

TO: Megan Gobble, RN
Client Care Surveyor
CMS Representative
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

FROM: Joy Staples, Administrator
Lovejoy Surgicenter
933 NW 25th Ave.
Portland, OR 97210

PLAN OF CORRECTION
ACCEPTED

Megan J. Gobble, RN 7/31/15
SIGNATURE DATE

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

PLAN OF CORRECTION
July 22, 2015

Q 121 416.45(a) MEMBERSHIP AND CLINICAL PRIVILEGES

The ASC's governing body failed to implement its own credentialing policy and procedure by not specifying which privileges were granted to each provider:

1. The plan for correcting this deficiency is to ensure the ASC's governing body implements its own policy as required in the ASC's "Medical Staff Bylaws Lovejoy Surgicenter." All practitioners entitled to medical staff membership shall be granted specific delineated clinical privileges. A current list of privileges is attached to this Plan of Correction and included in each provider's file.
The previous administrator was terminated without notice and the current administrator took on the responsibilities without knowledge of the specific details required to fulfill in the acquired role, which contributed to this specific deficiency. The current administrator has been obtaining knowledge of these specific duties as they occur.
2. Procedure to implement plan: A list of these specific clinical privileges is provided to new medical staff at the time they apply for privileges. A copy of these privileges will be added to each provider's file. Privileges will not be granted until this policy has been implemented according to our Medical Staff Bylaws.
3. Monitoring procedure: The governing body will conduct a meeting once a new medical staff member's credentialing file is complete. The medical staff member's file will be reviewed for approval and to grant specific clinical privileges during their appointment. A list of these clinical privileges will be provided to new



GENERAL STAFF PRIVILEGES IN OB/GYN

PRIVILEGES

OBSTETRICS CORE PRIVILEGES: Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients and provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

GYNECOLOGY CORE PRIVILEGES: Admit, evaluate, diagnose, treat, and provide consultation and pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training:

1. MD, DO
2. Successful completion of an ACGME or AOA accredited residency-training program in obstetrics and gynecology.
3. Current certification or active participation in the examination process with achievement of certification within 5 years by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

NEW APPLICANTS:

1. Provide documentation of patient services to at least 30 patients in the past 12 months.
2. Provide contact information for two physician peers whom the credentialing specialist may contact regarding your clinical competence.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

REAPPOINTMENT APPLICANTS:

Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

Name _____

Name of Facility: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

CORE PROCEDURES:

Procedure List

Uterus: Curettage, diagnostic and/or therapeutic; medical interruption of pregnancy – dilation and curettage/evacuation (up to 24 weeks gestation)

Applicant's Signature

Date

Medical Director's Signature

Date



CRNA CLINICAL PRIVILEGES

NAME: _____

CRITERIA – REQUIRED QUALIFICATIONS:

1. Certification from national licensing body as a Certified Registered Nurse Anesthetist.
2. Oregon State RN license, Oregon State license as a Certified Registered Nurse Anesthetist.
3. Applicant must present evidence of continuing medical education as required by American Association of Nurse Anesthetists.
4. Maintains ACLS Certification.

RESPONSIBILITIES:

- Pre-anesthetic evaluation and treatment.
- Administers general, regional and other anesthetic services to patients, to include Procedural Sedation.
- Monitors patient condition and advises attending physician.
- Maintains records of anesthesia administered on patient charts.
- Assesses patient's physical, psychological, social and cultural needs; provides care appropriate to patient's age, psychological, social and cultural needs; provides support and make appropriate referrals to resources.
- Post-anesthetic evaluation and treatment.

Applicant's Signature

Date

Medical Director's Signature

Date



LOVEJOY
surgicenter

_____, CRNA is an independent anesthesia provider who administers general and regional anesthetics to ambulatory surgery patients at Lovejoy Surgicenter. The following are anesthetic techniques demonstrated by the anesthesia provider:

General Anesthesia
Endotracheal
Intravenous

Conduction Anesthesia or other Regional Anesthetics

Epidural or Spinal Block
Continuous
Narcotic

Applicant's Signature

Date

Medical Director's Signature

Date

medical staff at the time they apply for privileges. A copy of these privileges will be added to each provider's credentialing file. Privileges will not be granted until this policy has been implemented according to our Medical Staff Bylaws.

4. Dr. John Buckmaster, Medical Director, Greg Klass, CFO, and Joy Staples, Administrator will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction for this deficiency occurred on July 7, 2015.

Q 181 416.48(a) ADMINISTRATION OF DRUGS

The ASC failed to design, implement, monitor, and evaluate a method to ensure that medications were prepared, labeled and discarded according to acceptable standards of practice:

1. The plan for correcting this deficiency is to prepare and administer drugs according to established policies and acceptable standards of practice. This policy has been implemented with previous nursing supervisors, but due to the vacancy of this position at the time of the state survey this policy had not been monitored, which resulted in this deficiency. A nursing supervisor has been appointed to prevent reoccurrence of this deficiency.
2. Procedure to implement plan: All nursing and medical staff have reviewed our current policy in preparing, labeling and discarding medications. In-services will be conducted by the nursing supervisor annually. A copy of this policy is attached to this Plan of Correction. Drug inventory will be conducted at the last business day of each month. Expiration dates will be monitored and documented monthly. All medications will be rotated during drug inventory to ensure expirations with later dates are stored behind medications with dates soon to expire.
3. Monitoring procedure: The nursing supervisor will monitor this procedure to ensure the plan of correction for this deficiency is effective in maintaining compliance according to required regulations. Drug inventory is conducted at the end of each month and the nursing staff will notify the nursing supervisor if any of the medications in stock does not follow policy guidelines to ensure medications are prepared, labeled and discarded according to our policy. All medications will be rotated during drug inventory at the end of each month to ensure expirations with later dates are stored behind medications with dates soon to expire. The nursing supervisor will compile a list of medications 2 months before expiration date at the end of each month. This list will be submitted to the administrator for ordering and to allow adequate time to obtain medications before expiration occurs.



POLICIES AND PROCEDURES ADMINISTRATION OF DRUGS

Discarding of Medications

Medication vials should always be discarded whenever sterility is compromised or questionable.

The USP recommends the following for multi-dose vials of sterile pharmaceuticals:

- If a multi-dose has been opened or accessed (e.g., needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
- If a multi-dose vial has **not** been opened or accessed (e.g., needle-punctured), it should be discarded according to the manufacturer's expiration date.

The manufacturer's expiration date refers to the date after which an unopened multi-dose vial should not be used. The beyond-use-date refers to the date after which an opened multi-dose vial should not be used. The beyond-use-date should never exceed the manufacturer's original expiration date.

United States Pharmacopeia (USP) General Chapter 797 [16]

http://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html

4. Hanna Gruetter, RN, and Joy Staples, Administrator will be responsible for implementing this plan for this deficiency.
5. The completion date for correction for this deficiency occurred on July 14, 2015.

Q 221 416.50(a) NOTICE OF RIGHTS

The ASC's notice of patient's rights given to the patient and the posted notice of patient's rights did not have the correct name of the SA to which patients may report complaints or concerns, or the correct website information for the Medicare Beneficiary Ombudsman, as require by rule:

1. This deficiency has been corrected by ensuring the accurate name of the state agency is listed in Lovejoy Surgicenter's notice of patient rights. This notice is provided for patients on our website, handouts, and posted in the lobby on both floors of our facility. Our previous HIPAA officer generated this notice and our current HIPAA officer had not reviewed the information to ensure Lovejoy's notice of rights conformed to applicable law, which resulted in the specific deficiency.

The correction made is as follows:

Health Care Regulations and Quality Improvement Program
800 NE Oregon Street, Suite 305
Portland, OR 97232
971-673-0540

The Medicare Beneficiary Ombudsman

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

2. Procedure to implement plan: All notice of rights will be corrected on Lovejoy Surgicenter's website, handouts, and notices posted in the lobby on both floors of our facility. All previous notices will be discarded. The HIPAA officer will review Lovejoy's notice of rights annually during the 1st month of the calendar year (January) to ensure our information is accurate and current as required by regulation.
3. Monitoring procedure: Lovejoy's HIPAA officer will be required to review Lovejoy's notice of patient rights annually to ensure all information is accurate and current. The HIPAA officer will review Lovejoy's notice of rights annually during the 1st month of the calendar year (January) to ensure our information is accurate and current as required by regulation. Lovejoy's HIPAA officer will

participate in annual training/review to ensure Lovejoy Surgicenter is compliant with current regulations.

4. Cassie Hodge, HIPAA Officer will be responsible for ensuring this plan is implemented for this specific deficiency.
5. The completion date for correction for this deficiency cited occurred on July 22, 2015.

Q 231 416.50(f)(1) PRIVACY

The ASC failed to provide privacy for patients in pre-op and post-op areas, as required by rule:

1. Privacy curtains will be extended completely before and after surgery for all patients in the pre- and post-op areas to correct this deficiency. The privacy curtain to provide privacy for all the beds will also be utilized so patients are blocked from view from the hallway. All patients will be provided personal privacy while in pre- and post-op areas as required by regulatory requirements. This has always been the standard policy for Lovejoy Surgicenter, but without a nursing supervisor to adequately monitor staff contributed to this deficiency.
2. Procedure to implementing plan: All nursing and medical personnel will receive appropriate training re: patient privacy and the rationale of providing personal privacy and safety for all patients during their appointment. A notice was circulated to all nursing staff the following day this was reported during our survey exit to the administrator, infection control officer and surgical operations manager. The nursing supervisor will ensure all nursing and medical staff adheres to this policy and confront personnel who are noncompliant to prevent recurrence of this deficiency. The door to patient areas, pre- and post-op, will be closed each time a patient or support person is brought back on to the surgical floor to maintain privacy for patients located within these areas.
3. Monitoring procedure: The nursing supervisor will ensure all new personnel are properly trained during their orientation of this policy. All nursing staff will review this plan of correction annually during a quarterly staff meeting and evaluate issues that may have occurred to prevent recurrence of this deficiency.
4. Hanna Gruetter, RN and Katie Conklin, CST/Surgical Operations Manager will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction for this deficiency occurred on May 23, 2015.

Q 241 416.51(a) SANITARY ENVIRONMENT

The ASC failed to ensure that a sanitary environment was maintained per professional standards of practice in the following areas: (1) Injection practices (2) Hand hygiene, and (3) Pre-clean of sterilized instruments:

1. An in-service for infection control: hand-hygiene and safe injection practices were provided for all nursing personnel. The policy for safe injection practices and hand hygiene is attached to this plan of correction. Medical staff received a copy of the deficiency and reviewed policies and procedures to ensure compliance of providing a sanitary environment when providing surgical services. This has always been the standard policy for Lovejoy Surgicenter, but without a nursing supervisor to adequately monitor personnel contributed to this deficiency. Proper measuring devices were also purchased to ensure accurate concentration of the detergent and compliance of manufacturer's directions.
2. Procedure to implement plan: The nursing supervisor will conduct annual in-services to ensure all nursing personnel adhere to the policies and procedures for hand washing, safe injection practices and properly sanitization of instruments. Proper measuring devices were purchased to ensure accurate concentration of the detergent and compliance of manufacturer's directions. The nursing supervisor and surgical operations manager will conduct daily monitoring and correction(s) to ensure staff compliance of these guidelines. The surgical operations manager/surgical tech will ensure guidelines are implemented per manufacturers directions with all solutions, which require accurate concentration for sanitization of instruments.
3. Monitoring procedure: The nursing supervisor will conduct daily monitoring and improvement (if necessary) of hand washing, safe injection practices and proper cleaning of instruments of these guidelines. The nursing supervisor will ensure all nursing and medical personnel are in compliance and provide continuing education annually or as needed.
4. Hanna Gruetter, RN and Katie Conklin, CST/Surgical Operations Manager will be responsible for ensuring this plan is implemented for this deficiency.
5. The date for correction for this deficiency occurred on May 23, 2015.



Infection Control Policies Safe Injection Practices

Lovejoy Surgicenter is committed to providing a safe surgical experience for its patients. The proper use and administration of parenteral medications is imperative in reducing the likelihood of transmitting infection to patients. To ensure safe standards are being followed the surgicenter will adhere to the guidelines set in the Centers for Disease Control and Prevention's Injection Safety Guidelines.

Practices

The following practices apply to all staff members who provide medications to patients via the intramuscular, subcutaneous or intravascular route:

- Use aseptic technique to avoid contamination of sterile injection equipment while drawing and administering medications. Scrub the top of the vial with an alcohol prep pad prior to needle insertion.
- Scrub ports and/or injection sites with an alcohol prep pad prior to administration.
- Do not administer medications from a syringe to multiple patients, even if the needle on the syringe is changed. Needles and syringes are sterile, single-use items; they should not be reused for another patient or to access a medication or solution that might be used for a subsequent patient. Never enter a vial with a used syringe or needle.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multi-dose vials must be used, both the needle and syringe used to access the multi-dose vial must be new, every single time.
- If the same patient is receiving multiple injections from a syringe throughout a procedure (e.g. anesthesia medications) that needle and syringe must be immediately properly discarded at the end of the procedure.

Training

Staff responsible for administering parenteral medications will be trained on Lovejoy's injection policy at the time of hire and at least annually thereafter. The training will be conducted by the infection control program manager and may consist of written materials, discussion, video or interactive computer programs. Documentation of training will be maintained within the staff member's employee file.

Citation

Safe Injection Practices Coalition. www.ONEandONLYcampaign.org. Injection Safety Guidelines from the Centers for Disease Control and Prevention.



Infection Control Hand Hygiene Policy

Lovejoy Surgicenter is committed to maintaining the health of their patients and staff by making a conscientious effort to reduce the incidence of the spread of infection. To meet this standard the surgicenter has adopted guidelines issued by the Centers for Disease Control.

Considerations

- If hands are visibly soiled with blood or other bodily fluids hands must be washed with soap and water using the technique described below.
- If hands are not visibly soiled an alcohol based hand rub may be used to routinely decontaminate hands following the technique described below.

Technique

Washing hands with soap and water:

- Wet hands with water
- Apply an amount of product recommended by the manufacturer to hands and rub hands together vigorously for at least 15 seconds covering all surfaces of the hands and fingers
- Rinse hands with water and dry thoroughly with a disposable towel
- Use towel to turn off the faucet
- Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis
- Sinks are located in the pre-op area, recovery room, procedure room, OR hall and in the employee break room

Using alcohol based hand rub:

- Apply product to palm of one hand and rub hands together covering all surfaces of hands and fingers until hands are dry
- Follow the manufacturer's recommendation regarding the volume of product to use
- Alcohol based hand rub is located in many points throughout the facility

Indications

Lovejoy employees will decontaminate their hands in the following situations:

- Before having direct contact with patients
- Before inserting a peripheral vascular catheter or any other invasive device
- After contact with a patient's intact skin such as when taking a pulse or blood pressure
- After contact with body fluids or excretions, mucous membranes, non-intact skin or dressings
- After contact with inanimate objects, including medical equipment, in the immediate vicinity of the patient
- After removing gloves
- Before and after using the restroom (use soap and water rather than hand rub)

Additional Considerations

- Effort will be made to provide staff with desired hand hygiene products that are non-irritating and pleasant to the employees
- Employees with direct patient contact will not wear artificial nails and will keep natural nails trimmed to ¼ inch long
- Employees will wear gloves when contact with blood or other potentially infectious materials, mucous membranes and non-intact skin could occur
- Gloves will be removed after caring for a patient and the same gloves will not be used to care for more than one patient

Employee Training

Training regarding Lovejoy Surgicenter's hand hygiene policies will be done upon hire and at least annually thereafter. Training materials may consist of written information, discussion, interactive computer programs or videos and will be conducted by the infection control program manager. Documentation of training will be kept in each staff member's employee file.

Citation

Centers for Disease Control and Prevention.
Guideline for Hand Hygiene in Health-Care
Settings: Recommendations of the Healthcare
Infection Control Practices Advisory Committee
and the HICPAC/SHEA/APIC/IDSA Hand
Hygiene Task Force. MMWR 2002;51(No. RR-
16):[inclusive page numbers].

Health Care Regulation and Quality Improvement
PLAN OF CORRECTION
LOVEJOY SURGICENTER
July 22, 2015

B 070 OAR 333-076-0135(1) Nursing Services: RN

The ASC did not have an RN in charge of and responsible for nursing care as required by rule:

1. A nursing supervisor will be appointed to one of our current RNs to correct this deficiency. The previous nursing supervisor resigned unexpectedly and a replacement was not found before her departure. Newly graduated RNs were hired, but lacked the experience of a supervisor. These factors led to the cause of this deficiency. Prior to the state survey, the governing body agreed until the newly graduated RNs gained the experience needed or a replacement was hired, the surgical operations manager would temporarily fill this position during the interim of locating a nursing supervisor. The surgical operations manager worked under the guidance of the Medical Director. This is not acceptable according to regulations and Lovejoy lacked knowledge of this requirement, which contributed to this deficiency.
2. Procedure to implement plan: Hanna Gruetter, RN has been appointed the nursing supervisor role to ensure a registered nurse is responsible for the nursing care provided to the patients as well as supervision of nursing personnel.
3. Monitoring procedure: A nursing supervisor will always be on staff to be responsible for the nursing care provided to the patients as well as supervision of nursing personnel. Non-licensed staff will no longer be considered for this position even during the interim of locating a replacement. During our exit survey we were informed it is permissible for our anesthesia providers who are CRNAs to temporarily take on the role as the nursing supervisor. This would be an alternate option if deemed necessary.
4. Dr. John Buckmaster, Medical Director, Greg Klass, CFO and Joy Staples, Administrator and will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction for this deficiency occurred on July 7, 2015.

B 123 OAR 333-076-0160(4) Care of Patients: Discharge Evaluations

The ASC failed to have the patient evaluated by either a physician or CRNA for anesthesia recovery following the procedure and prior to discharge, as required by rule:

1. Each patient will be evaluated by a physician for proper anesthesia recovery to correct this deficiency. This deficiency will also be corrected in our EHR system thru AzaleaHealth. A section has been added re: Discharge Notes (see attached example). This was a policy the physicians had implemented with our paper charts, but it had not been incorporated in our EHR during our electronic transition beginning March 2015. This was an oversight as we were creating templates with our support team at Azalea, which contributed to this deficiency.
2. Procedure to implement plan: The recovery RN will notify the physician prior to discharge to ensure the physician evaluates all patients. "Discharge notes" will be created as a template so that it is automatically added to every chart. Physicians are required to evaluate and document patients prior to discharge.
3. Monitoring procedure: The recovery RN will notify the physician prior to discharge to ensure the physician evaluates all patients. Physicians are required to evaluate patients prior to discharge. Our medical records personnel will audit all patient charts daily. Physicians will be "tasked" by medical records personnel within Azalea to ensure this policy is also documented and implemented with all patients.
4. Hanna Gruetter, Nursing Supervisor and Dr. John Buckmaster, Medical Director and will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction for this deficiency occurred on July 22, 2015.

B 126 OAR 333-076-0160(7) Care of Patients: Policy Evaluation

The ASC failed to design, implement, monitor and evaluate a method to ensure that an annual review of the ASC's patient care policy's and procedures had occurred and was documented:

1. All policies will be reviewed annually during the 2nd quarter QA meeting. All department heads are in attendance for Lovejoy's quarterly meetings and will evaluate the Policy and Procedure manual at the same time. These policies will be rewritten if necessary. Documentation of this review date will be required. The process of reviewing and updating our policies did begin in April, but this had not been completed at the time of the state survey. Based on previous

documentation by the former administrator the Policy and Procedure manual was not evaluated annually. Due to the limited training available this was not a requirement the current administrator was made aware of until during the survey exit, which contributed to this deficiency.

2. Procedure to implement plan: The Policy and Procedure manual will be reviewed annually during the 2nd quarter QA meeting when all department heads are in attendance. A review of all policies will be evaluated and rewritten, as needed. Documentation of this review date will be required.
3. Monitoring procedure: A scheduled date will be set to implement the plan for this deficiency. QA meetings are held on the first Tuesday of the month following the end of each quarter. The 2nd quarter QA meeting will be held in July of each year to conduct the annual policy review.
4. Dr. John Buckmaster, Medical Director, Hanna Gruetter, RN and Joy Staples, Administrator will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction for this deficiency occurred on July 7, 2015.

B 139 OAR 333-076-0165(2)(h) Medical Records: Dates, Times, Authenticated

The ASC failed to ensure all entries in the medical record were "dated, timed, and authenticated," as required by rule:

1. All personnel will be required to date, time and authenticate each entry made in a patient's chart. In-service training was provided to all staff to ensure staff are in compliance. To ensure authentication the date will be added to each entry where a signature is required to correct this deficiency. AzaleaHealth is currently not set up to include the date with each timestamp, which is an enhancement currently in progress with the developers. Until the date is automatically added with the timestamp, a text box for the date was added next to each timestamp on 5/23/15. This is reflected in the attached documents. Our paper charts have reflected the date and time as staff understand the rationale of authenticating their entries. This was occasionally forgotten for staff to complete especially new personnel and also not implemented in our EHR, which resulted in this deficiency. Lovejoy was not aware of this oversight until it was discovered during our survey exit.
2. Procedure to implement plan: A text box for the date will be added next to each timestamp signature to ensure each entry is authenticated as required by regulations. All paper documents missing the required fields were updated with signature, date and time. All personnel will attend annual training re: this

deficiency to prevent reoccurrence and this policy will be incorporated during orientation of newly hired personnel.

3. Monitoring procedure: Medical records personnel will audit charts daily to ensure all entries are dated, timed, and authenticated. Staff will be "tasked" to correct this deficiency within Azalea if the required field is not completed appropriately.
4. Vicki Sabbah, NCMA/Medical Records Auditor and Carol Jones, Admitting Clerk/Floor Manager will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction for this deficiency occurred on May 23, 2015.

LOVEJOY SURGICENTER
DISCHARGE NOTES:

Patient is doing well in PAR. Discharge per protocol.

MD SIGNATURE: Timestamp

DATE:

NOTES:

LOVEJOY SURGICENTER

PRE-OP MA

- The patient's identity has been confirmed, the procedure and the site have been specified, consents have been obtained; allergies have been identified and entered in the specific chart locations.
- An identification bracelet has been confirmed with the patient and placed.

Timestamp DATE:

ANESTHESIA

- The patient's identity has been confirmed, the procedure and the site have been specified, consents have been obtained; allergies have been identified and entered in specific chart locations
- The anesthesia machine and medications have been checked.
- The airway has been assessed and emergency equipment is present.
- The physician has communicated the anticipated length of procedure, the anticipated blood loss, and any specific concerns or possible adverse events to the team.
- Prophylactic antibiotics, procoagulants, uterine procontractility agents or other specially ordered medications have been administered or prepared.
- Special anesthesia concerns or needs have been communicated to the team.
- Postoperative anesthesia orders have been communicated to the PAR-RN

Timestamp DATE:

PHYSICIAN

- The patient's identity has been confirmed, the procedure and the site have been specified, consents have been obtained; allergies have been identified and entered in specific chart locations.
- The physician has communicated the anticipated length of procedure, the anticipated blood loss, and any specific concerns or possible adverse events to the team.
- Prophylactic antibiotics, procoagulants, uterine procontractility agents or other specially ordered medications have been administered or prepared.
- Postoperative orders or special medications have been communicated to the PAR-RN.

Timestamp DATE:

CIRCULATING RN (CIRC-RN)

- The patient's identity has been confirmed, the procedure and the site have been specified, consents have been obtained; allergies have been identified and entered in specific chart locations.
- Team members have introduced themselves by name and role.
- Sterile and clean areas have been maintained.
- Intraoperative imaging has been available and used when needed.
- Intraoperative medications have been charted and communicated to the PAR-RN.
- Sponge and needle counts have been maintained and communicated.
- Specimens have been prepared, labeled, read and confirmed.
- Equipment problems have been addressed when needed.
- Postoperative special medications or patient needs have been communicated to the PAR-RN.

Timestamp DATE:

POST ANESTHESIA RECOVERY RN (PAR-RN)

- The patient's identity has been confirmed, the procedure and the site have been specified, consents have been obtained; allergies have been identified and entered in specific chart locations.
- The Physician, CRNA, CIRC-RN have communicated orders, special medications or patient needs to the PAR-RN

Timestamp DATE:

LOVEJOY SURGICENTER

PRE-OP		
<input type="checkbox"/> Identification of patient	<input type="checkbox"/> Labs done	<input type="checkbox"/> Name checked against admit sheet and with patient
<input type="checkbox"/> Surgery consent signed	<input type="checkbox"/> H&P on chart (Amb Service)	<input type="checkbox"/> Consent has witness signature
<input type="checkbox"/> Sterilization consent signed <input type="checkbox"/> 32 day consent in chart if OHP or WWF		<input type="checkbox"/> Consent for TL has witness signature
<input type="checkbox"/> Verify patient's ride home:		<input type="checkbox"/> Info written on aftercare packet
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> NKFA		<input type="checkbox"/> Info written on allergy label for front of chart
NPO since: Time:	Date:	<input type="checkbox"/> Info written on Pre-Anesth Eval & Standing Orders form
<input type="checkbox"/> Contraception given <input type="checkbox"/> Printed contraception start date and instructions given <input type="checkbox"/> Depo Provera /MPA in OR <input type="checkbox"/> IUD with PCP <input type="checkbox"/> condoms <input type="checkbox"/> No contraception at this time <input type="checkbox"/> 32 day consent in PAR		BC: _____ X Samples; RX(x)) <input type="checkbox"/> Depo referral letter given <input type="checkbox"/> Depo written on packet <input type="checkbox"/> 32 day consent written on packet
<input type="checkbox"/> Printed post abortion information and guidelines/schedule of follow up times given		<input type="checkbox"/> 2 week check appointment times given
<input type="checkbox"/> To follow up with PCP for 2 week check		<input type="checkbox"/> 2 week check referral letter given
Items removed: <input type="checkbox"/> necklaces <input type="checkbox"/> earrings <input type="checkbox"/> tongue stud <input type="checkbox"/> contact lenses <input type="checkbox"/> nail polish, if needed		<input type="checkbox"/> Contacts in separately labeled R&L containers w/NS & patient's name <input type="checkbox"/> Jewelry in med envelope & labeled with pt's name
Vitals complete: <input type="checkbox"/> yes		IV solution: <input type="checkbox"/> LR <input type="checkbox"/> D5LR Rate: TKO Site: <input type="checkbox"/> RA <input type="checkbox"/> LA Other:
Laboratory: Hgb: _____ Rh: <input type="checkbox"/> Pos <input type="checkbox"/> Neg		<input type="checkbox"/> Labs written on Pre-Anesthesia Eval <input type="checkbox"/> Rh- written on packet if patient is Rh Neg
U/S: Wks: _____ Date: _____		<input type="checkbox"/> Private pt. & fetal anomalies usually will not have u/s in chart
<input type="checkbox"/> T1 (5-12.0w) <input type="checkbox"/> T2 (12.1-15.6w) <input type="checkbox"/> D&E(16.0-23w)		<input type="checkbox"/> Metronidazole 500mg#2 <input type="checkbox"/> Other Antibiotic: _____ # <input type="checkbox"/> Methergine 0.2mg #4 <input type="checkbox"/> Methergine 0.2mg#12
Other/Comments: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> 200mcg <input type="checkbox"/> 400mcg misoprostol/Cytotec <input type="checkbox"/> buccal <input type="checkbox"/> vaginally Time taken/inserted:
RN SIGNATURE: _____ Timestamp _____ DATE: _____		MA SIGNATURE: _____ Timestamp _____ DATE: _____



Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 305
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

 COPY

July 13, 2015

Ms. Joy Staples,
Lovejoy Surgicenter, Inc
933 Nw 25th Avenue
Portland, OR 97210

Dear Ms. Staples:

Enclosed is the Statement of Deficiencies for the Medicare recertification survey and the State relicensing survey completed on May 22, 2015.

You must complete and sign the Plan of Correction and return it to our office within ten (10) calendar days of your receipt of this letter. Please keep a copy for your files. The plan of correction must include the following information for each deficiency cited:

1. The plan for correcting the specific deficiency. The plan should include specific corrective actions and should address the processes that caused or contributed to the deficient practice;
2. The procedure(s) for implementing the plan for the specific deficiency;
3. The monitoring procedure(s) to ensure the plan of correction for the specific deficiency is effective in achieving and maintaining compliance with the regulatory requirements;
4. The title of the person designated as responsible for implementing the plan for the specific deficiency; and
5. The completion date for correction of each deficiency cited. Although each deficiency should be corrected as soon as reasonably possible, the correction date may be up to sixty (60) days from the survey exit date. Permission to take longer than sixty (60) days to correct deficiencies requiring major construction or remodeling may be granted by this office. A request for such an extension must be submitted in writing and accompany the plan of correction.

Please note that the **administrator's signature and the date signed** must be recorded on **Page 1 of the Statement of Deficiencies/Plan of Correction Form CMS-2567**.

If you have any questions, please call our office at (971) 673-0540. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Megan L. Gobble RN". The signature is written in a cursive style.

Megan Gobble, RN
Client Care Surveyor
CMS Representative
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

Enclosures

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY (971) 673-0372.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38C0001000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER LOVEJOY SURGICENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 933 NW 25TH AVENUE PORTLAND, OR 97210
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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) COMPLETION DATE
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Q 000	<p>INITIAL COMMENTS</p> <p>On 05/19/15 through 05/22/15 an unannounced Center for Medicare and Medicaid Services (CMS) recertification survey was completed for Lovejoy Surgicenter in Portland, Oregon to determine compliance with 42 CFR 416.2 through 416.52(c)(3) Ambulatory Surgery Centers.</p> <p>The findings of this survey are reflected in the deficiencies cited in the following pages.</p> <p>Definitions & Abbreviations:</p> <p>APIC: Association for Professionals in Infection Control and Epidemiology ASC: Ambulatory Surgery Center CDC: Centers for Disease Control CFR: Code of Federal Regulations CMS: Centers for Medicare & Medicaid Services CRNA: Certified Registered Nurse Anesthetist DO: Doctor of Osteopathy, i.e. physician EHR: Electronic Health Record H&P: History and Physical examination HICPAC: Healthcare Infection Control Practices Advisory Committee IV: Intra Venous MA: Medical Assistant MD: Doctor of Medicine, i.e. physician ml: milliliter OHA: Oregon Health Authority OR: Operating Room P/Ps: Policies and Procedures PAR: Post Anesthesia Recovery (room) post-op: Post-operative pre-op: Pre-operative RN: Registered Nurse SA: State Agency</p>	Q 000	<p>PLAN OF CORRECTION ACCEPTED</p> <p><i>Meg L. Hollen</i> 7/31/15 SIGNATURE DATE</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Joy Staples</i>	TITLE <i>Administrator</i>	(X6) DATE 7.30.15
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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.

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

PRINTED: 07/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38C0001000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER LOVEJOY SURGICENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 933 NW 25TH AVENUE PORTLAND, OR 97210		
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Q 000	Continued From page 1 SOD: Statement of Deficiencies ST: Surgical Technician	Q 000			
Q 121	416.45(a) MEMBERSHIP AND CLINICAL PRIVILEGES Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The ASC grants privileges in accordance with recommendations from qualified medical personnel. This STANDARD is not met as evidenced by: - Based on a review of the ASC's Medical Staff Bylaws and credentialing files, it was determined that in 5 of 5 files, the ASC's governing body failed to implement its own credentialing policy and procedure by not specifying which privileges were granted to each provider. Findings include: (1) Review of the "MEDICAL STAFF BYLAWS LOVEJOY SURGICENTER" dated July 30th, 2011 revealed the following requirements on Page 7: "ARTICLE IV - DETERMINATION OF PRIVILEGES 4.1 Exercise of Privilege 4.1.1 All practitioners entitled to medical staff	Q 121			

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NAME OF PROVIDER OR SUPPLIER LOVEJOY SURGICENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 933 NW 25TH AVENUE PORTLAND, OR 97210		
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Q 121	<p>Continued From page 2</p> <p>membership shall have specifically delineated clinical privileges. Each medical staff member shall be entitled to exercise only those privileges specifically granted."</p> <p>Documentation in the BYLAWS revealed that each medical staff member "shall have specifically delineated clinical privileges."</p> <p>(2) Review of credentialed files on 05/21/15 at 1:00 PM revealed the following:</p> <p>(a) MD 1 (Medical Director) lacked a list of specifically delineated clinical privileges as required by the ASC's policy.</p> <p>(b) MD 2 (initial membership application of 01/29/14) lacked a list of specifically delineated clinical privileges as required by the ASC's policy.</p> <p>(c) MD 3 (initial membership application of 05/14/14) lacked a list of specifically delineated clinical privileges as required by the ASC's policy.</p> <p>(d) CRNA 1 (initial application of 01/29/14) lacked a list of specifically delineated clinical privileges as required by the ASC's policy.</p> <p>(e) CRNA 2 (initial application of 01/23/14) lacked a list of specifically delineated clinical privileges as required by the ASC's policy.</p> <p>(3) At the exit conference on 05/22/15 at 1:30 PM, the ASC Administrator acknowledged there were no other credentialing files available to review for these providers.</p>	Q 121			