

COPY



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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BUREAU OF FACILITY STANDARDS
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October 5, 2012

Rita Kinney, Administrator
Coeur D'Alene Foot & Ankle Surgery Center
101 Ironwood Drive, Suite 131
Coeur D'Alene, ID 83814

RE: Coeur D'Alene Foot & Ankle Sur, Provider #13C0001016

Dear Ms. Kinney:

This is to advise you of the findings of the Medicare survey of Coeur D'Alene Foot & Ankle Sur, which was conducted on September 24, 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.

Rita Kinney, Administrator
October 5, 2012
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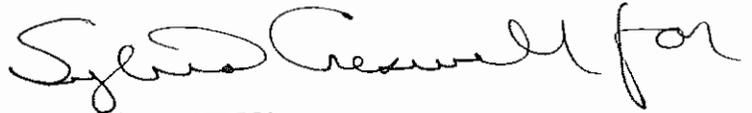
After you have completed your Plan of Correction, return the original to this office by **October 18, 2012**, and keep a copy for your records.

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

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

PRINTED: 10/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2012
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NAME OF PROVIDER OR SUPPLIER COEUR D'ALENE FOOT & ANKLE SUR	STREET ADDRESS, CITY, STATE, ZIP CODE 101 IRONWOOD DRIVE, SUITE 131 COEUR D'ALENE, ID 83814
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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>The following deficiencies were cited during the recertification survey of your Ambulatory Surgery Center. Surveyors conducting the recertification were:</p> <p>Aimee Hastrifer RN, HFS, Team Lead Susan Costa RN, HFS</p> <p>Acronyms used in this report include:</p> <p>ASC - Ambulatory Surgery Center BJE - Bone/Joint Exam CDC - Centers for Disease Control and Prevention CNA - Certified Nursing Assistant DPM - Doctor of Podiatric Medicine HCW- Health Care Workers HEENT - Head, Eyes, Ears, Nose, Throat H&P - History and Physical IDAPA - Idaho Administrative Procedures Act RPM - Revolutions Per Minute RN - Registered Nurse</p>	Q 000	<p style="text-align: center;">RECEIVED OCT 16 2012 FACILITY STANDARDS</p>	
Q 162	<p>416.47(b) FORM AND CONTENT OF RECORD</p> <p>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> <ol 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. 	Q 162		<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 1-6 Plan of Correction for Medical Records which were not clear and accurate, specifically who completed which portion of the history and physical assessment Page 2</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>RN Manager</i>	(X6) DATE <i>10-16-2012</i>
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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.

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Q 162	<p>Continued From page 1</p> <p>(5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis.</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records and staff interview, it was determined the facility failed to ensure medical records were clear and accurate for 20 of 20 patients (#1 - #20) whose records were reviewed. This resulted in lack of clarity regarding completion of the H&P and lack of patient specific documentation for post-op recovery assessments and operative reports. Findings include:</p> <p><u>Medical records were not clear and accurate as follows:</u></p> <p>1. The Nurse Manager was interviewed on 9/20/12 at 1:30 PM. She reviewed the contents of an H&P. She explained the information documented in the "Chief Complaint" section of the H&P was entered in by the office RN or CNA, and that person typed in their name at the end of record entry. The Nurse Manager also explained the office RN completed the "History," "General: Family History," "Physical Exam," and "ROS [review of systems]" sections based on information the patient supplied in the patient questionnaire. She stated the DPM reviewed this information, made additions as need, and completed the sections of the H&P titled, "Musculoskeletal," "Derm Exam," "Vascular</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 1-6 Plan of Correction for Medical Records which were not clear and accurate, specifically who completed which portion of the history and physical assessment Page 2</p>	

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Q 162	<p>Continued From page 2</p> <p>Exam," "Neuro Exam," "X-ray Exam," "Impression," and "Plan." She confirmed that it was not clear that the DPM reviewed the information entered in by the RN or CNA or if he added to information entered by the RN or CNA. She confirmed that it could not be determined that the DPM completed, and was the author of, the assessment, impression, or plan. She confirmed that the physician did not sign the H&P.</p> <p>The following patients' H&Ps lacked clear authentication of who completed the H&P.</p> <p>a. Patient #8 was a 68 year old male admitted to the facility on 6/21/12 for an incision and debridement of an abscess on his left foot. His medical record contained an H&P, dated 6/18/12.</p> <p>b. Patient #4 was a 44 year old female admitted to the facility on 8/30/12 for removal of a bony protuberance on her right foot. Her medical record contained an H&P, dated 7/26/12.</p> <p>c. Patient #5 was a 46 year old male admitted to the facility on 1/10/12 for correction of deformed toes and a hammertoe on his right foot. His medical record contained an H&P, dated 1/06/12.</p> <p>d. Patient #10 was a 90 year old female admitted to the facility on 9/11/12 for removal of a fibrous tumor from her left foot. Her medical record contained an H&P, dated 9/05/12.</p> <p>e. Patient #11 was an 81 year old male admitted to the facility on 8/28/12 for correction of a hammertoe on his left foot. His medical record contained an H&P, dated 8/24/12.</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 1-6</p> <p>Plan of Correction for Medical Records which were not clear and accurate, specifically who completed which portion of the history and physical assessment Page 2</p>	

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Q 162	Continued From page 3 f. Patient #19 was a 91 year old female admitted to the facility on 6/13/12 for correction of hammertoes on her right foot. Her medical record contained an H&P, dated 6/13/12. g. Patient #16 was a 59 year old female admitted to the facility on 8/14/12 for correction of hammertoes and repair of a bunion. Her medical record contained an H&P, dated 7/30/12. h. Patient #15 was a 16 year old female admitted to the facility on 6/05/12 for correction of hammertoes and repair of a bunion on her right foot. Her medical record contained an H&P, dated 6/05/12. i. Patient #17 was a 58 year old female admitted to the facility on 9/06/12 for hammertoe correction and a repair of a bunion on her right foot. Her medical record contained an H&P, dated 7/06/12. j. Patient #18 was a 91 year old female admitted to the facility on 5/10/12 for repair of a bunion on her right foot. Her medical record contained an H&P, dated 4/27/12. k. Patient #9 was a 64 year old female who was admitted to the facility on 7/17/12 for a bunion removal on her right foot. Her record contained an H&P, dated 2/29/12. l. Patient #1 was a 36 year old female who was admitted to the facility on 4/17/12 for the repair of bunions on her right foot. Her record contained an H&P, dated 4/09/12. m. Patient #2 was a 74 year old female who was	Q 162	Please see Q162 FORM AND CONTENT OF RECORD Pages 1-6 Plan of Correction for Medical Records which were not clear and accurate, specifically who completed which portion of the history and physical assessment Page 2	

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Q 162	Continued From page 4 admitted to the facility on 4/19/12 for a bunion removal on her right foot. Her record contained an H&P, dated 4/11/12. n. Patient #3 was an 81 year old female who was admitted to the facility on 6/28/12 for a bunion removal on her right foot. Her record contained an H&P, dated 6/27/12. o. Patient #6 was an 81 year old female who was admitted to the facility on 9/06/12 for a bunion removal on her right foot. Her record contained an H&P, dated 8/30/12. p. Patient #7 was an 86 year old female who was admitted to the facility on 4/30/12 for a hammertoe repair on her left foot. Her record contained an H&P, dated 4/25/12. q. Patient #12 was a 63 year old female who was admitted to the facility on 8/23/12 for a hammertoe repair on her left foot. Her record contained an H&P, dated 8/01/12. r. Patient #13 was a 62 year old male who was admitted to the facility on 9/06/12 for a hammertoe repair on his left foot. His record contained an H&P, dated 8/27/12. s. Patient #14 was a 70 year old female who was admitted to the facility on 4/24/12 for surgical correction of bone spurs and a pinched nerve on both of her feet. Her record contained an H&P, dated 4/04/12. t. Patient #20 was a 63 year old male who was admitted to the facility on 9/20/12 for the surgical removal of his left 5th toe due to an infection in	Q 162	Please see Q162 FORM AND CONTENT OF RECORD Pages 1-6 Plan of Correction for Medical Records which were not clear and accurate, specifically who completed which portion of the history and physical assessment Page 2		

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Q 162	<p>Continued From page 5</p> <p>the bone. His record contained an H&P, dated 9/19/12.</p> <p><u>The facility failed to ensure the H&P clearly and accurately reflected who completed which portion of the document, and failed to ensure the physician authenticated the medical history and physical assessment.</u></p> <p>2. <u>Documentation of post-operative recovery and discharge assessments were not accurate</u> as follows:</p> <p>a. Patient #20 was a 63 year old male who was admitted to the facility on 9/20/12 for the surgical removal of his left 5th toe due to an infection in the bone. According to Patient #20's H&P, he had a medical history which included uncontrolled diabetes and peripheral neuropathy. Patient #20's admission, surgery, and discharge from the facility were observed on 9/20/12 from 9:15 AM to 11:40 AM.</p> <p>The surgical procedure was completed at 11:23 AM, and Patient #20 was discharged from the facility at 11:38 AM. At 11:40 AM, a screen containing the sections "POST-OP RECOVERY RECORD" and "POST-SURGICAL DISCHARGE" was viewed on the computer in the room where the procedure had been performed.</p> <p>The "POST-OP RECOVERY RECORD" contained the following items to be monitored in the post-operative phase:</p> <ul style="list-style-type: none"> - "Vital signs stable and WNL [within normal limits] for this patient" - "No serious or life-threatening complications" 	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 1-6</p> <p>Plan of Correction for Medical Records which were not clear and accurate, specifically who completed which portion of the history and physical assessment Page 2</p> <p>Please see Q162 FORM AND CONTENT OF RECORD Pages 6 – 8</p> <p>Plan of Correction for Post-operative recovery and discharge assessments were not accurate Page 3</p>	

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Q 162	<p>Continued From page 6</p> <ul style="list-style-type: none"> - "Absence of respiratory difficulty or hypoxia" - "No major adverse drug reactions." <p>The "POST-SURGICAL DISCHARGE," section contained the following lines of criteria to be met prior to discharging a patient from the facility:</p> <ul style="list-style-type: none"> - "Is ambulatory without difficulty, light-headedness, or dizziness" - "consistent with developmental age level and procedure" - "Is alert and oriented to place and time, or to status upon admission" - "Has no abnormal bloody drainage or discharge" - "Has no pain, minimal pain or pain controlled by oral analgesics" - "Is provided with verbal and written instructions regarding medications [sic] activities and a phone number to be called in case of emergency" <p>The screen was noted to have a designated area for post-surgical vital signs. There were no vital signs entered in the record. An "X" was noted at the end of each of the lines containing criteria to be assessed in the post-operative and discharge phase. No documentation entry in Patient #20's electronic medical record was observed from 9:15 AM to 11:40 AM. It was not clear when the RN assessed Patient #20 to determine that all of the above criteria had been met prior to discharge.</p> <p>During an interview on 9/20/12 at 11:45 AM, the Nurse Manager stated she completed the computer entry of information after the patient was discharged. She stated she was unable to use the computer, as the keyboard was removed from the room during surgical procedures.</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 6 – 8</p> <p>Plan of Correction for Post-operative recovery and discharge assessments were not accurate Page 3</p>	

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Q 162	<p>Continued From page 8</p> <p>this appeared to hinder the process of creating a patient-specific report. She confirmed that occasionally details of the surgery, such as the length of time tourniquets were applied or if tissue samples were sent out for review, were not included in the document.</p> <p><u>Operative reports were not patient-specific in the following examples:</u></p> <p>a. Patient #4 was a 44 year old female admitted to the facility on 8/30/12 for removal of a bony protuberance on her right foot. According to documentation in Patient #4's operative report, dated 8/30/12, the "Fluoroscope was, was not used to guide the percutaneous or minimal invasive procedure," "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures," and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the fluoroscope, the power instrument, or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #4's surgery.</p> <p>b. Patient #5 was a 46 year old male admitted to the facility on 1/10/12 for correction of deformed toes and a hammertoe on his right foot. According to documentation in Patient #5's operative report, dated 1/10/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17</p> <p>Plan of Correction for Operative Reports were not patient specific Page 4</p>	

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Q 162	<p>Continued From page 9</p> <p>was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #5's surgery.</p> <p>c. Patient #10 was a 90 year old female admitted to the facility on 9/11/12 for removal of a fibrous tumor from her left foot. The physician documented in the operative report, dated 9/11/12, that the "Surgical wound was closed with 4-0 nylon for skin closure." Additional documentation in the operative report indicated "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #10's surgery.</p> <p>d. Patient #11 was an 81 year old male admitted to the facility on 8/28/12 for correction of a hammertoe on his left foot. According to documentation in Patient #11's operative report, dated 8/28/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17 Plan of Correction for Operative Reports were not patient specific Page 4</p>		

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Q 162	<p>Continued From page 10 used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #11's surgery.</p> <p>e. Patient #19 was a 91 year old female admitted to the facility on 6/13/12 for correction of hammertoes on her right foot. According to documentation in Patient #19's operative report, dated 6/13/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #19's surgery.</p> <p>f. Patient #16 was a 59 year old female admitted to the facility on 8/14/12 for correction of hammertoes and repair of a bunion. According to documentation in Patient #16's operative report, dated 8/14/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #16's surgery.</p> <p>g. Patient #15 was a 16 year old female admitted</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17</p> <p>Plan of Correction for Operative Reports were not patient specific Page 4</p>		

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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	
Q 162	<p>Continued From page 11</p> <p>to the facility on 6/05/12 for correction of hammertoes and repair of a bunion on her right foot. According to documentation in Patient #15's operative report, dated 6/05/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #15's surgery.</p> <p>h. Patient #17 was a 58 year old female admitted to the facility on 9/06/12 for hammertoe correction and a repair of a bunion on her right foot. According to documentation in Patient #17's operative report, dated 9/06/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #17's surgery.</p> <p>i. Patient #18 was a 91 year old female admitted to the facility on 5/10/12 for repair of a bunion on her right foot. According to documentation in Patient #18's operative report, dated 5/10/12, "The power instrument if used in correction of the</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17</p> <p>Plan of Correction for Operative Reports were not patient specific</p> <p>Page 4</p>		

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Q 162	<p>Continued From page 12</p> <p>bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #18's surgery.</p> <p>j. Patient #9 was a 64 year old female who was admitted to the facility on 7/17/12 for a bunion removal on her right foot. According to documentation in Patient #9's operative report, dated 7/17/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #9's surgery.</p> <p>k. Patient #1 was a 36 year old female who was admitted to the facility on 4/17/12 for the repair of bunions on her right foot. According to documentation in Patient #1's operative report, dated 4/17/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17 Plan of Correction for Operative Reports were not patient specific Page 4</p>		

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Q 162	<p>Continued From page 13 used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #1's surgery.</p> <p>l. Patient #2 was a 74 year old female who was admitted to the facility on 4/19/12 for a bunion removal on her right foot. According to documentation in Patient #2's operative report, dated 4/19/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #2's surgery.</p> <p>m. Patient #3 was an 81 year old female who was admitted to the facility on 6/28/12 for a bunion removal on her right foot. According to documentation in Patient #3's operative report, dated 6/28/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #3's surgery.</p> <p>n. Patient #6 was an 81 year old female who was</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17</p> <p>Plan of Correction for Operative Reports were not patient specific Page 4</p>		

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Q 162	<p>Continued From page 14</p> <p>admitted to the facility on 9/06/12 for a bunion removal on her right foot. According to documentation in Patient #6's operative report, dated 9/06/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #6's surgery.</p> <p>o. Patient #7 was an 86 year old female who was admitted to the facility on 4/30/12 for a hammertoe repair on her left foot. According to documentation in Patient #7's operative report, dated 4/30/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #7's surgery.</p> <p>p. Patient #12 was a 63 year old female who was admitted to the facility on 8/23/12 for a hammertoe repair on her left foot. According to documentation in Patient #12's operative report, dated 8/23/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17</p> <p>Plan of Correction for Operative Reports were not patient specific Page 4</p>		

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Q 162	<p>Continued From page 15</p> <p>trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #12's surgery.</p> <p>q. Patient #13 was a 62 year old male who was admitted to the facility on 9/06/12 for a hammertoe repair on his left foot. According to documentation in Patient #13's operative report, dated 9/06/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p> <p>The operative report did not accurately describe the techniques used for Patient #13's surgery.</p> <p>r. Patient #14 was a 70 year old female who was admitted to the facility on 4/24/12 for surgical correction of bone spurs and a pinched nerve on both her feet. According to documentation in Patient #14's operative report, dated 4/24/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures" and "4-0 nylon suture was used for skin closure when indicated." It was unclear whether or not the power instrument or 4-0 nylon sutures were used during the surgical procedure.</p>	Q 162	<p>Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17</p> <p>Plan of Correction for Operative Reports were not patient specific Page 4</p>		

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Q 162	Continued From page 16 The operative report did not accurately describe the techniques used for Patient #14's surgery. s. Patient #20 was a 63 year old male who was admitted to the facility on 9/20/12 for the surgical removal of his left 5th toe due to an infection in the bone. According to documentation in Patient #20's operative report, dated 7/20/12, "The power instrument if used in correction of the bone pathology was operated in a cooled, low RMP manner to avoid thermal trauma to the osseous and soft tissue structures." It was unclear whether or not the power instrument was used during the surgical procedure. The operative report did not accurately describe the techniques used for Patient #20's surgery. <u>The facility failed to ensure the medical record was complete and accurate.</u>	Q 162	Please see Q162 FORM AND CONTENT OF RECORD Pages 8 – 17 Plan of Correction for Operative Reports were not patient specific Page 4		
Q 202	416.49(b) RADIOLOGIC SERVICES (1) The ASC must have procedures for obtaining radiological services from a Medicare approved facility to meet the needs of patients. This STANDARD is not met as evidenced by: Based on observation, staff interview, review of manufacturer's guidelines for safety precautions for radiation exposure of a C-Arm (a type of x-ray imaging scanner intensifier, so named because of its configuration) and facility policies, and an interview with Idaho Bureau of Laboratories staff, it was determined the <u>facility failed to implement</u>	Q 202	Please see Q202 RADIOLOGIC SERVICES Pages 17 -20 Plan of Correction for lack of policy and procedure for radiation safety, providing shielding from radiation exposure to employees and patients, or provide radiation monitoring Page5-6		

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Q 202	<p>Continued From page 17 <u>and monitor procedures for radiation safety from C-Arm use.</u> These failures had the potential to adversely impact health and safety of all patients and personnel at the facility. Findings include:</p> <p>During a tour of the ASC on 9/18/12 beginning at 9:00 AM with the Nurse Manager, a mini C-Arm was observed. The Nurse Manager was asked if staff and patients were shielded during C-Arm use and whether employees wore badges for monitoring of radiation exposure. She stated they were informed that shields and badges were not required because the radiation exposure was quite low. She confirmed the facility did not have written documentation to support this.</p> <p>The "Coeur d'Alene Foot & Ankle Surgery Center Radiologic Services Policy & Procedure," dated February of 2009, addressed the use of the mini C-Arm. The policy explained the safety measures taken to limit the dose of radiation to the patient and staff in the fluoroscopic room during the exam. The policy included, "According to the IDAHO ADMINISTRATIVE CODE IDAPA 16.02.27 - IDAHO RADIATION CONTROL RULES, shielding of staff and patient and use of dosimeters by staff, are not required with extremity viewing and exposure..." The policy indicated that lead shields were available for the physician and nursing staff if desired, but dosimeters (badges worn on the employee and used to calculate the radiation exposure of that employee) were not required.</p> <p>In addition to the above policy was a document titled, "UNIVERSAL SAFETY GUIDELINES & REQUIREMENTS," undated. This document explained that "Radiation dose is directly</p>	Q 202	<p>Please see Q202 RADIOLOGIC SERVICES Pages 17 -20 Plan of Correction for lack of policy and procedure for radiation safety, providing shielding from radiation exposure to employees and patients, or provide radiation monitoring Page5-6</p>	

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Q 202	<p>Continued From page 18</p> <p>proportional to the length of time an individual is exposed to a source of ionizing radiation." It also explained the difference between direct beam radiation and scattered radiation. According to the document, "Always avoid contact with the direct X-ray beam and apply the principles of time, distance, and shielding to minimize exposure to scattered radiation."</p> <p>Upon request, the Nurse Manager provided the "Operator's Guide" for the MiniView 6800 Mobile Imaging System. In the section "Introduction and Safety," under the heading of "Radiation Exposure," was a warning that "This equipment either produces or is used in the vicinity of ionizing radiation. Observe proper safety practices during operation...The owner must ensure that all personnel wear appropriate protective clothing and radiation monitoring devices while using the equipment." Another portion of the manual was titled, "Fluoroscopic Technique -- Anatomy Factors." At the bottom of this page was a special note "CAUTION," "Although typical use of the MiniView C-Arm system produces lower scatter radiation levels..., it is strongly recommended that protective X-ray apparel be worn and appropriate radiation safety precautions be followed."</p> <p>The Manager of the Laboratory Improvement & X-ray Certification Sections of the Idaho Bureau of Laboratories was consulted and provided a response on 9/24/12 at 3:30 PM. According to the Manager, dosimetry badges and operator shielding were required unless the facility demonstrated that under normal usage there was zero exposure to the operators of the equipment. He explained that in some circumstances, if a</p>	Q 202	<p>Please see Q202 RADIOLOGIC SERVICES Pages 17 -20</p> <p>Plan of Correction for lack of policy and procedure for radiation safety, providing shielding from radiation exposure to employees and patients, or provide radiation monitoring Page5-6</p>		

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Q 202	Continued From page 19 facility used dosimeters for a one-year period of time and recorded no exposure, then an exemption may be issued in writing and would be kept on file at the facility. <u>The ASC had not been granted an exemption and did not develop policies and procedures for radiation safety, provide shielding from radiation exposure to employees and patients, or provide radiation monitoring.</u>	Q 202	Please see Q202 RADIOLOGIC SERVICES Pages 17 -20 Plan of Correction for lack of policy and procedure for radiation safety, providing shielding from radiation exposure to employees and patients, or provide radiation monitoring. Page5-6		
Q 241	416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. This STANDARD is not met as evidenced by: Based on observations, review of national infection control practice standards, and staff interview, it was determined the <u>ASC failed to ensure the facility systems related to infection control were sufficiently developed, implemented and monitored</u> to ensure patient health and safety. These systemic failures had the potential to impact all patients receiving care at the facility. This resulted in the inability of the facility to ensure the patients' risk of acquiring health care associated infections was minimized. Findings include: 1. During a tour of the facility on 9/18/12 beginning at 9:00 AM, it was noted the ASC had one sink. In an interview on 9/18/12 at 11:30, the Nurse Manager stated the sink was used for multiple tasks, including pre-surgical scrub, hand washing, and cleaning and rinsing of instruments	Q 241	Q241 SANITARY ENVIRONMENT Pages 20 – 21 Plan of Correction for not providing separate sink areas for decontamination of instruments and hand washing. Page 7		

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Q 241	<p>Continued From page 20 before sterilization.</p> <p>On 9/20/12 at 9:35 AM, prior to performing a surgical procedure, the DPM washed his hands at the sink and then followed this with a surgical preparation of alcohol-based hand rub.</p> <p>On 9/20/12 at 11:52 AM, the Nurse Manager explained and demonstrated her process for preparing instruments for sterilization. She placed all the instruments to be cleaned in a small basin in the sink and filled the basin with water and detergent. She explained that she visually inspected the instruments and scrubbed them clean. She confirmed that the dirty water from this cleaning was disposed of down the sink drain. She stated that because the facility only had one main sink, once the instruments had been cleaned, rinsed, and placed in the ultrasonic cleaner, she wiped down the entire sink and faucet area with a disinfectant.</p> <p>The CDC guidelines for Environmental Infection Control in Healthcare Facilities, 2003, recommend using separate sinks for hand washing and disposal of contaminated fluids.</p> <p><u>The ASC failed to ensure staff followed standards of practice and maintained a separate area for decontamination of instruments and hand washing sinks.</u> Without such areas to separate clean from dirty activities, the facility was unable to ensure transmission of infectious agents did not occur inadvertently.</p> <p>2. During a tour on 9/18/12 beginning at 9:00 AM, it was noted the ASC used an autoclave to perform on-site sterilization. <u>The facility did not</u></p>	Q 241	<p>Please see Q241 SANITARY ENVIRONMENT Pages 20 – 21 Plan of Correction for not providing separate sink areas for decontamination of instruments and hand washing. Page 7</p> <p>Please see Q241 SANITARY ENVIRONMENT Pages 21 – 22 Plan of Correction for lack of autoclave record Page 8</p>		

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Q 241	<p>Continued From page 21</p> <p><u>have an ongoing autoclave record containing the specific description and quantity of the items autoclaved, the exposure time and temperature, or the date, time, and the name and/or the initials of the operator.</u></p> <p>During an interview on 9/18/12 at 11:30 AM, the Nurse Manager stated the ASC did not maintain an autoclave log.</p> <p>The CDC statement in Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008, stated "record keeping (i.e., load identification, patient's name, and biological indicator result) is essential for epidemiological tracking (e.g., of surgical site infection, tracing results of biological indicators), and for an assessment of the reliability of the sterilization process."</p> <p><u>The ASC failed to ensure staff followed standards of practice and maintained an autoclave log that included all necessary information. Without such documentation, the facility was unable to ensure each sterilizer cycle was monitored as it was occurring, the parameters to achieving sterility were met, and it inhibited the facility's ability to determine whether a recall of a particular lot or batch was needed. This resulted in the inability of the facility to ensure patients' exposure to infectious material was minimized.</u></p> <p>3. During an interview on 9/18/12 at 11:30 AM, the Nurse Manager stated she re-used the blue sterilization wrapping material repeatedly when wrapping instruments. She stated the inner wrap was "clean," and did not have contact with patients, and she would visually inspect the wrap before re-use for tears and holes. The Nurse</p>	Q 241	<p>Please see Q241 SANITARY ENVIRONMENT Pages 21 – 22 Plan of Correction for lack of autoclave record Page 8</p> <p>Please see Q241 SANITARY ENVIRONMENT Pages 21 – 23 Plan of Correction for Sterilization Wrap Reuse Page 9</p>	
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Q 241	<p>Continued From page 22</p> <p>Manager stated re-using the sterilization wraps were a cost effective as well as an environmentally friendly measure. The Nurse Manager was unable to provide information to support the safe re-use of the blue sterilization wrap.</p> <p>Blue sterilization wrapping material is made of plastic resin called Polypropylene. It is used to protect surgical instruments and equipment from bacteria prior to surgical procedures. Kimberly-Clark is almost the exclusive manufacturer. A product information article by Kimberly-Clark, dated 12/11/09, read: "Do not re-use. Kimberly-Clark does not endorse the re-use (re-sterilization) of its sterilization wraps and does not warrant performance if product is re-used."</p> <p><u>The ASC re-used sterilization wraps</u>, which could result in the possible disruption in the product integrity as well as a failure of the ability to maintain sterility of the instruments within. This resulted in a potential for infection to surgical patients in the ASC.</p> <p><u>The ASC failed to ensure the facility systems related to infection control were sufficiently developed, implemented and monitored</u> to ensure patient health and safety.</p>	Q 241	<p>Please see Q241 SANITARY ENVIRONMENT Pages 21 – 23 Plan of Correction for Sterilization Wrap Reuse Page 9</p>		
Q 261	<p>416.52(a)(1) ADMISSION ASSESSMENT</p> <p><u>Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State</u></p>	Q 261	<p>Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11</p>		

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Q 261	Continued From page 23 health and safety laws, standards or practice, and ASC policy. This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to ensure a comprehensive medical H&P, completed within 30 days of the surgery, was included in the medical records for 20 of 20 patients (#1 - #20) whose records were reviewed. This had the potential to compromise patient safety during surgical procedures. Findings include: 1. <u>A comprehensive medical history and physical examination was not completed prior to surgery to determine if anything in the patient's overall condition had the potential to affect the safety of the patient during surgery.</u> Examples are as follows: a. Patient #20 was a 63 year old male who was admitted to the facility on 9/20/12 for the surgical removal of his left 5th toe due to an infection in the bone. Patient #20 was an insulin dependent diabetic with unstable blood sugars, and suffered from neuropathy in both feet. His record contained an H&P, dated 9/19/12, which contained an assessment of his lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate his heart and lungs. b. Patient #7 was an 86 year old female who was admitted to the facility on 4/30/12 for a hammertoe repair on her left foot. Her record contained an H&P dated 4/25/12. According to the H&P, Patient #7 reported a history of kidney	Q 261	Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11		

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Q 261	<p>Continued From page 24</p> <p>failure requiring dialysis three times weekly, high blood pressure, dementia, hypothyroidism and arthritis. The H&P for Patient #7 contained an assessment of her lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate her heart and lungs.</p> <p>c. Patient #9 was a 64 year old female who was admitted to the facility on 7/17/12 for a bunion removal on her right foot. Her record contained an H&P dated 2/29/12. According to the H&P, Patient #9 reported a history of fainting spells, convulsions, epilepsy, and shortness of breath upon limited activity, fibromyalgia, and arthritis. The H&P for Patient #9 contained an assessment of her lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate her heart and lungs.</p> <p>d. Patient #3 was an 81 year old female who was admitted to the facility on 6/28/12 for a bunion removal on her right foot. Her record contained an H&P dated 6/27/12. According to the H&P, Patient #3 reported a history of high blood pressure and arthritis. The H&P for Patient #3 contained an assessment of her lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate her heart and lungs.</p> <p>e. Patient #6 was an 81 year old female who was admitted to the facility on 9/06/12 for a bunion removal on her right foot. Her record contained an H&P dated 8/30/12, which contained an assessment of her lower extremities. There was no documentation of a complete physical exam,</p>	Q 261	<p>Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11</p>		

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Q 261	<p>Continued From page 25 including the use of a stethoscope to auscultate her heart and lungs.</p> <p>f. Patient #1 was a 36 year old female who was admitted to the facility on 4/17/12 for the repair of bunions on her right foot. The H&P for Patient #1, dated 4/09/12 contained an assessment of her lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate her heart and lungs.</p> <p>g. Patient #12 was a 63 year old female who was admitted to the facility on 8/23/12 for a hammertoe repair on her left foot. Her record contained an H&P dated 8/01/12. According to the H&P, Patient #12 reported a history of high blood pressure, sleep disorder, an autoimmune disease, and was prone to infection. The H&P for Patient #12 contained an assessment of her lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate her heart and lungs.</p> <p>h. Patient #13 was a 62 year old male who was admitted to the facility on 9/06/12 for a hammertoe repair on his left foot. His record contained an H&P dated 8/27/12, According to the H&P, Patient #13 reported a history of diabetes, high blood pressure, memory loss, sleep disorder, depression, and easy bruising. The H&P for Patient #13 contained an assessment of his lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate his heart and lungs.</p> <p>i. Patient #14 was a 70 year old female who was</p>	Q 261	<p>Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11</p>	
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Q 261	<p>Continued From page 26</p> <p>admitted to the facility on 4/24/12 for surgical correction of bone spurs and a pinched nerve on both her feet. Her record contained an H&P dated 4/04/12. According to the H&P, Patient #14 reported a history of heart disease, high blood pressure, arthritis, abnormal heartbeat, and hearing loss. The H&P for Patient #14 contained an assessment of her lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate her heart and lungs.</p> <p>j. Patient #2 was a 74 year old female who was admitted to the facility on 4/19/12 for a bunion removal on her right foot. Her record contained an H&P dated 4/11/12. According to the H&P, Patient #2 reported a history of high blood pressure and high cholesterol. The H&P for Patient #2 contained an assessment of her lower extremities. There was no documentation of a complete physical exam, including the use of a stethoscope to auscultate her heart and lungs.</p> <p>k. Patient #8 was a 68 year old male admitted to the facility on 6/21/12 for an incision and debridement of an abscess on his left foot. His medical record contained an H&P, dated 6/18/12. His H&P contained an assessment of Patient #8's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #8's heart and lungs using a stethoscope.</p> <p>l. Patient #4 was a 44 year old female admitted to the facility on 8/30/12 for removal of a bony protuberance on her right foot. Her medical record contained an H&P, dated 7/26/12. According to the H&P Patient #4 had a history of</p>	Q 261	<p>Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32</p> <p>Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11</p>	
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Q 261	<p>Continued From page 27</p> <p>asthma. Her H&P contained an assessment of both lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #4's heart and lungs using a stethoscope.</p> <p>m. Patient #5 was a 46 year old male admitted to the facility on 1/10/12 for correction of deformed toes and a hammertoe on his right foot. His medical record contained an H&P, dated 1/06/12. According to the H&P, Patient #5 had a medical history which included diabetes (which was documented as under poor control), heart disease, high blood pressure, emphysema, and chronic obstructive pulmonary disease. His H&P contained an assessment of both lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #5's heart and lungs using a stethoscope. There was no documentation that the physician performed a comprehensive assessment of Patient #5 to ensure he was cleared for surgery.</p> <p>n. Patient #10 was a 90 year old female admitted to the facility on 9/11/12 for removal of a fibrous tumor from her left foot. Her medical record contained an H&P, dated 9/05/12. According to the H&P, Patient #10 had a medical history of thyroid disease. Her H&P contained an assessment of Patient #10's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #10's heart and lungs using a stethoscope.</p> <p>o. Patient #11 was an 81 year old male admitted to the facility on 8/28/12 for correction of a</p>	Q 261	<p>Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32</p> <p>Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11</p>		

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Q 261	Continued From page 28 <p>hammer toe on his left foot. His medical record contained an H&P, dated 8/24/12. According to the H&P, Patient #11 reported to cardiac issues. However, his medication list included medications used to treat cardiac chest pain and three medications used to treat high blood pressure. His H&P did contain documentation of a blood pressure obtained at the visit. His H&P contained an assessment of Patient #11's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #11's heart and lungs using a stethoscope.</p> <p>p. Patient #19 was a 91 year old female admitted to the facility on 6/13/12 for correction of hammertoes on her right foot. Her medical record contained an H&P, dated 6/13/12. According to the H&P, Patient #19 had a history of elevated cholesterol, high blood pressure, and low thyroid function. Her H&P contained an assessment of Patient #19's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #19's heart and lungs using a stethoscope.</p> <p>q. Patient #16 was a 59 year old female admitted to the facility on 8/14/12 for correction of hammertoes and repair of a bunion. Her medical record contained an H&P, dated 7/30/12. According to the H&P, Patient #16 had a history of thyroid disease. Her H&P contained an assessment of Patient #16's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #16's heart and lungs using a stethoscope.</p>	Q 261	Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11		

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Q 261	Continued From page 29 r. Patient #15 was a 16 year old female admitted to the facility on 6/05/12 for correction of hammertoes and repair of a bunion on her right foot. Her medical record contained an H&P, dated 6/05/12. Her H&P contained an assessment of Patient #15's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #15's heart and lungs using a stethoscope. s. Patient #17 was a 58 year old female admitted to the facility on 9/06/12 for hammertoe correction and a repair of a bunion on her right foot. Her medical record contained an H&P, dated 7/06/12. Her H&P contained an assessment of Patient #17's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #17's heart and lungs using a stethoscope. t. Patient #18 was a 91 year old female admitted to the facility on 5/10/12 for repair of a bunion on her right foot. Her medical record contained an H&P, dated 4/27/12. According to the H&P, Patient #18 reported a history of high blood pressure and swelling of her lower legs. The documentation also indicated Patient #18 reported right sided weakness due to a stroke on 6/10/11. Her H&P contained an assessment of Patient #18's lower extremities. There was no documentation of a complete physical examination, such as an examination of Patient #18's heart and lungs using a stethoscope. The DPM was interviewed on 9/20/12 at 11:40 AM. He confirmed that a comprehensive physical	Q 261	Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11	

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Q 261	<p>Continued From page 30</p> <p>examination was not typically part of his process when completing the H&P in the office prior to surgery. He stated he would perform a physical examination, such as listening to a patient's heart and lungs with a stethoscope, if he felt this was necessary based on the patient's medical history and presenting symptoms.</p> <p>During an interview on 9/18/12 at 11:30 AM, the Nurse Manager reviewed a sample of the medical records and stated the H&P assessments were focused on the podiatry needs of the patient. She was unable to provide a policy regarding the expected components of a pre-operative comprehensive medical history and physical assessment.</p> <p><u>The facility did not ensure a comprehensive history and physical assessment of each patient was completed by a physician before the surgical procedure.</u></p> <p>2. In the following examples the H&P was completed more than 30 days prior to surgery:</p> <p>a. Patient #9 was a 64 year old female who was admitted to the facility on 7/17/12 for a bunion removal on her right foot. Her record contained an H&P dated 2/29/12, more than four months before the surgical procedure.</p> <p>b. Patient #17 was a 58 year old female admitted to the facility on 9/06/12 for hammertoe correction and a repair of a bunion on her right foot. Her medical record contained an H&P dated 7/06/12, two months prior to the surgical procedure.</p> <p>During an interview on 9/18/12 at 11:30 AM, the</p>	Q 261	<p>Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32</p> <p>Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11</p>	
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Q 261	Continued From page 31 Nurse Manager confirmed the H&P's found in the medical records for Patients #9 and #17 were not completed within 30 days of the surgical procedure.	Q 261	Please see Q261 ADMISSION ASSESSMENT Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the Pages 10-11	
Q 262	<p><u>The facility failed to ensure a comprehensive medical H&P, completed within 30 days of the surgery, was documented in the medical record.</u></p> <p>416.52(a)(2) PRE-SURGICAL ASSESSMENT</p> <p>Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and review of medical records and policies, it was determined <u>the facility failed to ensure patients received a pre-surgical assessment for 1 of 1 patient (#20) whose procedures were observed. Failure to perform this pre-surgical assessment had the potential to impact patient safety during and after the procedure. Findings include:</u></p> <p>1. Patient #20 was a 63 year old male who was admitted to the facility on 9/20/12 for the surgical removal of his left 5th toe due to an infection in the bone. Patient #20 was an insulin dependent</p>	Q 262	Please see Q262 Pre-Surgical Assessment Pages 32 - 35 Plan of Correction for lack of pre surgical assessment Pages 12-13	

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Q 262	<p>Continued From page 32</p> <p>diabetic with unstable blood sugars, and suffered from neuropathy in both feet. His admission, surgery, and discharge were observed on 9/20/12 from 9:15 AM to 11:40 AM.</p> <p>At 9:15 AM, the RN was observed to obtain Patient #20's vital signs. The RN asked Patient #20 if he had checked his blood sugar that morning and Patient #20 responded that his blood sugar level had been over 300 (recommended fasting blood sugar range for people with diabetes would be a goal of 70-130 mg/dl, according to Web MD).</p> <p>At 9:25 AM, the DPM was observed to evaluate Patient #20's left foot in preparation for surgery. At 9:42 AM, the RN was observed to apply the skin preparation prior to surgery. At 10:05 AM, the DPM began surgery.</p> <p>Patient #20 was not observed to receive a pre-surgical assessment. The DPM was not observed to complete a physical examination, such as listening to heart and lungs with a stethoscope, to evaluate the risk of the procedure for Patient #20.</p> <p>On 9/20/12 at 9:10 AM, the Medical Receptionist explained the process used to document a patient's pre-surgical assessment. She referred to a form titled, "Surgical H&P," and explained that the physician filled the form out at the time of the procedure and then she entered the data into the computer. She stated she printed out the form for the physician to sign and then scanned it back into the electronic medical record.</p> <p>The paper version of the "Surgical H&P" included</p>	Q 262	<p>Please see Q262 Pre-Surgical Assessment Pages 32 - 35</p> <p>Plan of Correction for lack of pre surgical assessment Pages 12-13</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER COEUR D'ALENE FOOT & ANKLE SUR			STREET ADDRESS, CITY, STATE, ZIP CODE 101 IRONWOOD DRIVE, SUITE 131 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 262	<p>Continued From page 33</p> <p>several items to be completed by the physician. One section was labeled "Pertinent Physical Findings," and contained the following list:</p> <ul style="list-style-type: none"> - HEENT - NECK - HEART - BJE - CHEST - ABDOMEN - NEURO <p>Under this list were instructions to "check if cleared for surgery, otherwise explain."</p> <p>On 9/20/12 at 11:45 AM, the DPM was observed to complete the paper version of the "Surgical H&P" for Patient #20. The DPM marked next to each system to indicate that Patient #20 was cleared for surgery. The DPM was interviewed at this time and confirmed that a physical examination was not typically part of his process when assessing a patient the day of surgery. Neither the DPM nor the Nurse Manager was initially able to explain what "BJE" meant related to physical findings.</p> <p>The policy "Patient Admission, Assessment & Discharge," not dated, stated "Upon admission - pre-surgical assessment. Updated medical record entry documenting an examination for any changes since most recent physical & assessment." <u>The policy did not state who would perform the assessment or what the assessment would include, i.e. listening to a patient's heart or lungs, etc.</u> The policy also did not state how the assessment would be documented.</p>	Q 262	<p>Please see Q262 Pre-Surgical Assessment Pages 32 - 35 Plan of Correction for lack of pre surgical assessment Pages 12-13</p>		

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

PRINTED: 10/05/2012
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Q 262	Continued From page 34 The facility did not ensure patients received a pre-surgical assessment.	Q 262	Please see Q262 Pre-Surgical Assessment Pages 32 - 35 Plan of Correction for lack of pre surgical assessment Pages 12-13		

Pages 1 - 6 Plan of Correction for Medical Records were not clear and accurate, specifically who completed which portion of the history and physical assessment

Action that will be taken to correct specific deficiency:

The ASC has purchased the electronic signature software for the electronic medical records to ensure that it is clear and accurately reflected who completed which portion of the document and ensure that the physician authenticated the medical history and physical assessment.

Description of how the actions will improve the processes that led to the deficiency: The electronic signature will eliminate the lack of clarity regarding the completion of the contents of the medical records by specifying which person authored which sections of the documents. Now that the Doctor is able to sign the documents, it will be clear that he authenticated the medical history and physical assessment.

Procedure for implementing the acceptable plan of correction: As per designed by the Pod Med Electronic Medical Records software, persons granted electronic signature permission are able to sign the portion of document they created and / or authenticate that the record was reviewed.

Completion date for correction of deficiency: Electronic signature(s) are currently being used for the above-mentioned purposes.

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 Coeur d'Alene Foot & Ankle Surgery Center medical records are subject to internal and external audits. The ASC has a contract with another ambulatory surgery center for medical records review and peer review. The physician of this Spokane ASC will be advised of this deficiency correction and he will be asked, upon his evaluation of the records, to verify that the Coeur d'Alene Foot & Ankle Surgery Center is in compliance eliminating the deficiency.

Also the Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery Center (consisting of the medical staff of the Surgery Center in addition to the owner) meets quarterly to insure that problem identification and assessment techniques are effective and that resolution actions are indeed eliminating said problems. The QA Committee examines the Quarterly Log, as seen by the ASC Surveyors 09/24/12, which documents a "Summary of Review & Problems / Actions" for each category including Medical Records. This log will document the EHR audits, determining that in the record it is clear who completed which portion of the document and ensure that the physician authenticated the medical history and physical assessment to achieve adherence to the standards of practice. The QA Committee will note on the Committee of the Whole report done quarterly that compliance with Medical Record Standards are being achieved or identify problems and implement a plan of resolution if this is found not to be the case. Tracking compliance may also be part of a future QAPI Project.

Title of the Person responsible for implementing the acceptable plan of correction: Michelle Kopriva, RN Medical Records Manager

Pages 6 – 8 Plan of Correction for Post-operative recovery and discharge assessments were not accurate

Action that will be taken to correct specific deficiency:

The EHR Post-operative recovery and discharge template was auto-populated with the usual clinical findings and if the patient did not fit within this usual description, we changed it by inputting the examination findings directly into the record. However, the pre-populated information indicates the patient has met the criteria listed before the assessment had been completed. Therefore the Post-operative recovery and discharge record is no longer pre-populated.

Description of how the actions will improve the processes that led to the deficiency:

The elimination of pre-populated templates ensures that the patient's information is accurately documented in the medical record upon completion of the post-operative and discharge assessments.

Procedure for implementing the acceptable plan of correction: Policy and procedure was written stating that prepopulated templates will not be used for surgery center medical records

Completion date for correction of deficiency: Policy is currently in effect

As described previously in this PoC, the Monitoring and tracking procedures in place to ensure the PoC is effective in bringing the ASC into compliance, and that the ASC remains in compliance with the regulatory requirements are:

The Coeur d'Alene Foot & Ankle Surgery Center medical records are subject to internal and external audits. The Coeur d'Alene Foot & Ankle Surgery Center has a contract with another for medical records review and peer review. The physician of this Spokane ASC will be advised of this deficiency correction and he will be asked upon review, to verify the ASC compliance eliminating the deficiency. Tracking compliance may also be part of a future ASC QAPI Project

Also the Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery meets quarterly to insure that problem identification and assessment techniques are effective and that resolution actions are indeed eliminating said problems. The QA Committee examines the Quarterly Log, as seen by the ASC Surveyors 09/24/12, which documents a "Summary of Review & Problems / Actions" for each category including Medical Records. This log will document at the time of the review/audit that it is clear prepopulated templates are not being used and the electronic health record is specific to the surgical patient to achieve adherence to the standards of practice. The QA Committee will note on the Committee of the Whole report done quarterly that compliance with Medical Record Standards are being achieved or identify problems and implement a plan of resolution if this is found not to be the case.

Title of the Person responsible for implementing the acceptable plan of correction: Rita Kinney
RN Manager

Pages 8 – 17 Plan of Correction for Operative Reports were not patient specific

Action that will be taken to correct specific deficiency: In certain sections, the EHR operative report was designed to “fit” the usual surgical procedure. However, this action has not always accurately or specifically described the surgical techniques used. Therefore the operative record no longer uses phrases that describe “the usual surgical procedure” and is specific in every section to the individual surgery.

Description of how the actions will improve the processes that led to the deficiency: The elimination of sections designed to “fit” the usual surgical procedure ensures that the patient's surgical information is accurately documented in the medical record.

Procedure for implementing the acceptable plan of correction: Policy and procedure was written stating that sections designed to “fit” the usual surgical procedure will not be used for surgery center medical records.

Completion date for correction of deficiency: Policy is currently in effect

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:

As described above, the Monitoring and tracking procedures in place to ensure the PoC is effective in bringing the ASC into compliance, and that the ASC remains in compliance with the regulatory requirements are:

The Coeur d'Alene Foot & Ankle Surgery Center medical records are subject to internal and external audits. The Coeur d'Alene Foot & Ankle Surgery Center has a contract with another ambulatory surgery center for medical records review and peer review. The physician of this Spokane ASC will be advised upon review, of this deficiency correction and he will be asked to verify the ASC compliance eliminating the deficiency of non specific operative reports.

Also the Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery Center (consisting of the medical staff of the Surgery Center in addition to the owner) meets quarterly to insure that problem identification and assessment techniques are effective and that resolution actions are indeed eliminating said problems. The QA Committee examines the Quarterly Log, as seen by the ASC Surveyors 09/24/12, which documents a “Summary of Review & Problems / Actions” for each category including Medical Records. This log will document that sections designed to “fit” the usual surgical procedure will not be used for surgery center electronic health records and is specific to the surgical patient to achieve adherence to the standards of practice. The QA Committee will note on the Committee of the Whole report done quarterly that compliance with Medical Record Standards are being achieved or identify problems and implement a plan of resolution if this is found not to be the case. Tracking compliance may also be part of a future QAPI Project.

Title of the Person responsible for implementing the acceptable plan of correction: Michelle Kopriva, RN Medical Records Manager

Pages 17 -20 Plan of Correction for lack of policy and procedure for radiation safety, providing shielding from radiation exposure to employees and patients, or provide radiation monitoring.

The Coeur d'Alene Foot & Ankle Surgery Center Policy regarding the implementation and monitoring procedures for fluoroscopic mini C arm radiation safety were based on information received from Grant Klokeid, State of Idaho Senior Radiation Physicist, Radiation Control Program. According to Mr. Klokeid, the mini C-arm can be used safely in routine surgical cases by the foot surgeon with minimal radiation exposure. There is much supporting evidence of this statement, and one such recent study is included.

It would seem new regulations are now in place, so policy has been revised. According to information received via email from Rikki Waller, Senior Radiation Physicist, Idaho Bureau of Laboratories on October 11, 2012, "With a mini C-arm the dose is very low. Patients would not require any shielding. The surgeon should wear his badge at collar level outside the lead apron and only needs to be monitored on a quarterly basis. The circulating nurse should be okay without a badge as long as she/he stays at least 6 feet away from the patient while the beam is on."

(Action that will be taken to correct specific deficiency)

1. Lead shielding is no longer optional for the Fluoroscope operator and will be worn by the Operator at all times when the mini C arm is in use.
2. Dosimeter badges will be worn when the mini C arm is in use and a Commercial Personnel Quarterly Monitoring Service will be employed until such time an exemption is issued in writing by the Laboratory Improvement & X-ray Section and Radiation Control Program, Idaho Bureau of Laboratories.

Description of how the actions will improve the processes that led to the deficiency: The above actions will ensure the health and safety of all patients and personnel at the ASC.

Procedure for implementing the acceptable plan of correction:

The lead aprons for required shielding have been and are currently accessible at the ASC.

The Instadose™ dosimeter was ordered from Henry Schein for Dr. Nunez (see Order Confirmation included with this report).

Completion date for correction of deficiency: The dosimeter is scheduled to be received by the end of this month (October 2012) and monitoring will begin November 2012.

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 Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery Center (consisting of the medical staff of the Surgery Center in addition to the owner) meets quarterly to insure that problem identification and assessment techniques are effective and that resolution actions are indeed eliminating said problems. The QA Committee examines the Quarterly Log, as seen by the ASC Surveyors 09/24/12, which documents a "Summary of Review & Problems / Actions" for each category including Radiology. This log will document the use of the dosimeter badges and results as well as observation that Fluoroscopic Operating shielding is standard practice. The QA Committee will note on the Committee of the Whole report done quarterly that compliance with Radiological Service Standards is being achieved or identify problems and implement a plan of resolution if this is found not to be the case.

Title of the Person responsible for implementing the acceptable plan of correction:

Rita Kinney, RN Manager

Pages 20 – 21 Plan of Correction for not providing separate sink areas for decontamination of instruments and hand washing.

The Coeur d'Alene Foot & Ankle Surgery Center was originally designed to meet the specifications and conditions for coverage set forth by the Department of Health and Human Services Centers for Medicare & Medicaid Services and the current design (including the large single basin sink) received approval upon original inspection by CMS July 20, 1995 and again at the survey completed June 28, 2001. The Health Facility Surveyors of the recertification survey had no issues with the single basin sink including policy and procedures for cleaning said sink to ensure no transmission of infectious agents.

When the surveyors of the most recent September 24, 2012 survey were questioned as to why the sink and infection control policy and procedure regarding the sink was now a problem, we were told that "the regulations had changed" and the CDC guidelines of 2003 as described in this summary statement was cited. However, the Medicare surveyors who conducted the January 11, 2007 recertification survey would of course been aware of and subject to these CDC guidelines of 2003 recommending separate sinks, but along with the previous surveyors they must have felt this was not an issue given that the majority of surgeries performed at the surgery center are minimally invasive with small numbers of instruments used, a well defined asepsis policy and procedure and a very low surgical site infection rate.

However, since this is now being seen as a deficiency by the most recent recertification team, separate sinks by way of dual stainless steel function will be installed *(Action that will be taken to correct specific deficiency)*

Researching this problem, we were able to find medical / surgical stainless steel sink product lines designed for use in hospitals, surgery centers, & health care industries, many of which offered design solutions without compromising function. Relative to our particular situation are sink design features such as sloped bottom surfaces that will prevent splashing and over spill providing effective separation of clean from dirty activities to ensure inadvertent transmission of infectious agents do not occur. *(Description of how the actions will improve the processes that led to the deficiency.)*

The contractor the ASC has used in the past was contacted and stated that his schedule will allow him to complete the installation of the new product by the end of this month – October 2012. *(Procedure for implementing the acceptable plan of correction and Completion date for correction of deficiency)*

The owner of the Coeur d'Alene Foot & Ankle Surgery Center is responsible for the contact and coordination of the necessary plumbing job *(implementing this plan of correction)* and Rita Kinney, RN is responsible for maintaining dirty separation from clean areas and tracking compliance *thus ensuring that the PoC is effective in bringing the ASC into compliance, and that the ASC remains in compliance with the regulatory requirement.)*

Pages 21 – 22 Plan of Correction for lack of autoclave record

The Coeur d'Alene Foot & Ankle Surgery Center does maintain Autoclave records, but item entries were not recorded on a separate log and apparently all necessary information was not included in the records. Therefore the *Action that will be taken to correct specific deficiency* is that a complete autoclave log will be maintained with necessary items included.

These actions will improve the processes that led to the deficiency by enabling staff to follow standards of practice in the maintenance of this log to ensure that each sterilizer cycle is monitored, that the parameters to achieving sterility were met and that the recall of a particular lot or batch is possible if needed to ensure patient's exposure to infectious material is minimized.

Procedure for implementing the acceptable plan of correction includes the ongoing documentation of all items autoclaved including specific description of pack contents, quantity of the items autoclaved, exposure time, temperature, date, time, and initials of the operator.

Completion date for correction of deficiency: Form was completed and approved by the ASC Governing Body and is currently in use.

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 Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery Center (consisting of the medical staff of the Surgery Center in addition to the owner) meets quarterly to insure that problem identification and assessment techniques are effective and that resolution actions are indeed eliminating said problems. The QA Committee examines the Quarterly Log, which documents a "Summary of Review & Problems / Actions" for each category including Sterilization as seen by the ASC Surveyors 09/24/12. This Sterilization log will document the use of the Autoclave Log and of course the committee will examine the logs themselves. The QA Committee will note on the Committee of the Whole report done quarterly that compliance with Sanitary Environment Standards is being achieved or identify problems and implement a plan of resolution if this is found not to be the case.

Tracking compliance may also be part of a future QAPI Project

Title of the Person responsible for implementing the acceptable plan of correction:

Rita Kinney, RN Manager

Q241 SANITARY ENVIRONMENT CDA Foot & Ankle Surgery Center Provider #13C001016

Pages 22 – 23 Plan of Correction for Sterilization Wrap Reuse

Action that will be taken to correct specific deficiency: Sterilization wrap will not be reused.

This action will improve the processes that led to the deficiency by eliminating the possibility of a compromise of product integrity as well as the possibility of a failure of the ability to maintain the sterility of the contents.

Procedure for implementing the acceptable plan of correction: All sterilization wraps will be disposed of after use and policy has been written to that effect.

Completion date for correction of deficiency: New policy is currently in effect and there is no reuse of the wrap.

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:

Included on the new Autoclave Log Form is a column with the heading "Wrap Reused" to be checked as no as a reminder as well as to document compliance with the new policy.

The Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery Center at it's quarterly meeting will examine the Quarterly Log, which documents a "Summary of Review & Problems / Actions" for each category including Sterilization as seen by the ASC Surveyors 09/24/12. This QA log will document that the sterilization wrap has not been reused and of course the committee will examine the Autoclave logs themselves. The QA Committee will note on the Committee of the Whole report done quarterly that compliance with Sanitary Environment Standards is being achieved or identify problems and implement a plan of resolution if this is found not to be the case.

Tracking compliance may also be part of a future QAPI Project

Title of the Person responsible for implementing the acceptable plan of correction:

Rita Kinney, RN Manager

Q261 ADMISSION ASSESSMENT CDA Foot & Ankle Surgery Center Provider #13C001016

Pages 23 - 32 Plan of Correction for lack of a comprehensive history and physical exam completed prior to surgery not more than 30 days before the surgery

Action that will be taken to correct specific deficiency

A medical history and physical exam was conducted prior to surgery on all surgical patients, but given that this ASC only uses local anesthetic and no conscious sedation, auscultation of heart and lungs was not included unless it was judged necessary by the physician / surgeon. Previous recertification CMS survey teams, including the original survey on July 20, 1995 and again June 28, 2001 and then January 11, 2007 of the Coeur d'Alene Foot & Ankle Surgery Center had no issue with the History and Physical and found it to be complete. To date this ASC has had no emergency transfers to a hospital in the history of its existence. However the Health Facility Surveyors of the most recent 9/24/12 recertification inspection determined that a History and Physical including auscultation of heart and lungs with a stethoscope, is necessary as to not affect the safety of the patient during surgery. Therefore, the Coeur d'Alene Foot & Ankle Surgery Center will conduct a comprehensive medical history and physical examination on each surgical patient prior to **surgery completed within 30 days of the surgery.**

Description of how the actions will improve the processes that led to the deficiency: Completing a comprehensive medical history and physical determines if anything in the patient's overall condition has the potential to affect the safety of the patient during surgery.

Procedure for implementing the acceptable plan of correction: Policy and procedure was written stating that a comprehensive medical history and physical be performed 30 days prior to the date of surgery. The findings of the examination will be recorded on the History & Physical medical record.

Completion date for correction of deficiency: Policy is currently in effect

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:

As previously mentioned, the Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery meets quarterly to insure that problem identification and assessment techniques are effective and that resolution actions are indeed eliminating said problems. The QA Committee examines the Quarterly Log, as seen by the ASC Surveyors 09/24/12, which documents a "Summary of Review & Problems / Actions" for each category including Medical Records. This log will document at the time of the review/audit that a comprehensive history and physical exam was completed prior to surgery not more than 30 days before the surgery to achieve adherence to the standards of practice. The QA Committee will note on the Committee of the Whole report done quarterly that compliance with Medical Record

Standards are being achieved or identify problems and implement a plan of resolution if this is found not to be the case.

Also, The Coeur d'Alene Foot & Ankle Surgery Center has a contract with another ambulatory surgery center for medical records review and peer review. The physician of this Spokane ASC will be advised of this deficiency correction and he will be asked upon review to verify the ASC compliance of a complete history and physical exam completed prior to surgery 30 days before the surgery. The Coeur d'Alene Foot & Ankle Surgery Center governing body reviews his medical records evaluation and will note on the Committee of the Whole report that compliance with Medical Record Standards are being achieved or identify problems and implement a plan of resolution if this is found not to be the case.

Title of the Person responsible for implementing the acceptable plan of correction: Michelle Kopriva, RN, Medical Records Manager

Pages 32 - 35 Plan of Correction for lack of pre surgical assessment

Action that will be taken to correct specific deficiency:

The Coeur d'Alene Foot & Ankle Surgery Center will ensure that patients receive a pre-surgical assessment.

Policy has been rewritten to state who will be performing the assessment (the physician / surgeon) and details of what the assessment will include (ROS / Physical Exam including heart and lung auscultation).

Description of how the actions will improve the processes that led to the deficiency:

Ensuring that Coeur d'Alene Foot & Ankle Surgery Center patients receive a pre-surgical assessment including the ROS / Physical Exam including heart and lung auscultation reinforced by rewritten policy and procedure will correct the process that led to the deficiency.

Procedure for implementing the acceptable plan of correction:

Policy has already been rewritten with a new History & Physical Form created and approved by the Governing Body to be completed by Dr. Nunez that includes heart and lung auscultation.

Completion date for correction of deficiency:

Deficiency presently corrected with the policy rewritten and new H & P being completed by Dr. Nunez that includes heart and lung auscultation.

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 Coeur d'Alene Foot & Ankle Surgery Center medical records are subject to internal and external audits. The Coeur d'Alene Foot & Ankle Surgery Center has a contract with another ambulatory surgery center for medical records review and peer review. The physician of this Spokane ASC will be advised of this deficiency correction and he will be asked to verify the Coeur d'Alene Foot & Ankle Surgery Center compliance noting that all patients of the ASC received a pre-surgical assessment including the ROS / Physical Exam including heart and lung auscultation to eliminate the deficiency, when examining the Coeur d'Alene Foot & Ankle Surgery Center medical records.

Also the Quality Assurance Review Committee of the Coeur d'Alene Foot & Ankle Surgery Center (consisting of the medical staff of the Surgery Center in addition to the owner) meets quarterly to insure that problem identification and assessment techniques are effective and that resolution actions are indeed eliminating said problems. The QA Committee examines the Quarterly Log, as seen by the ASC Surveyors 09/24/12, which documents a "Summary of Review & Problems / Actions" for each category including Medical Records. This log will

document upon chart review, that Dr. Nunez has completed the new History & Physical Form which includes heart and lung auscultation on all ASC patients admitted for surgery to achieve adherence to the standards of practice. The QA Committee will note on the Committee of the Whole report that compliance with Medical Record Standards are being achieved or identify problems and implement a plan of resolution if this is found not to be the case.

Tracking compliance may also be part of a future QAPI Project

Title of the Person responsible for implementing the acceptable plan of correction:

Dr. Orlando E. Nunez, surgeon at the Coeur d'Alene Foot & Ankle Surgery Center

CDA Foot & Ankle Surgery Center Provider #13C001016