

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38C0001000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2019
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NAME OF PROVIDER OR SUPPLIER LOVEJOY SURGICENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 933 NW 25TH AVENUE PORTLAND, OR 97210
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Q 000	<p>INITIAL COMMENTS</p> <p>The onsite Federal recertification survey of this ASC, that included health and LSC surveys, was completed on 06/20/19. The facility was surveyed for compliance with the Federal Conditions for Coverage for Ambulatory Surgical Centers, 42 CFR 416.2 through 416.52(c)(3).</p> <p>An entrance conference was conducted on 06/17/19 at 9:30 AM with the facility's Bookkeeper.</p> <p>The purpose for the survey and the survey needs were explained. An opportunity was provided for questions, answers, and comments.</p> <p>Based on the findings of the survey, the facility was found to be out of compliance with Federal Conditions for Coverage for Ambulatory Surgical Centers.</p> <p>Definitions & Abbreviations: ACLS: Advanced Cardiovascular Life Support ASC: Ambulatory Surgery/Surgical Center BLS: Basic Life Support CFR: Code of Federal Regulations EP: Emergency Preparedness LSC: Life Safety Code OR: Operating Room PAR: Post Anesthesia Recovery QAPI: Quality Assurance and Performance Improvement RN: Registered Nurse</p>	Q 000		
Q 040	<p>GOVERNING BODY AND MANAGEMENT CFR(s): 416.41</p> <p>The ASC must have a governing body that assumes full legal responsibility for determining,</p>	Q 040		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/19/2019
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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 040	<p>Continued From page 1</p> <p>implementing, and monitoring policies governing the ASC's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.</p> <p>This CONDITION is not met as evidenced by: Based on observation, interview, review of policies, procedures and other documents, it was determined that the facility failed to:</p> <ol style="list-style-type: none"> 1. Maintain a system to ensure that humidity and temperature in ORs were maintained within acceptable standards. 2. Comply with Federal, State and local EP requirements to establish and maintain a comprehensive EP program. 3. Maintain exit illumination on emergency power for a minimum of 1-1/2 hour duration annually. 4. Ensure the sprinkler system was continuously maintained & in reliable operating condition. 5. Provide quarterly fire drills for all staff affecting the entire building. 6. Properly maintain the generator for the entire facility. <p>Findings:</p> <p>Refer to Tags Q 100, Q 101, E 006, K 291, K 323, K 353, K 712, and K 918.</p> <p>This Condition-level deficiency substantially limits the capacity of the facility to furnish services of an adequate level of quality.</p>	Q 040			

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

PRINTED: 12/10/2019
FORM APPROVED
OMB NO. 0938-0391

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Q 083	<p>PERFORMANCE IMPROVEMENT PROJECTS CFR(s): 416.43(d)</p> <p>(1) The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the ASC's services and operations.</p> <p>(2) The ASC must document the projects that are being conducted. The documentation, at a minimum, must include the reason(s) for implementing the project, and a description of the project's results</p> <p>This STANDARD is not met as evidenced by: Based on interview, policy and procedure review, and review of meeting minutes, it was determined that the facility failed to conduct and document annual improvement projects.</p> <p>Findings:</p> <p>Review of QAPI meeting minutes for the past 12 months, dated 05/17/18, 07/17/18, 12/07/18, and 03/07/19 failed to reflect that distinct improvement projects had been implemented or results documented.</p> <p>Review of the undated facility policy "Organizationwide Quality Assurance Plan," reflected no evidence of a system for the selection of distinct improvement projects, data collection, or analysis of results.</p> <p>During an interview with the Administrator on 06/20/19 at 3:35 PM, he/she stated, "We have never been told we need to do that [QAPI projects]."</p>	Q 083		
Q 100	ENVIRONMENT	Q 100		

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Q 100	Continued From page 3 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 observation, interview, and document review, it was determined that the facility failed to: 1. Maintain a system to ensure that humidity and temperature in ORs were maintained within acceptable standards. 2. Comply with Federal, State and local EP requirements to establish and maintain a comprehensive EP program. 3. Maintain exit illumination on emergency power for a minimum of 1-1/2 hour duration annually. 4. Ensure the sprinkler system was continuously maintained & in reliable operating condition. 5. Provide quarterly fire drills for all staff affecting the entire building. 6. Properly maintain the generator for the entire facility. Findings: Refer to Tags Q 101, E 006, K 291, K 323, K 353, K 712, and K 918. This condition level deficiency substantially limits the capacity of the facility to furnish services of an adequate level of quality.	Q 100		
Q 101	PHYSICAL ENVIRONMENT CFR(s): 416.44(a)(1) The ASC must provide a functional and sanitary	Q 101		

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Q 101	Continued From page 4 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 that humidity and temperature in ORs were maintained within acceptable standards to ensure protection of the physical safety of all individuals. Findings: Documentation of humidity and temperature logs for the facility's OR and procedure room was requested. The facility failed to provide any documentation that humidity and temperature in the OR or procedure room had been monitored according to standards of practice. During an interview with the Administrator on 06/20/19 at 2:05 PM, he/she stated, "We didn't know we had to do that." He/she confirmed the facility had failed to develop and implement a system for the monitoring of humidity and temperature.	Q 101			
Q 141	ORGANIZATION AND STAFFING CFR(s): 416.46(a) Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be	Q 141			

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Q 141	<p>Continued From page 5</p> <p>a registered nurse available for emergency treatment whenever there is a patient in the ASC.</p> <p>This STANDARD is not met as evidenced by: Based on interview, documentation in 1 of 4 employee records reviewed (Employee D), and review of job description, it was determined that the facility failed to ensure nursing staff maintained certification required by facility policy.</p> <p>Findings:</p> <p>Review of the facility policy "PAR RN Job Description," updated 05/2018, stipulated that the position qualifications included, but was not limited to, "3. Current BLS and ACLS certification."</p> <p>Review of employee documentation revealed RN D was hired 08/28/18.</p> <p>Review of documentation failed to reflect RN D had current ACLS certification.</p> <p>During an interview with the Administrator on 06/20/19 at 4:20 PM, he/she stated, "[RN D] definitely didn't take that [ACLS course]."</p>	Q 141		