



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 18, 2012

The Eye Surgery Center
1100 Hinesburg Road
South Burlington, VT 05403

Greetings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 29, 2012**. Please post this document in a prominent place in your facility.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



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

PRINTED: 08/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47C0001000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2012
NAME OF PROVIDER OR SUPPLIER THE EYE SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 HINESBURG ROAD SOUTH BURLINGTON, VT 05403	
(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	Q 000		
Q 162	<p>An unannounced on-site recertification survey was conducted by the Division of Licensing and Protection on 8/27/12 - 8/29/12. The following regulatory violation was identified</p> <p>416.47(b) FORM AND CONTENT OF RECORD</p> <p>The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:</p> <ol style="list-style-type: none"> (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis. <p>This STANDARD is not met as evidenced by: Based on staff interviews and record review, the ASC failed to assure that all medical record entries were complete for 3 of 20 patient records in the total sample. (Patients # 1, # 6 and #13) Findings include:</p> <p>Per record reviews on 8/27/12, providers failed to assure that all medical record entries were</p>	Q 162		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 162	<p>Continued From page 1</p> <p>completed, including dated, timed and authenticated entries (as required per review of the Medical Staff Rules), for 3 patient records.</p> <p>a. Patient #1's record lacked a properly executed informed consent due to failure to time the dated patient and witness signatures on the consent form. Patient #1's surgical procedure report, dated 2/28/12, lacked the provider's signature. The report stated "dictated not signed" and there was no physician signature. The Clinical Director confirmed on 8/27/12 at 3:50 PM that the center does not utilize electronic signatures, thus the report was not authenticated by the surgeon.</p> <p>b. Per review of the record for Patient #2 on 8/27/12, the physician post-operative orders, dated 2/9/12, lacked the time the physician signed the orders. The lack of timing of the physician orders was confirmed with the Clinical Director on 8/27/12 at 3:50 PM.</p> <p>c. Per record review on 8/28/12, Patient #13's surgeon failed to include the date and time the surgical procedure report of 6/7/12 was signed. The incomplete entry was confirmed during interview with the Clinical Director on 8/28/12 at 9:16 AM.</p>	Q 162	<p>See attached</p>

The Eye Surgery Center
1100 Hinesburg Rd, So Burlington, VT 05403
CMS Plan of Correction

Q 162 a. b. c. Patient consent was not timed. During our Governing Body Meeting on 9/20/12, CMS findings were brought to the attention of the Governing Body surgeons. Consents will be timed and dated when signed. All other surgeons were notified of the requirement to time and date all signatures. All staff were notified via e-mail and during the staff meeting of 8/30/12 that all signatures must be dated and timed. A dictated surgical procedure report was not signed by the physician. This signature was obtained on 9/20/12. All charts will be reviewed at the end of each surgical day for completeness by the secretary putting the charts together and a nurse who will go over orders and the narcotic record. Any chart missing signatures or information will not be filed until it has been completed. The nurse in charge will get the needed signatures or information the next surgical day.

Completion date: 9/20/12

Elizabeth Glass

Elizabeth Glass
Clinical Director

*POC accepted
10/17/12
Bonnie Howe RN*