



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

October 31, 2019

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

Dear Ms. Staples:

Based on the findings of the onsite Medicare recertification survey and State relicensure survey completed on June 20, 2019 it was determined that Lovejoy Surgicenter, Inc was out of compliance with the following Ambulatory Surgery Centers Medicare Conditions for Coverage:

Fed - Q - 0040 - 416.41 - Governing Body And Management

Fed - Q - 0100 - 416.44 - Environment

Fed - Q - 0101 - 416.44(a)(1) - Physical Environment

Standard-level deficiencies were also cited at tag numbers:

Fed - Q - 0083 - 416.43(d) - Performance Improvement Projects

Fed - Q - 0141 - 416.46(a) - Organization And Staffing

On October 29, 2019 an onsite revisit survey was completed to validate that the facility's plan and allegation of compliance had been implemented and that the facility was back in compliance with the above Condition-level requirements. Based on the revisit it has been determined that Lovejoy Surgicenter, Inc is back in compliance with those Conditions. As a result, this office has recommended to the Centers for Medicare and Medicaid Services (CMS) that the termination action against the facility's Medicare provider agreement be rescinded.

Please note that for the facility to continue to participate as a Medicare provider, compliance with all Medicare Conditions for Coverage must be ongoing.

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

Sincerely,



Lacey Martinez, RN
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*

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

PRINTED: 10/17/2019
FORM APPROVED
OMB NO. 0938-0391

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 R 10/17/2019
NAME OF PROVIDER OR SUPPLIER LOVEJOY SURGICENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 933 NW 25TH AVENUE 10-22-2019 RCVD 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}	<p style="text-align: center;">PLAN OF CORRECTION ACCEPTED</p> <p style="text-align: center;"><i>Law Martin</i> SIGNATURE 10/13/19 DATE</p>		
{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 **Administrator** (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.