

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>43C0001020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/20/2024</b>
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NAME OF PROVIDER OR SUPPLIER <b>INNOVATIVE PROCEDURAL CENTER, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1512 4TH STREET NE , WATERTOWN, South Dakota, 57201</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) COMPLETION DATE
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Q0000	<b>INITIAL COMMENTS</b>	Q0000		
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Q0061	<p><b>ANESTHETIC RISK AND EVALUATION</b></p> <p>CFR(s): 416.42(a)(1)</p> <p>(1) Immediately before surgery -- (ii) A physician or anesthesiologist as defined at §410.69(b) of this chapter must examine the patient to evaluate the risk of anesthesia.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on electronic medical record (EMR) review, interview, and policy review the provider failed to ensure four of four sampled patients (3, 5, 9, and 17) had received an American Society of Anesthesiologist (ASA) class to ensure patients receiving conscious sedation (a drug induced depression of consciousness in which a patient responds purposefully to verbal or light touch) were healthy enough to tolerate surgery and anesthesia. Findings include:</p> <p>1. Review of patient 3's EMR revealed:</p> <p>*On 2/27/24 a percutaneous implantation of neurostimulator electrode epidural (a device that delivers a mild electrical current to the spinal cord to help reduce chronic pain) that had required the administration of an intravenous (IV) antibiotic, Versed (a medication used to assist patients to feel relaxed or sleepy before surgery), Fentanyl (a potent pain medication).</p> <p>*During the above procedure patient 3 had received the following IV medication:</p> <p>-Cefazolin (antibiotic) 2 grams (gm) pre-operatively administered.</p>	Q0061	<p>A review of Innovative Procedure Center's Policies was done. Upon further examination, it was noted that the Anesthesia Admission Policies, was not complete. It did not include the need to perform an ASA score prior to procedure.</p> <p>The policy was revised to include the following:</p> <p>A Pre-Anesthesia assessment of the patient must be done by the proceduralist, or anesthesiologist, prior to being taken back for the procedure.</p> <p>Assessment should include the following:</p> <ul style="list-style-type: none"> <li>- ASA score</li> <li>- Review of the patient's current medication and any history of illicit drug use.</li> <li>- Review of the patient's allergies.</li> <li>- Any history of adverse reactions to anesthesia.</li> <li>- Determine what type of teeth the patient has i.e. full dentures, partial dentures, implants, regular teeth, etc.</li> </ul> <p>A review of the pre-anesthesia ASC record within eclinical was also reviewed. It did include an "Anesthesia Plan" section where the provider could select the "type of anesthesia" as well as "ASA score" and a place to select what type of teeth the patient has.</p> <p>Because we wanted to be sure that everything within our revised policy was addressed, we also built further questions that should be addressed prior to the patient going back for their procedure.</p> <p>Those questions are as follows:</p> <p>Anesthesia Details: Pre-Anesthesia Assessment Any history of illicit drug use? Any history of adverse reactions to anesthesia? Allergies reviewed? Current medications reviewed?</p>	<p>5/6/24</p> <p>5/6/24</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jenny Hinds</i> APR 18 2024	TITLE <b>office administrator</b>	(X6) DATE <b>4/4/2024</b>
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NAME OF PROVIDER OR SUPPLIER <b>INNOVATIVE PROCEDURAL CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1512 4TH STREET NE , WATERTOWN, South Dakota, 57201</b>		
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Q0061	<p>Continued from page 1</p> <p>-2 milligrams (mg) of Versed.</p> <p>-100 micrograms (mcg) of Fentanyl administered.</p> <p>*No ASA class was given to patient 3 before the procedure.</p> <p>2. Review of patient 5's EMR revealed:</p> <p>*He had a past medical history of diabetes, atrial fibrillation, inguinal hernia.</p> <p>*On 2/29/24 a nerve ablation (destruction of the nerve function) to cervical spine 3 nerve through cervical spine 5 nerve was performed.</p> <p>*During the above procedure patient 5 had received the following IV medication:</p> <p>-1 mg of Versed.</p> <p>-75 mcg of Fentanyl.</p> <p>*No ASA class was given to patient 5 before the procedure.</p> <p>3. Review of patient 9's EMR revealed:</p> <p>*The patient had a past medical history of hypertension, hypercholesteremia, and a myocardial infarction at age 42.</p> <p>*On 1/30/24 had a spinal cord stimulator trial with the right electrode inserted to the bottom of thoracic spine space (T) 8 and the left electrode inserted into the top of T8.</p> <p>*During the above procedure patient 9 received the following IV medication:</p> <p>-Cefazolin 2 gm pre-operatively administered.</p> <p>-3 mg of Versed.</p> <p>-150 mcg of Fentanyl.</p> <p>*No ASA class was given to patient 9 before the procedure.</p> <p>4. Review of patient 17's EMR revealed:</p> <p>*There was a past medical history of type 2 diabetes mellitus with diabetic polyneuropathy.</p>	Q0061	<p><b>Implementation:</b> A discussion was had with Dr. Beck about the importance of completing the pre-anesthesia assesment and discussed with him that if we do not have any anesthesia personnel here, then the responsibility to complete that assessment falls to him, as the proceduralist.</p> <p>For our CRNA cases, an email was sent to our CRNA regarding what documentation is needed in our pre-anesthesia assessment. Mike verified that he does do an ASA score based on patient's history, he also reviews the patient's medications and allergies both with the patient and through chart review. Mike was sent a copy of our updated policies for his review and it was requested that he sign and send back.</p> <p>For physician directed sedation cases, it was discussed with the RNs what information needs to be gone over with the patient prior to bringing them back for their procedure. A copy of the policy was also given to all RNs who perform sedation with a request to sign and give back to administration.</p> <p><b>Teaching:</b> Went through the Pre-Anesthesia Module of the ASC record and showed Dr. Beck the different sections that he would need to complete. He displayed verbal and physical confirmation of what he needed to do.</p> <p>Discussed with staff at our April 9th meeting the criteria that we need to be sure and address before patients are taken back for their procedures. Staff were also shown in the EMR where they will need to document and expressed understanding.</p> <p><b>Monitoring:</b> Over the next six months, we will audit the anesthesia records for completeness, looking to make sure that the anesthesia plan is documented, including the type of anesthesia as well as the ASA score. We will also look to make sure that pre-anesthesia assessment has been completed.</p>	5/6/24

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NAME OF PROVIDER OR SUPPLIER <b>INNOVATIVE PROCEDURAL CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1512 4TH STREET NE , WATERTOWN, South Dakota, 57201</b>		
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Q0061	<p>Continued from page 2</p> <p>*On 3/19/24 a spinal spine stimulator with the right electrode inserted into T8 and the left electrode inserted into T9.</p> <p>*During the above procedure patient 17 had the following IV medication:</p> <p>-Cefazolin 2 gm pre-operatively.</p> <p>-1.5 mg of Versed.</p> <p>-75 mcg of Fentanyl.</p> <p>*No ASA class was given to patient 17 prior to the procedure.</p> <p>*Medical director A was the anesthesiologist for all the above cases.</p> <p>Interview on 3/20/24 at 1:30 p.m. with administrator B regarding the ASA class on patients receiving conscious sedation revealed:</p> <p>*The ASA class would have been documented in the operative note made by medical director B.</p> <p>*She agreed that she was not able to locate the ASA class on the above procedures for patients 3, 5, 9, and 17.</p> <p>Interview on 3/20/24 at 4:10 p.m. with medical director A regarding assessing patients before they received conscious sedation revealed:</p> <p>*He would assess each patient before their procedure.</p> <p>*He had not given an ASA class to the above patients because he had "not thought about doing that."</p> <p>*He agreed that if anesthesia was administered patients would need an ASA class before their scheduled procedure.</p> <p>5. Review of the provider's April 2023 General Policies for Anesthesia revealed:</p> <p>**The American Society of Anesthesiologists Class 1, Class 2, and Class 3 patients will be considered candidates for outpatient surgery."</p> <p>**Class 1: There is no organic physiologic, biochemical, or psychiatric disturbance. Th pathologic process for which operation is to be performed is</p>	Q0061		

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Q0061	<p>Continued from page 3          localized and is not a systematic disturbance. Normal healthy individual."</p> <p>**Class 2: Mild to moderate systemic disturbance caused either by the condition to be treated surgically or by other patho-physiological processes."</p> <p>**Class 3: Moderate to severe systemic disturbance or disease from whatever cause, even though it may not be possible to define the possible degree of disability with finality. Who is under good, recently documented control and does not require special management or monitoring."</p> <p>**Class 4: Indicative of the patient with severe systemic disorder already life-threatening, not always correctable by the operative procedure. (NOT A CANDIDATE FOR OUT-PATIENT ANESTHESIA)."</p>	Q0061		
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E0000	Initial Comments  A recertification health survey for compliance with 42 CFR Part 416, Subpart C, Subsection 416.54, Emergency Preparedness, requirements for ambulatory surgery centers (ASC), was conducted 3/20/24. Innovative Procedural Center, LLC was found in compliance.	E0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jenny Hinds</i>	TITLE <b>office administrator</b>	(X6) DATE <b>4/4/2024</b>
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K0000  Bldg. 01	INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing ambulatory health care occupancy) was conducted on 3/20/24. Innovative Procedural Center, LLC was found in compliance with 42 CFR 416.44 (b)(1) requirements for Ambulatory Surgical Centers.	K0000		

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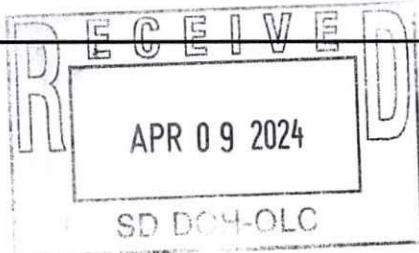
South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>51560S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2024</b>
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S 000	<p>Compliance/Noncompliance</p> <p>A licensure survey for compliance with Administrative Rules of South Dakota 44:76, requirements for ambulatory surgical services, was conducted on 3/20/24. Innovative Procedural Center, LLC was found in compliance.</p>	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jenny Hinds* TITLE **office administrator** (X6) DATE **4/4/24**



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NAME OF PROVIDER OR SUPPLIER <b>INNOVATIVE PROCEDURAL CENTER, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1512 4TH STREET NE , WATERTOWN, South Dakota, 57201</b>	
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Q0000	INITIAL COMMENTS  A revisit survey was conducted on 5/8/24 for compliance with 42 CFR Part 416, Subpart C; requirements for Ambulatory Surgery Centers (ASC) for all previous deficiencies cited on 3/20/24. All deficiencies have been corrected and no new non-compliance was found. Innovative Procedural Center, LLC was found in compliance with all regulations surveyed.	Q0000		

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