

**COPY**

Health Care Regulation and Quality Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>07-0978</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOVEJOY SURGICENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>933 NW 25TH AVENUE PORTLAND, OR 97210</b>
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(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) COMPLETE DATE
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B 000	<p>Initial Comments</p> <p>The onsite State relicensure survey of this ASC was completed on 06/20/19. The ASC was surveyed for compliance with the Oregon Administrative Rules, Chapter 333, Division 76, Special Health Care Facilities, Ambulatory Surgical Centers ASC, 333-076-0001 through 333-076-0270.</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>Definitions &amp; Abbreviations: ASC: Ambulatory Surgery/Surgical Center CMA: Certified Medical Assistant OAR: Oregon Administrative Rules RN: Registered Nurse</p>	B 000		
B 026	<p>OAR 333-076-0125(7) Performance Evaluation</p> <p>(7) There shall be an annual work performance evaluation for each employee with appropriate records maintained.</p> <p>This Rule is not met as evidenced by: Based on documentation in 3 of 4 employee records reviewed (Employee A, B, and C), and review of policies and procedures, it was determined the facility failed to ensure that work performance evaluations were completed annually for each employee.</p>	B 026		

STATE OF OREGON  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/19/19

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B 026	<p>Continued From page 1</p> <p>Findings:</p> <p>Review of the facility policy titled "Performance Evaluations," reviewed 07/17/18, stipulated "Each employee will have formal yearly evaluation of job performance after an ancillary review by the Medical Director and the Medical Floor Supervisor."</p> <p>Employee A: Documentation revealed RN A was hired 08/31/17.</p> <p>Review of documentation reflected RN A's last performance evaluation was 01/12/18.</p> <p>Review of documentation failed to reflect an annual performance evaluation had been completed after 01/12/18.</p> <p>Employee B: Documentation revealed RN B was hired 11/02/17.</p> <p>Review of documentation reflected RN B's last performance evaluation was 05/04/18.</p> <p>Review of documentation failed to reflect an annual performance evaluation had been completed after 05/04/18.</p> <p>Employee C: Documentation revealed CMA C was hired 07/10/14.</p> <p>Review of documentation reflected CMA C's last performance evaluation was 06/08/17.</p> <p>Review of documentation failed to reflect annual performance evaluations had been completed after 06/08/17.</p>	B 026		
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B 026	<p>Continued From page 2</p> <p>At the completion of the survey, an exit conference was conducted on 06/20/19 with the facility's Administrator and Director of Counseling.</p> <p>Preliminary findings of the survey were explained. An opportunity was provided for questions, answers, and comments.</p>	B 026		
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