

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43C0001004		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/13/2022	
NAME OF PROVIDER OR SUPPLIER SLINGSBY & WRIGHT EYE SURGERY &				STREET ADDRESS, CITY, STATE, ZIP CODE 240 MINNESOTA ST , RAPID CITY, South Dakota, 57701			
(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
E0000	<p>Initial Comments</p> <p>A health survey for compliance with 42 CFR Part 416, Subpart C, Emergency Preparedness requirements for Ambulatory Surgery Centers, was conducted 09/13/22. Slingsby & Wright Eye Surgery & Laser Center, LLC was found in compliance.</p>			E0000			

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Angela Walker		TITLE ASC Director	(X6) DATE 10/3/2022
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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11142 STATE	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2022
NAME OF PROVIDER OR SUPPLIER SLINGSBY & WRIGHT EYE SURGERY & LASER CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 240 MINNESOTA ST RAPID CITY, SD 57701		
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S 000	<p>Compliance/Noncompliance</p> <p>A licensure survey for compliance the with Administrative Rules of South Dakota 44:76, requirements for ambulatory surgical centers, was conducted on 9/13/22. Slingsby & Wright Eye Surgery & Laser Center LLC was found in compliance.</p>	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Angela Walker

TITLE

ASC Director

(X6) DATE

10/3/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43C0001004		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING		(X3) DATE SURVEY COMPLETED 09/14/2022	
NAME OF PROVIDER OR SUPPLIER SLINGSBY & WRIGHT EYE SURGERY &				STREET ADDRESS, CITY, STATE, ZIP CODE 240 MINNESOTA ST , RAPID CITY, South Dakota, 57701			
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K0000 Bldg. 01	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing ambulatory surgical center) was conducted on 9/14/22. Slingsby & Wright Eye Surgery & Laser Center, LLC was found in compliance with 42 CFR 416.44 (b)(1) requirements for ambulatory surgical centers.			K0000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Angela Walker		TITLE ASC Director	(X6) DATE 10/3/2022
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Q0000	INITIAL COMMENTS A recertification health survey for 42 CFR Part 416, Subpart C, requirements for Ambulatory Surgery Centers (ASC) was conducted on 09/13/22. Slingsby & Wright Eye Surgery & Laser Center, LLC was found not in compliance with the following requirements: Q181 and Q245. Slingsby & Wright Eye Surgery & Laser Center, LLC vaccination program was reviewed for compliance with the Centers for Medicare and Medicaid (CMS) Quality, Safety and Oversight (QSO) memorandum QSO-22-09-All, dated January 14, 2022, on 9/13/22 Slingsby & Wright Eye Surgery & Laser Center, LLC was found in compliance.	Q0000			
Q0181	ADMINISTRATION OF DRUGS CFR(s): 416.48(a) Drugs must be prepared and administered according to established policies and acceptable standards of practice. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure outdated medications had been removed from the current stock to prevent potential use. Findings include: 1. Observation and interview on 9/13/22 at 9:30 a.m. with administrator A and nurse aide B in the pre-operative and post-operative areas revealed: *One 1/4 full and twelve 50 milliliters (ml) multi-dose bottles of lidocaine hydrochloride 0.5% with Epinephrine 1:200,000. Those bottles expired in June 2022. *One 500 ml bag of sterile water expired in March 2022. *One multi-dose bottle of ketamine 50 milligram/ml	Q0181	1) All expired meds and supplies have been removed from all med cabinets. All multi-dose meds have been labeled with an "opened" date and "expiration" date along with a nurse's initials. 2) Medication audits will continue on a monthly basis by an assigned staff nurse. A log sheet has been established for the nurse to sign off on after all meds have been checked. All expired meds will be pulled and given to the nurse manager or director to be disposed of accordingly. The consulting pharmacist will continue medication audits at each scheduled visit as well. 3) The log sheet will be monitored by the nurse manager at the end of each month before posting the next month's log sheet. The log sheets will then be turned into the director and noted in the minutes of the next quality assurance meeting (quarterly). 4) This protocol has been established as of 9/19/22. The entire ASC staff has been informed of all changes in this protocol listed above. This education was conducted during our all-staff meeting on 9/19/22.		11/2/22

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Angela Walker	TITLE ASC Director	(X6) DATE 10/17/2022
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NAME OF PROVIDER OR SUPPLIER SLINGSBY & WRIGHT EYE SURGERY &				STREET ADDRESS, CITY, STATE, ZIP CODE 240 MINNESOTA ST , RAPID CITY, South Dakota, 57701			
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Q0181	<p>Continued from page 1</p> <p>10 mil vial with no date to indicate when it had been first accessed.</p> <p>*Administrator A confirmed the above findings.</p> <p>*Nurse aide B, who did all the supply and drug orders, stated the representative from the company used to supply the lidocaine had instructed her to keep the medication as he was having a hard time finding it.</p> <p>*Administrator A was asked if the consultant pharmacist had been asked if using expired lidocaine was a safe practice. She stated she had not consulted the pharmacist.</p> <p>*She was aware that the company representative had instructed nurse aide B to keep the medication.</p> <p>*She agreed the policy for the disposal of outdated medications had not been followed.</p> <p>Review of the provider's revised 9/7/22 Protocol for Checking for Outdated and Deteriorated Drugs policy revealed:</p> <p>*All medications should have been checked monthly for expiration.</p> <p>*All multi-dose medications, including injectable vials, should have been marked with the date it would expire and initialed by the nurse opening the vial.</p> <p>*All outdated, deteriorated, and discontinued drugs should have been given to the nurse manager or director, who would contact the consultant pharmacist to log and dispose of them.</p> <p>Review of the provider's revised 9/1/22 Disposition of Outdated and Expired Drugs policy revealed:</p> <p>*The post-anesthesia care unit nurse or assigned nurse were responsible for routinely checking for outdated or expired drugs.</p> <p>*Outdated drugs should have been removed from the shelf or cart and placed in the center's office.</p> <p>*Unopened bottles and boxes should have been returned to the appropriate distributor for credit</p>	Q0181					

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Q0181	Continued from page 2 or exchange.			Q0181	1) All excess boxes have been emptied and stored in their proper places. All storage closets have been cleaned out and organized properly. All boxes of medical supplies are stored off the floor. All boxes in soiled utility room have been removed and the room has been cleaned out and organized accordingly.		
Q0245	<p>INFECTION CONTROL PROGRAM</p> <p>CFR(s): 416.51(b)(3)</p> <p>The program is -</p> <p>Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, interview, and policy review, the provider failed to ensure medical supplies were stored in a safe manner in three of four storage areas (surgery center/eye clinic supply room, soiled utility room, and surgical suite supply closet) to avoid possible contamination. Findings include:</p> <p>1. Observation and interview on 9/13/22 at 5:00 p.m. with administrator A of three of four supply storage areas revealed:</p> <p>*The supply room between the eye clinic and the eye surgery center had medical and non-medical supplies stored in boxes on the floor. There were two doors, one from the surgery center and one from the clinic. The clinic door was held open by one of the supply boxes.</p> <p>*A supply closet in the surgery area had unopened boxes of medical and non-medical supplies. The supplies were stacked beside the shelves and the door was just able to open.</p> <p>*The soiled utility room in the pre-operative/post-operative areas had two boxes of medical supplies placed on top of a hopper. There were also two large soiled linen tubs stored in that room.</p> <p>*Administrator A confirmed the above findings. She stated the supply room between the eye clinic and eye surgery center was only to have been used by the eye clinic. She was not aware supplies from the eye surgery center were in that room. The supply closet in the surgery area was organized not long ago. She stated the person who ordered supplies had over-ordered. There was no place to</p>			Q0245	<p>2) Monitoring the shelf/storage capacity of these storage cabinets and storage closets will begin on a monthly basis. These particular closets were not being monitored regularly in the past. This will be monitored by the ASC director and signed off on the monthly task list. Also, a log book has been established for large bulk orders.</p> <p>3) The task list will be monitored by the nurse manager at the end of each month before posting the next month's list. This will be added to the monthly environmental checklist and subsequently noted in the minutes of the next quality assurance meeting (quarterly). Any large bulk orders (over \$500) will now be logged in an ordering book and approved by the ASC director to make sure we can establish the storage space for the order prior to its arrival. This will continue on a weekly basis when the orders are placed.</p> <p>4) This protocol has been established as of 9/19/22. The entire ASC staff has been informed of all changes in this protocol listed above. This education was conducted during our all-staff meeting on 9/19/22.</p>		11/2/22

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Q0245	<p>Continued from page 3</p> <p>store all of the supplies even if they had kept the supplies to the minimum.</p> <p>Review of the provider's revised 11/6/19 Storage of Clean Supplies and Equipment policy revealed:</p> <p>*Clean supplies were to be placed in the proper storage areas.</p> <p>*Patient care items and disposable supplies might have been stored in multiple locations.</p> <p>*All supplies stored in the clean storage area should be stored clean. Items intended for one-time use were never reused.</p>			Q0245			