

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>10000000X</u>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/31/2018
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NAME OF FACILITY Stone Valley Surgical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street, Anywhere, USA 66000
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q 0241	<p>416.51(a) Sanitary Environment</p> <p>The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</p> <p>This STANDARD is not met, as evidenced by:</p> <ol style="list-style-type: none"> <li>During a tour of the Endoscopy Instrument Processing Room on 4/5/18 at 11:35 a.m., the following were observed:               <ol style="list-style-type: none"> <li>Staff #5 removed a pair of soiled gloves, then touched his computer without first sanitizing his hands.</li> <li>Staff #5 then performed hand washing for fewer than 10 seconds.</li> </ol> </li> <li>At 11:40 a.m., Staff #15 was observed removing his soiled gloves and not sanitizing his hands afterward.</li> <li>The facility failed to ensure a sanitary environment by implementing its own policy which was based on CDC hand hygiene guidelines..</li> <li>These findings were confirmed with Staff #5 and #15.</li> </ol>	Q0241	<p>The OR Manager and Infection Control RN spoke to the individuals involved for immediate remediation. In-service hand-hygiene training was provided to those individuals. Ongoing observational audits for all staff will be implemented immediately.</p> <p>In addition, weekly anonymous "secret shopper" monitoring has been set up to identify and remediate any further incidences.</p> <p>Additionally, follow up education was provided to maintain compliance. In-service training on hand-hygiene best practices for all staff was completed on April 15, 2018 (see sign-in sheet for evidence of completion).</p> <p>The OR Manager and Infection Control RN will perform daily morning rounds for 3 weeks to assure hand-hygiene best practices are being performed. Results of rounds will be shared with the Governing Board at next month's meeting.</p>	07/15/2018

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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**PLAN OF CORRECTION RESPONSES**

TAG #	ACTION	TITLE OF RESPONSIBLE PERSON FOR THE PLAN OF CORRECTION IMPLEMENTATION	COMPLETION DATE
<p>Q0241 Page 7</p>	<p>The OR Manager and Infection Control RN spoke to the individuals involved for immediate remediation. In-service hand-hygiene training was provided to those individuals. Ongoing observational audits for all staff will be implemented immediately.</p>	<p>OR Manager and Infection Control RN</p>	<p>4/5/2018</p>
	<p>In addition, weekly anonymous “secret shopper” monitoring has been set up to identify and remediate any further incidences.</p>	<p>OR Manager and Infection Control RN</p>	<p>04/10/2018</p>
	<p>Additionally, follow up education was provided to maintain compliance. In-service training on hand-hygiene best practices for all staff was completed on April 15, 2018 (see sign-in sheet for evidence of completion).</p>	<p>OR Manager and Infection Control RN</p>	<p>4/15/2018</p>
	<p>The OR Manager and Infection Control RN will perform daily morning rounds for 3 weeks to assure hand-hygiene best practices are being performed. Results of rounds will be shared with the Governing Board at next month’s meeting.</p>	<p>OR Manager and Infection Control RN</p>	<p>5/10/2018</p>