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

PLAN OF CORRECTION – HEALTH SURVEY  
October 21, 2019

Q 100 ENVIRONMENT CFR(s) 416.44

*The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.*

*This CONDITION is not met as evidenced by:*

*Based on interview it was determined that the facility failed to maintain a system to ensure temperature in ORs were maintained within acceptable standards to ensure protection of the physical safety of all individuals.*

1. Procedure to correct specific deficiency: The relative humidity (RH) protocol has been updated to include daily monitoring temperature in the OR and procedure room. OR staff will receive training on the updated protocol and revised log form. This training will be documented for education and record keeping purposes. The revised log form will include corrective actions when the temperature is not maintained at the recommended range of 68-75 degrees. The OR staff will notify the surgical operations manager and attending physician if the temperature is not maintained within acceptable standards. The administrator misinterpreted this deficiency and only focused on humidity monitoring assuming this also covered temperature. This oversight resulted in this specific deficiency.
2. Procedure to implement plan: A revised protocol has been implemented to include monitoring of temperature in the OR and procedure room. All trainings and meetings including informal meetings will be documented for education and record keeping purposes. A hygrometer was installed in the procedure room and main OR on June 22, 2019.
3. Monitoring procedure: The OR staff will monitor the temperature daily and document in the revised log to ensure temperature range is 68-75 degrees. The OR staff will notify the surgical operations manager and the attending physician if corrective actions are needed. Corrective actions will be documented on the daily log form.

4. The Medical Director, Co-Medical Director, CFO, Administrator, Surgical Operations Manager and Maintenance Director will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction of the above deficiencies will be corrected by October 23, 2019.

Q101 PHYSICAL ENVIRONMENT CFR (s): 416.44(a)(1)

*The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.*

*This STANDARD is not met as evidence by:*

*Based on interview it was determined the facility failed to maintain a system to ensure temperature in ORs were maintained within acceptable standards to ensure protection for the physical safety of all individuals.*

1. Procedure to correct specific deficiency: The relative humidity (RH) protocol has been updated to include daily monitoring temperature in the OR and procedure room. OR staff will receive training on the updated protocol and revised log form. This training will be documented for education and record keeping purposes. The revised log form will include corrective actions when the temperature is not maintained at the recommended range of 68-75 degrees. The OR staff will notify the surgical operations manager and attending physician if the temperature is not maintained within acceptable standards. The administrator misinterpreted this deficiency and only focused on humidity monitoring assuming this also covered temperature. This oversight resulted in this specific deficiency.
2. Procedure to implement plan: A revised protocol has been implemented to include monitoring of temperature in the OR and procedure room. All trainings and meetings including informal meetings will be documented for education and record keeping purposes. A hygrometer was installed in the procedure room and main OR on June 22, 2019.
3. Monitoring procedure: The OR staff will monitor temperature daily and document in the revised log form to ensure the temperature range is maintained at 68-75 degrees. The OR staff will notify the surgical operations manager and the attending physician if corrective actions are needed. Corrective actions will be documented on the daily log form.
4. The Medical Director, Co-Medical Director, CFO, Administrator, Surgical Operations Manager and Maintenance Director will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction of the above deficiencies will be corrected by October 23, 2019.