

COPY



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 24, 2012

Karen Sines, Administrator
North Idaho Cataract & Laser Center
1814 Lincoln Way
Coeur D'Alene, ID 83814

RE: North Idaho Cataract & Laser Center, Provider #13C0001009

Dear Ms. Sines:

This is to advise you of the findings of the Medicare survey of North Idaho Cataract & Laser Center, which was conducted on September 19, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the ASC into compliance, and that the ASC remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Karen Sines, Administrator
September 24, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 4, 2012**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



AIMEE HASTRITER
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

AH/srm
Enclosures

North Idaho

Cataract & Laser Center, Inc.

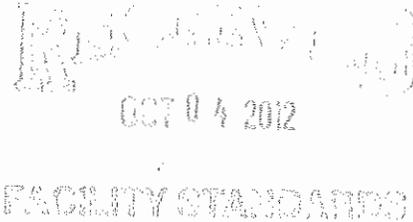


October 3, 2012

Bureau of Facility Standards

3232 Elder Street

Boise, ID 83720-0009



RE: North Idaho Cataract and Laser Center, Provider #13C00010009

The enclosed documents are the Plan of Correction, signature page and supporting documents for the Survey completed on September 19, 2012 at our surgery center.

We would like to add that we appreciated the professionalism and courtesy of your nursing survey team. We would welcome their return at any time!

Please feel free to contact me if you have any questions, additional input or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Mary Sibulsky, RN".

Mary Sibulsky, RN

Nurse Manager

North Idaho Cataract and Laser Center

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

PRINTED: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814
---	--

(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
--------------------	--	---------------	---	----------------------

Q 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey of your Ambulatory Surgical Center. The surveyors conducting the review were: Aimee Hastriter RN, HFS, Team Leader Susan Costa RN, HFS The following acronyms were used in this report: H&P - History and Physical	Q 000		
Q 162	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: <ul style="list-style-type: none"> (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (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. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis. This STANDARD is not met as evidenced by: Based on review of medical records and staff	Q 162		

RESOLVED
OCT 05 2012
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karen Sines</i> Karen Sines	TITLE Administrator	(X6) DATE 10/3/2012
---	------------------------	------------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814	
(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
Q 162	<p>Continued From page 1</p> <p>interview it was determined the facility failed to ensure medical records contained accurate documentation for 7 of 20 patients (#2, #5, #6, #7, #11, #12 and #14) whose records were reviewed. The resulted in patient H&Ps lacking accurate, clear, comprehensive information. Findings include:</p> <p>1. Patient #2 was a 74 year old male admitted to the facility on 6/11/12 for cataract surgery. His medical record contained an H&P signed by the physician on 6/08/12. A line at the top of the document read, "Date of Clinic Exam: 04-06-2012." Information included in the H&P indicated Patient #2 was 73 years old, which was accurate on the date of the clinic exam (4/06/12) but not on the date the physician signed the H&P (6/08/12). The H&P included Patient #2's medical history, allergies, and referred to a list of Patient #2's medications. The physician also documented an examination of Patient #2 using a stethoscope to listen to heart and lungs. In the middle of the typed document were hand written vital signs. It was not clear when the vital signs were obtained or added to the document, or who added them.</p> <p>The Nurse Manager was interviewed on 9/19/12 beginning at 1:30 PM. She reviewed Patient #2's medical record and explained that Patient #2 was actually seen in the clinic on 5/11/12 prior to surgery. She stated it was likely the physical examination documented in Patient #2's H&P was completed at the visit on 5/11/12. However, she confirmed that based on the format of the H&P, with the "Date of Clinic Exam: 04-06-2012," this could not be determined for certain. She also explained the set of hand written vital signs were</p>	Q 162		

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

PRINTED: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814
---	--

(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
--------------------	--	---------------	---	----------------------

Q 162	<p>Continued From page 2</p> <p>obtained and added to the document the morning of surgery on 6/11/12. She confirmed the H&P documented in the Patient #2's medical record was not clear and accurate.</p> <p>The facility failed to ensure Patient #2's medical record contained accurately documented information regarding vital signs and the H&P completion.</p> <p>2. Patient #5 was a 50 year old male admitted to the facility on 4/03/12 for cataract surgery. Patient #5's medical record contained an H&P form with hand written documentation, signed by the physician on 3/31/12 (which was a Saturday). The H&P included Patient #5's medical history, allergies, and referred to a list of Patient #5's medications. One section of the form read, "System (Check if Normal)." A list of items under this section included "LUNGS" and "HEART." The physician had checked these to indicate they were normal. It was not clear if the physician determined this based on listening to the heart and lungs with a stethoscope. A set of vital signs was documented in the H&P.</p> <p>The Nurse Manager reviewed Patient #5's record during an interview on 9/19/12 beginning at 1:30 PM. She stated the vital signs documented in the H&P were actually obtained the day of surgery, on 4/03/12. She confirmed that based on the documentation on the form, it was not clear when the information regarding Patient #5's medical history or review of systems was completed. She confirmed that Patient #5 was not seen in the clinic on 3/31/12 but rather had the pre-operative clinic appointment on 3/21/12.</p>	Q 162		
-------	--	-------	--	--

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

PRINTED: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814		
(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	
Q 162	<p>Continued From page 3</p> <p>The facility failed to ensure the medical record for Patient #5 contained accurate documentation in the H&P.</p> <p>3. Patient #7 was an 88 year old male admitted to the facility on 6/05/12 for cataract surgery. His medical record contained a typed H&P signed by the physician on 6/04/12. A line at the top of the document read, "Date of Clinic Exam: 03-26-2012." The H&P included Patient #7's medical history, allergies, and referred to a list of Patient #7's medications. One section of the form read, "System (Check if Normal)." A list of items under this section included "LUNGS" and "HEART." In the middle of the typed document someone had inserted check marks, by hand, next to the words "HEART" and "LUNGS" and written in a set of vital signs. It was not clear when, or by whom, this hand written information was added to the H&P.</p> <p>The Nurse Manager was interviewed on 9/19/12 beginning at 1:30 PM. She explained that Patient #7 was actually seen in the clinic on 5/07/12 and that the H&P was likely dictated by the physician based on that visit. She stated the vital signs documented in the H&P were actually obtained the day of surgery, on 6/05/12. She confirmed that based on the documentation on the form, it was not clear when the information regarding Patient #7's medical history or review of systems was completed or when the additional information had been added.</p> <p>The facility failed to ensure Patient #7's medical record contained accurate documentation in the H&P.</p>	Q 162			

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

PRINTED: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814	
(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
Q 162	<p>Continued From page 4</p> <p>4. Patient #11 was a 66 year old female, admitted to the facility on 9/06/12 for a cataract removal and lens implant in her right eye. Her medical record contained an H&P signed by the physician on 9/04/12. A line at the top of the document read, "Date of Clinic Exam: 7/11/2012." The H&P included Patient #11's medical history, allergies, and referred to a list of Patient #11's medications. One section of the form read, "System (Check if Normal)." A list of items under this section included "LUNGS," and "HEART." In the middle of the typed document someone had placed check marks next to the words "HEART" and "LUNGS" and written in a set of vital signs. It was not clear when, or by whom, this hand written information was added to the H&P.</p> <p>The Nurse Manager was interviewed on 9/19/12 beginning at 1:30 PM. She explained that Patient #11 was actually seen in the clinic on 8/03/12 and that the H&P was likely dictated by the physician based on that visit. She stated the vital signs documented in the H&P were actually obtained the day of surgery, on 9/06/12. She confirmed that based on the documentation on the form, it was not clear when the information regarding Patient #11's medical history or review of systems was completed or when the additional information had been added.</p> <p>The facility failed to ensure Patient #11's medical record contained accurate documentation in the H&P.</p> <p>5. Patient #12 was an 82 year old female, admitted to the facility on 9/10/12 for a cataract removal and lens implant in her left eye. Her medical record contained an H&P signed by the</p>	Q 162		

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

PRINTED: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814	
(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
Q 162	<p>Continued From page 5</p> <p>physician on 9/07/12. A line at the top of the document read, "Date of Clinic Exam: 8/13/2012." The H&P included Patient #12's medical history, allergies, and referred to a list of Patient #12's medications. One section of the form read, "System (Check if Normal)." A list of items under this section included "LUNGS," and "HEART." In the middle of the typed document someone had placed check marks next to the words "HEART" and "LUNGS" and written in a set of vital signs. It was not clear when, or by whom, this hand written information was added to the H&P.</p> <p>The Nurse Manager was interviewed on 9/19/12 beginning at 1:30 PM. She explained that Patient #12 was actually seen in the clinic on 8/20/12 and that the H&P was likely dictated by the physician based on that visit. She stated the vital signs documented in the H&P were actually obtained the day of surgery, on 9/10/12. She confirmed that based on the documentation on the form, it was not clear when the information regarding Patient #12's medical history or review of systems was completed or when the additional information had been added.</p> <p>The facility failed to ensure Patient #12's medical record contained accurate documentation in the H&P.</p> <p>6. Patient #14 was an 87 year old female, admitted to the facility on 9/17/12 for her right lower eyelid repair. Her medical record contained an H&P signed by the physician on 9/17/12. A line at the top of the document read, "Date of Clinic Exam: 7/19/2012." The H&P included Patient #14's medical history, allergies, and referred to a list of Patient #14's medications.</p>	Q 162	

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

PRINTED: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2012	
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814		
(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
Q 162	<p>Continued From page 6</p> <p>The physician also documented an examination of Patient #14 using a stethoscope to listen to heart and lungs. In the middle of the typed document someone had written in a set of vital signs. It was not clear when, or by whom, this hand written information was added to the H&P.</p> <p>The Nurse Manager was interviewed on 9/19/12 beginning at 1:30 PM. She explained that Patient #14 was actually seen in the clinic on 8/22/12 and that the H&P was likely dictated by the physician based on that visit. She stated the vital signs documented in the H&P were actually obtained the day of surgery, on 9/17/12. She confirmed that based on the documentation on the form, it was not clear when the information regarding Patient #14's medical history or review of systems was completed or when the additional information had been added.</p> <p>The facility failed to ensure Patient #14's medical record contained accurate documentation in the H&P.</p> <p>7. Patient #6 was a 65 year old female, admitted to the facility on 9/04/12 for a cataract removal and lens implant in her right eye. Her medical record contained an H&P signed by the physician on 8/30/12. A line at the top of the document read, "Date of Clinic Exam: 7/24/2012." The H&P included Patient #6's medical history, allergies, and referred to a list of Patient #6's medications. In the middle of the typed document someone had written in a set of vital signs. It was not clear when, or by whom, this hand written information was added to the H&P.</p> <p>The Nurse Manager was interviewed on 9/19/12</p>	Q 162		

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

PRINTED: 09/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814		
(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	
Q 162	Continued From page 7 beginning at 1:30 PM. She explained that Patient #6 was actually seen in the clinic on 8/13/12 and that the H&P was likely dictated by the physician based on that visit. She stated the vital signs documented in the H&P were actually obtained the day of surgery, on 9/04/12. She confirmed that based on the documentation on the form, it was not clear when the information regarding Patient #6's medical history or review of systems was completed or when the additional information had been added. The facility failed to ensure Patient #6's medical record contained accurate documentation in the H&P. The facility did not ensure accuracy of documentation.	Q 162			

Plan of Correction for North Idaho Cataract and Laser Center #13C0001009

TAG #	CORRECTIVE ACTION THAT HAS BEEN TAKEN TO CORRECT DEFICIENCY	HOW THIS WILL IMPROVE OUR CARE	PROCEDURE IMPLEMENTED AND MEASURES TO ASSURE THIS WILL NOT RE-OCCUR	DATE THIS CORRECTIVE ACTION WILL TAKE PLACE	HOW WILL WE MONITOR THIS ACTION?	WHO IS RESPONSIBLE FOR IMPLEMENTING THE ACTION?	EXPECTED OUTCOME
Q 162	<p>Memo sent to all surgeons regarding need to date H&P correctly for surgery including:</p> <ol style="list-style-type: none"> 1. Assessment, exam and vital signs on H&P form must be signed and dated for actual time they are performed 2. Surgeon must verify that H&P occurs 30 days prior to surgery or patient is re-assessed within the 30 day window and deemed fit for anesthesia and surgery. 3. H&P form will be amended to facilitate these actions. <p>(See attached sample H&P)</p>	<p>Patient assessments will show that the H&P has been completed as required in order to verify the patient is physically ready to undergo anesthesia and surgical treatment.</p>	<p>All charts will be reviewed by the surgery staff the day before the surgery case for appropriate H&P dating. The surgeon will be notified if there are records out of date. An H&P will need to be completed prior to preparation of the patient for surgery or treatment. H&P's that need to be updated on day of surgery will require the surgeon to examine the patient and complete the H&P prior to the patient being prepped by the surgery center staff. Staff will document on the admission list the date of the H&P for quick reference. A copy of this form will be kept for the nurse manager to review to assure the policy is being met. No patient will have surgery in the center unless the surgeon has completed the H&P. Any variance with this policy will be noted immediately and the surgeon out of compliance will be addressed by the medical director.</p>	<p>Immediately: October 1, 2012</p>	<p>The receptionist will document the date of the H&P on the daily patient log form. If the H&P is completed after admission, that date will be noted.</p> <p>The daily patient log will be checked by the nurse manager to verify less than 30 day H&P's are being done.</p> <p>The log will be maintained for 3 months at a minimum to assure the records reflect correct format and dating.</p> <p>(See attached sample log)</p>	<p>Mary Sibulsky, RN Nurse Manager</p> <p>Non-compliance will be addressed and enforced if necessary by the medical director, Dr. Justin StormoGipson</p>	<p>No H&P records will have ambiguous dating or information added after the date of exam. All records will reveal the exam completed within the 30 day window and any assessments and vital signs obtained will be dated and authenticated by the person performing the assessment.</p> <p> Mary Sibulsky, RN Nurse Manager</p> <p> Karen Sines Administrator</p>