Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

October 17, 2019

Joy Staples, Administrator
Lovejoy Surgicenter, Inc
933 NW 25th Avenue
Portland, OR 97210

Dear Ms. Staples:

Enclosed is the Federal Statement of Deficiencies for the Medicare revisit survey completed on October 17, 2019.

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

1. The plan for correcting the specific deficiency. The plan should include specific corrective actions and should address the processes that caused or contributed to the deficient practice;

2. The procedure(s) for implementing the plan for the specific deficiency;

3. The monitoring procedure(s) to ensure the plan of correction for the specific deficiency is effective in achieving and maintaining compliance with the regulatory requirements;

4. The title of the person designated as responsible for implementing the plan for the specific deficiency; and

5. The completion date for correction of each deficiency cited. Although each deficiency should be corrected as soon as reasonably possible, the correction date may be up to sixty (60) days from the survey exit date. Permission to take longer than sixty (60) days to correct deficiencies requiring major construction or remodeling may be granted

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by this office. As request for such an extension must be submitted in writing and accompany the plan of correction.

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

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

Sincerely,

Lacey Martinez, Registered Nurse
Client Care Surveyor
CMS Representative
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

Enclosures

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711

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DEPARTMENT OF HEALTH AND HU N SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

COPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38C0001000	A. BUILDING ______ B. WING ______	R 10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVEJOY SURGICENTER, INC	933 NW 25TH AVENUE PORTLAND, OR 97210

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{Q 000}	INITIAL COMMENTS This report reflects the findings of the unannounced, onsite Federal revisit survey at Lovejoy Surgicenter, Inc. The revisit survey was initiated and concluded on 10/17/2019. An entrance conference was conducted on 10/17/19 at 11:20 AM with the facility's Administrator. The purpose for the survey and the survey needs were explained. An opportunity was provided for questions, answers, and comments. The revisit survey resulted from a recertification survey that concluded on 06/20/2019, during which non-compliance at the Condition-level was identified. Findings of non-compliance were for the following Conditions for Coverage: Q 040 - Governing Body and Management Q 100 - Environment During the revisit survey, it was determined the facility continued to be in non-compliance of Q 100 - Environment. Definitions and abbreviations: CFR: Code of Federal Regulations OR: Operating Room	{Q 000}		
{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:	{Q 100}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/21/2019

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 100}	Continued From page 1 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 of the physical safety of all individuals. Findings: Review of the facility's Plan of Correction, received 07/22/19, reflected "A hygrometer will be installed in the procedure room and main OR to monitor humidity levels as required by rule." Review of the facility's Plan of Correction, dated 10/03/19, reflected "A protocol has been implemented to ensure that humidity and temperature in the OR and procedure room are maintained within acceptable standards," and "OR staff will conduct daily logs every AM prior to the start of surgery cases." Documentation of temperature logs for the facility's OR and procedure room was requested. The facility failed to provide any documentation that temperature in the OR or procedure room had been monitored according to standards of practice. During an interview with the Administrator on 10/17/19 at 11:40 AM, he/she stated, "I thought temperature and humidity were the same thing. I think we have a thermostat in the OR but they [staff] haven't been documenting that." Documentation of staff in-services was requested. The facility failed to provide documentation that	{Q 100}		

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{Q 100}	Continued From page 2 staff had received education or training regarding the new humidity protocol. During an interview with the Administrator on 10/17/19 at 11:35 AM, he/she stated, "We had a staff meeting, but I don't think it was documented." Documentation of Governing Body meeting minutes from 07/22/19 to 10/16/19 was requested. Documentation of Governing Body meeting minutes reflected the last meeting was 05/16/19. Documentation failed to reflect that the Governing Body had discussed implementation of the Plan of Correction or ongoing monitoring at any time since 07/22/19. During an interview with the Administrator on 10/17/19 at 11:50 AM, he/she stated, "I mostly have one on one conversations with them [Governing Body members]."	{Q 100}		
{Q 101}	PHYSICIAL 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 evidenced by: Based on interview it was determined the facility failed to maintain a system to ensure temperature	{Q 101}		

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