orders will be corrected and signed by the physician. The Surgery Manager is responsible for implementing the change by contact with the physicians to review and revise their orders for accuracy and monitoring the completion of the the project by weekly contact with the physician to assess project completion.	12/05/2012			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374		
(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	
	<p>administer the Propracaiie medication drops.</p> <p>2. On 11-15-12 at 1105 hours, staff #40 confirmed there was no physician's order in patient #1, 4, 6, 9, 10, 11, 12, 13, 17, 18, 21, 22, 24, 26, 27 and 30's MRs to administer Propracaine medication drops.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
Q0221	<p>416.50(a)(1) NOTICE OF RIGHTS</p> <p>The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands.</p> <p>Based on document review and interview, the patient rights given to the patient or their representative verbally and in writing prior to surgery lacked 1 of 13 required elements.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of a document entitled Patient Rights and Responsibilities, Notice of Ownership, given to the patient or their representative verbally and in writing prior to surgery, did not contain the patient right of including the specific names of the physician's of Whitewater Eye Center, LLC, who have a financial interest or ownership in the facility</li> <li>In interview, on 11-15-12 at 3:15 pm, employee #A1 confirmed the above element was not included in the patient rights given to the patient or their representative verbally and in writing prior to surgery. No further documentation was provided prior to exit.</li> </ol>	O0221	<p>Patient Rights given to the patient or representative prior to surgery now clearly names the physicians with a financial interest. The Surgery Center Manager is responsible for implementing this change by personally rewriting the document given to the patients and randomly monitoring the accuracy of the Patient's rights being given to patients by requesting a copy of the document from the check in desk biennially.</p>	12/04/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
Q0222	<p>4166.50(a)(1)(i) NOTICE - POSTING In addition, the ASC must - Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.</p> <p>Based on document review and interview, the posted patient rights did not contain 1 of 13 required elements.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of a document entitled Patient Rights and Responsibilities, Notice of Ownership, posted in the facility's reception area. indicated it did not contain the specific names of the Whitewater Eye Center, LLC physician's who have a financial interest or ownership in the facility.</li> <li>In interview, on 11-15-12 at 3:15 pm, employee #A1 confirmed the above element was not included in the posted patient rights. No further documentation was provided prior to exit.</li> </ol>	O0222	A revised document entitled Patient Rights and Responsibilities, Notice of Ownership posted in the waiting area now names the physicians who have a financial interest in the ASC. The Surgery Center manager is responsible for changing the text of the Patient's Rights posted in the reception area and for obtaining a printed framed copy for posting in the waiting area. The monitoring of project completion will be done via contact with the publishing company weekly until the finished copy is displayed.	12/03/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374		
(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	
Q0223	<p>416.50(a)(1)(ii) NOTICE - PHYSICIAN OWNERSHIP The ASC must also disclose, where applicable, physician financial interests or ownership in the ASC facility in accordance with the intent of Part 420 of this subchapter. Disclosure of information must be in writing and furnished to the patient in advance of the date of the procedure. Based on document review and interview, the facility failed to have a policy and procedure indicating the specific names of all physicians who have financial interests or ownership in the facility</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of a facility policy and procedure, entitled Patient Rights and Responsibilities, Notice of Ownership, approved 11-1-10, indicated it did not include the names of specific Whitewater Eye Center, LLC physicians who have financial interests or ownership in the facility.</li> <li>In interview, on 11-15-12 at 3:15 pm, employee #A1 confirmed the above-stated policy and procedure did not include the names of specific physicians who have financial interests or ownership in the facility. No other documentation was provided prior to exit.</li> </ol>	Q0223	The WSC policy regarding Patient's Rights has been revised to state the names of the physician owners are to be added to the information given to the patients. The paperwork has been adjusted to reflect this change. The Surgery Center Manager is responsible for implementing the change in policy by personally rewriting to include the physician's names and monitoring for compliance by biennial review of the paperwork being given to the patient's on check-in.	12/04/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 001222</p> <p>Survey Date: 11-13/15-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 11/26/12</p>	S0000					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
S0228	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(4)</p> <p>The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following:</p> <p>(4) Ensure that the center maintains a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement, and that all physicians, dentists, and podiatrists performing surgery in the center maintain admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located.</p> <p>Based on document review and interview, the governing board failed to assure that medical staff members performing surgery in the facility maintain admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the facility is located for 4 of 10 medical staff credential files reviewed.</p> <p>Findings:</p> <p>1. Review of 10 medical staff credential files indicated files MD#6, MD#7, MD#9 and MD#10 did not have documentation</p>	S0228	<p>Letters to the Committee Chairs at Reid Hospital and Health Care Services along with completed Applications for Modification of Staff Status or Privileges have been sent to the Medical Staff department at Reid Hospital for approval of admitting privileges. The surgery manager will be in contact with Medical Staff department routinely to obtain an expected date of completion. In the future, when surgery privileges are due for re-approval, admitting privileges will be included in the request. The Surgery Center Manager is responsible for implementing this</p>	12/31/2012			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374		
(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	
	<p>of admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the facility is located.</p> <p>2. In interview, on 11-15-12 at 11:00 am, employee #A1 confirmed there was no documentation of the above and no other documentation was provided prior to exit.</p>		<p>change by contacting the privileging/credentialing committee at Reid Hospital, completion of the necessary paperwork and returning to the committee in time for their next meeting scheduled for January 2013. The surgery manager will monitor the completion of this process by obtaining a specific date from the hospital for the meeting and contact with the hospital following that date for results.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
S0300	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)</p> <p>(a) The center must develop, implement, and maintain an effective, organized, center-wide, comprehensive quality assessment and improvement program in which all areas of the center participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: Based on document review and interview, the facility failed to ensure 1 (transcription) directly provided service was included in the facility's quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of the facility's QAPI indicated it did not include monitors and standards for the directly provided service of transcription.</li> <li>In interview, on 11-15-12 at 2:15 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit.</li> </ol>	S0300	As corrected in Q 082 the quality indicator for our in-house transcription has been added to the QAPI dashboard used to monitor specific activities. The Surgery Center Manager is responsible for implementing the change by instituting a new QAPI dashboard that includes in-house transcription and for monitoring this service outlined quarterly.	11/19/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
S0428	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(i)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(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:</p> <p>(i) Sanitation.</p> <p>Based on document review, observation and interview, the facility failed to follow its policy/procedure of the Disposal of Trash in one observation.</p> <p>Findings include:</p> <p>1. Review of policy/procedure Disposal of Trash indicated the following: "Policy - The policy of the center is to maintain a clean and safe environment. Proper disposal of waste, excluding biohazard waste, is important to the safety of the patient and infection control.</p> <p>3. Regular trash is confined by the use of trash bags and the cans are emptied by taking the trash bags and securing the tops with a knot.</p> <p>4. Bags are then collected and may be put into larger bags to accommodate easy transport to the trash dumpster or bin located outside in the driveway area of the</p>	S0428	<p>The WSC policy has been revised to state regular trash will be confined to plastic trash bags that are secured at the top and may be put into larger bags for easier transport to the outside dumpster at the close of the day. Regular trash accumulated during the course of the day will be stored in secured bags on top of or beside closed biohazard trash containers. The regular trash is not to be mixed in the same bag or same container as biohazard trash/waste and is to be disposed of in the sanitation department's dumpster. Biohazard trash/waste is picked up by a contracted company specializing in biohazard disposal. The Surgery Center Manager is responsible for implementing and monitoring for compliance of trash disposal. Random inspections will be made by the Infection Control nurse and/or the Surgery Manager on a weekly</p>	11/19/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374		
(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	
	<p>parking lot." This policy/procedure was last reviewed/revised on 11-01-10.</p> <p>2. During the facility tour of the surgery area on 11-13-12 at 1230 hours with staff #40 the following was observed: 6 large bags of trash on the floor in the substerile hallway. 2 bags of trash were touching open shelves that contained sterile and clean items.</p> <p>3. On 11-13-12 at 1230 hours, staff #40 confirmed that trash from the operating rooms is usually placed on the floor of the substerile hallway floor prior to taking outside to the dumpster at the end of the day.</p>		basis to insure compliance.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
S0622	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(6)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(6) The center shall have a system of coding and indexing medical records which allows for timely retrieval of records by diagnosis and procedure, physician, and condition on discharge, in order to support continuous quality assessment and improvement activities.</p> <p>Based on document review and interview, the facility failed to have documentation of a log or index that included diagnosis, procedure, physician and condition on discharge and condition on discharge.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of a document entitled DAILY SCHEDULE - APPOINTMENTS CHRONOLOGICAL FOR : 9/24/2012 indicated it did not include diagnosis and condition on discharge.</li> <li>In interview, on 11-15-12 at 10:35 am, employee #A1 confirmed the above and no further documentation was provided by exit.</li> </ol>	S0622	<p>Our electronic medical records system allows for retrieval of records by diagnosis, procedure, and physician, but does not include condition on discharge. It is the responsibility of the Surgery Center Manager to implement this system by creating a new log to include the date of service name of patient, birth dates, surgeon, anesthesiologist, condition on discharge, disposition, brief description of problem that resulted in a less than good discharge. The surgery manager is responsible for monitoring this by monthly retrieval of the log and reporting quarterly to the BOD. These logs will be saved for review by any accrediting agency or for QAPI projects. It is our policy that patient's that are discharged in other than good condition is added to a secured file on the</p>	12/10/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374		
(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	
			surgery manager's computer. If the manager is unavailable to add or review the file, an email is sent with patient name, DOB, date of service and condition on discharge, to the surgery manager to add to the file when able. Retrieval of the file in the absence of the surgery manager can be accomplished by the IT manager.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
S0630	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(d)</p> <p>(d) The medical record must contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of the patient's stay in the center and the results.</p> <p>Based on document review and interview, the facility failed to ensure the medical record (MR) contained sufficient information to justify treatment in 16 of 16 cataract MRs reviewed (Patient #1, 4, 6, 9, 10, 11, 12, 13, 17, 18, 21, 22, 24, 26, 27 and 30).</p> <p>Findings include;</p> <p>1. Review of patient #1, 4, 6, 9, 10, 11, 12, 13, 17, 18, 21, 22, 24, 26, 27 and 30's MR indicated each received Proparacaine medication drops and each MR lacked documentation of a physician's order to administer the Proparacaine medication drops.</p> <p>2. On 11-15-12 at 1105 hours, staff #40 confirmed there was no physician's order in patient #1, 4, 6, 9, 10, 11, 12, 13, 17, 18, 21, 22, 24, 26, 27 and 30's MRs to administer Proparacaine medication</p>	S0630	<p>The Surgery Center Manager is responsible for the implementation of the correction in the patient's medical record to include all orders for treatment in the surgery center including any and all eye drops. The process to update the physician's orders in a computer software program is being completed at this date. Charts that do not contain the proper orders for eye drops will have orders handwritten and signed by the physician. monitoring of this correction will be the responsibility of the surgery manager by checking patient's charts at the close of the day for accurate orders and for maintaining weekly contact with the physicians on the status of completing the computer change for preprinted orders.</p>	12/05/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
	drops.			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
S0732	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(2)</p> <p>These bylaws and rules must be as follows:</p> <p>(2) Be reviewed at least triennially. Based on document review and interview, the medical staff did not review the medical staff bylaws and rules at least once every three (3) years.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of the medical staff bylaws and rules indicated they were reviewed by the Medical Director.</li> <li>Review of the medical staff bylaws and rules indicated the Medical Director had no authority to solely review them.</li> <li>In interview, on 11-14-12 at 2:35 pm, employee #A1 was requested to provide any documentation of a medical staff bylaw, rule or meeting minute in which the Medical Director had been given this authority. The employee indicated there was no such documentation and none was provided prior to exit.</li> </ol>	S0732	The annual BOD meeting (along with the MEC meeting) is scheduled for 1/14/13 at which time the Medical staff will review and vote on the Medical Staff Bylaws and Medical Staff Rules and Regulations. The previous bylaws and rules and regulations were approved by the only two surgeons employed when the facility first opened in Nov. 2009. The Surgery Center Manager is responsible for implementing this correction by including the review to the agenda of the annual BOD meeting in Jan. and will monitor the expiration dates for review of the policies/and bylaws.	01/14/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2012	
NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374			
(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			
S0824	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(c)(1)(D)</p> <p>The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(D) Safety rules to be followed. Based on document review and interview, the facility failed to have complete safety rules for areas where anesthesia procedures were performed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policies and procedures, approved 11-1-10, indicated there were safety rules only for flammable usage and malignant hyperthermia.</li> <li>2. In interview, on 11-15-12 at 12 noon, employee #A1 confirmed the above.</li> <li>3. In the same interview, the employee indicated the facility used electrocautery equipment in the operating area.</li> <li>4. Review of the above policies and procedures indicated there were no safety rules for this equipment.</li> <li>5. In the above interview, the employee</li> </ol>	S0824	<p>A policy is in the process of being written to define safety issues specific to the operating room addressing safety of staff and patients. This will identify particular safety risks including; malignant hyperthermia, electrocautery, fire, noise pollution, hand off of sharps, prolonged standing. The policy will provide rules for operation of equipment, response to emergencies, noise level control. The Surgery Center Manager is responsible for implementing correction by writing a policy addressing the rules for safe operation of equipment, etc and for monitoring the compliance of the policy by random visual observation monthly and adding to the QAPI dashboard.</p>	12/31/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
	confirmed there were no policies and procedures for the electrocautery equipment and no further documentation was provided prior to exit.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
S0826	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(c)(1)(E)</p> <p>The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(E) Safety training required of personnel. Based on document review and interview, the facility failed to have complete safety training required for areas where anesthesia procedures were performed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policies and procedures, approved 11-1-10, indicated there was safety training only for flammable usage and malignant hyperthermia.</li> <li>2. In interview, on 11-15-12 at 12 noon, employee #A1 confirmed the above.</li> <li>3. In the same interview, the employee indicated the facility used electrocautery equipment in the operating area.</li> <li>4. Review of the above policies and procedures indicated there were none for safety training for this equipment.</li> </ol>	S0826	A policy is in the process of being written to define safety issues specific to the operating room addressing safety of staff and patients. This will identify particular safety risks including; malignant hyperthermia, electrocautery, fire, noise pollution, hand off of sharps, prolonged standing. The policy will also outline training requirements for safe practices and use of equipment. The Surgery Center Manager is responsible for writing, implementing and training personnel and for monitoring the compliance of the policy through annual competency training.	12/31/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
	5. In the above interview, the employee confirmed there were no policies and procedures for the electrocautery equipment and no further documentation was provided prior to exit.			