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Statement of Deficiencies
Citation Summary Sheet

For: BERGEN PASSAIC AMBULATORY SURGERY CENTER (23262 / NJ22305)

Survey Event: F82W11, Exit Date 12/08/2010

Citations Cited This Visit

Regulation Type	Regulation ID	Regulation Version	Building Number	Tag Number	Tag Title	Scope/ Severity
State	Z7BQ	8.00	00	1297	GEN REQUIREMENTS: EMPLOYEE HEALTH	
State	Z7BQ	8.00	00	1304	GEN REQUIREMENTS: EMPLOYEE HEALTH	
State	Z7BQ	8.00	00	1332	GEN REQUIREMENTS: EMPLOYEE HEALTH	
State	Z7BQ	8.00	00	1752	PT CARE POL & SVCS: POLICIES & PROCEDURES	
State	Z7BQ	8.00	00	1885	PT CARE POL & SVCS: MED HISTORY & PHYS EXAM	
State	Z7BQ	8.00	00	2124	NURSING SVCS: RESPONSIBILITIES OF DIR OF NSG	
State	Z7BQ	8.00	00	2166	NURSING SVCS: RESPONSIBILITIES OF LIC NSG PER	
State	Z7BQ	8.00	00	2376	PHARMACEUTICAL SVCS: ADMIN OF MEDS	
State	Z7BQ	8.00	00	2937	SURG & ANES SVCS: SURG POL & PROCEDURES	
State	Z7BQ	8.00	00	3385	SURG & ANES SVCS: ANES PT MONITORING	
State	Z7BQ	8.00	00	3973	MEDICAL RECORDS: REQUIREMNTS FOR ENTRIES	
State	Z7BQ	8.00	00	4190	INFEC PREV & CONTROL:STRILIZATN PT CARE ITEMS	
State	Z7BQ	8.00	00	4634	PT RIGHTS: RIGHTS OF EACH PATIENT	
State	Z7BQ	8.00	00	4726	HOSKEEPING-SANITATN-SAFTY:HOSKPING PATNT SERV	
State	Z7BQ	8.00	00	4789	HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV	
State	Z7BQ	8.00	00	4797	HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV	
State	Z7BQ	8.00	00	4995	PHYSICAL PLANT: NEW CONSTRUCTION OR ALTERATIO	

New Jersey Department of Health & Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23262	A. BUILDING _____ B. WING _____	12/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN PASSAIC AMBULATORY SURGERY CENTE	1084 MAIN AVENUE CLIFTON, NJ 07011

(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
A1297	8:43A-3.7(a) GEN REQUIREMENTS: EMPLOYEE HEALTH The policy and procedures manual of the facility shall include policies and procedures to ensure that physical examinations of employees are performed upon employment and subsequently and shall specify the circumstances under which other persons providing direct patient care services shall receive a physical examination and the content and the frequency of the examinations for employees and other persons providing direct patient care services. This REQUIREMENT is not met as evidenced by: Based on a review of the personnel files of four staff members and interview with administrative staff, it was determined that the policy and procedure manual did not include policies and procedures regarding initial and subsequent employee physical examinations, the content of the physical examinations, and the circumstances under which other persons providing direct patient care services will need to have initial and subsequent physical examinations. Findings include: 1. Review of the personnel file of Employee #7 did not indicate evidence of a physical examination conducted upon employment or subsequent to employment. 2. Upon interview on November 30, 2010, Administrator #1 stated that policies ensuring that physical examinations of employees are performed upon employment and subsequently, the content and frequency of physical examinations, and a policy specifying the circumstances under which other persons	A1297		

TITLE (X6) DATE

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

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A1297	Continued From page 1 providing direct patient care services will receive a physical examination were not available.	A1297		
A1304	8:43A-3.7(b) GEN REQUIREMENTS: EMPLOYEE HEALTH Each employee who cannot document the result of a previous rubella screening test shall be given a rubella screening test using the rubella hemagglutination inhibition test or other rubella screening test approved by the Department. Each new employee who cannot document the result of a previous rubella screening test shall be given the rubella screening test upon employment. An employee who can document seropositivity from a previous rubella screening test or who can document inoculation with rubella vaccine shall not be required to have a rubella screening test. This REQUIREMENT is not met as evidenced by: Based on an interview and review of personnel files, it was determined that employees who could not document the results of a previous rubella screening test were given a rubella screening test. Findings include: 1. Personnel file of Staff #5 and #6 lacked evidence of a rubella screening test. 2. Administrator #1, on the afternoon of November 30, 2010, confirmed the findings.	A1304		
A1332	8:43A-3.7(c) GEN REQUIREMENTS: EMPLOYEE HEALTH	A1332		

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A1332	Continued From page 2 Each employee born in 1957 or later shall be given a measles (rubeola) screening test using the hemagglutination inhibition test, or other rubeola screening test, within six months of the effective date of this chapter. Each new employee born in 1957 or later shall be given a measles (rubeola) screening test upon employment. An employee who can document receipt of a live measles vaccine on or after the first birthday, physician-diagnosed measles, or serologic evidence of immunity shall not be required to have a measles (rubeola) screening test. This REQUIREMENT is not met as evidenced by: Based on an interview and a review of employee personnel files of two physicians, it was determined that employees born in 1957 or later who could not document the results of a previous rubeola (measles) screening test, were given a rubeola screening test upon employment. Findings include: 1. Personnel files of Staff #5 and #6 lacked evidence of a rubeola screening test. 2. Upon interview on the afternoon of November 30, 2010, Administrator #1 confirmed the findings.	A1332		
A1752	8:43A-6.3(a)(6) PT CARE POL & SVCS: POLICIES & PROCEDURES Patient care policies and procedures shall facilitate continuity of care to patients and shall	A1752		

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A1752	Continued From page 3 include, but not be limited to, policies and procedures concerning advance directives. This REQUIREMENT is not met as evidenced by: Based on 3 of 3 medical records reviewed for advance directives (#1, #3, #5) and interview, it was determined that the facility failed to ensure that the advance directives policy was implemented. Findings include: Reference #1: The facility's Advance Directives policy stated, "PROCEDURE: 1. All patients will be asked during the pre-op assessment call and on admission of the existence of an advance directive and the Center's policy by the registered nurse. 2. Patients will be offered information on advance directives during the admission process. 3. If a patient has an advance directive, the nurse will inquire about its location. A copy will be retained for forwarding to a secondary or tertiary facility if transfer of the patient becomes necessary. 4. Documentation in the medical record will include information regarding existence and location of an advance directive, information on advance directives provided to patient and if any copies are retained in the medical record." Reference #2: The facility's Advance Medical Directives policy stated, "PROCEDURE: . . . 2. The patient will be informed upon admission of the center's policy that advanced directives will not be honored during the duration of the patient's stay at the center."	A1752		

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A1752	Continued From page 4 1. On 11/30/2010, Medical Records #1, #3, and #5 revealed that the patients presented to the Surgical Center on 11/17/2010, 9/25/2010 and 11/18/10, respectively, for a procedure. Each Medical Record had an Advanced Directives-Living Wills statement signed by the patient without a date. a. There was no indication on the form, if the patient had an Advanced Directive or Living Will, since there was no check mark on the yes or no line. There was no evidence that during the admission process the registered nurse inquired about the existence of an advance directives/living will, as there was lack of documentation of same. This was not in accordance with Reference #1. b. There was no evidence in the medical record that the patient was made aware of the Center's advance directives policy, as stated in Reference #2. c. This was confirmed with Staff #1.	A1752		
A1885	8:43A-6.4(a) PT CARE POL & SVCS: MED HISTORY & PHYS EXAM The facility shall specify in its policies and procedures the circumstances under which the patient's medical history will be obtained, the contents of the medical history, and the frequency of updating. The contents shall include at least past surgical procedures and medical/health conditions, allergies, adverse reactions to drugs, and current medications. This REQUIREMENT is not met as evidenced by:	A1885		

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A1885	Continued From page 5 Based on medical record review and review of facility policy and procedure, it was determined that the facility failed to implement its policy and procedure for the History and Physical in two of three medical records reviewed (Medical Records #3, and #5). Findings include: Reference: The facility's History and Physical policy stated, "PROCEDURE: A. A complete History and Physical will be filled out on all patients prior to surgery. . . . D. The History and Physical will include at least past surgical procedures and medical/health conditions, allergies, adverse reaction to drugs, current medications, and an assessment of body systems. E. The Pre-Operative Nurse will be responsible to report all incomplete History and Physical Forms to the Administrator and Medical Director or designee prior to allowing any patient to have surgery or a procedure in the Center." 1. On 11/30/10, Medical Record #3 contained a History and Physical Examination form dated 9/25/10. Section "2) Comments (Past Surgical History), Allergies:, Current Medications:, X-ray Results:," stated, "See full clinical notes." There were no clinical notes available. In the section of "Physical Examination," the assessment of the "Heart, Lungs, ABD (abdomen)" was blank. 2. On 11/30/10, Medical Record #5 indicated that Patient #5 presented to the surgical center on 11/18/2010. The History and Physical Examination form was undated and unsigned. The section "Indication for Procedure" was blank. The Physical Examination section of the form lacked documentation in the "General	A1885		

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A1885	Continued From page 6 Appearance," and assessment of the body system. 3. There was no evidence that the above policy was implemented. This was confirmed with Administrator #1.	A1885		
A2124	8:43A-8.3(a)(1) NURSING SVCS: RESPONSIBILITIES OF DIR OF NSG The director of nursing services shall be responsible for, but not limited to, developing and maintaining written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for the nursing service. All nursing policies and procedures shall be reviewed at least annually. This REQUIREMENT is not met as evidenced by: Based on a review of the facility policy and procedure manual and interview with administrative staff it was determined that the director of nursing services did not develop and maintain a policy and procedure regarding physician orders. Findings include: 1. The facility policy and procedure manual lacked a nursing policy regarding physician orders. Specifically, there was no policy directing the nurses on the proper procedure for receiving physicians orders, carrying out the orders, and documenting such. 2. Administrator #2, on November 30, 2010 at 1:42pm, stated, "I cannot find a policy for how physician orders are taken off by the nurses." As of the last date of the survey, the requested policy	A2124		

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A2124	Continued From page 7 and procedure had not been provided.	A2124		
A2166	8:43A-8.4(a) NURSING SVCS: RESPONSIBILITIES OF LIC NSG PER Licensed nursing personnel shall provide nursing care to patients in accordance with the State of New Jersey Nursing Practice Act, N.J.S.A. 45:11-23 et seq., as interpreted by the New Jersey State Board of Nursing, and written job descriptions. Services provided shall be documented in the patient's medical record. This REQUIREMENT is not met as evidenced by: Based on a review of facility policy and procedure, review of the medical records of 6 patients who underwent a surgical procedure at the facility, and interview with administrative staff it was determined that nursing personnel do not provide nursing care within their scope of practice. Findings include: 1. Review of the medical record of Patient #10 indicated that he/she was infused with 0.9% normal saline solution by nursing staff. There was no order for the administration of intravenous fluids. 2. Review of the 'Pre-Operative Orders' section of a physician order sheet in the medical record of Patient #2 indicated that the nurse checked-off the order: "O2 (oxygen) Nasal canulla [sic] _____ L/M (Liters per minute), Face Mask _____" on 9/29/10 at an undocumented time. There was no entry for the 'liters per minute' to be administered. A hand-written entry in the POST-OPERATIVE ORDERS section of the	A2166		

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A2166	Continued From page 8 physician order sheet dated 9/29/10 at 5:00pm indicated: "Straight cath pt. for 1,000 L (liters)." The order was written by a nurse. In addition to writing the orders, the oxygen order lacked the liters of oxygen to be administered per minute and the volume of urine ordered to be taken from the patient using a straight catheter was not clarified. The usual bladder capacity is 500 milliliers. One physician signature was at the bottom of the three separate order sets on the order sheet. There is no documentation that these orders were clarified. 3. Administrator #1, on the morning of 11/19/10, confirmed the above findings.	A2166		
A2376	8:43A-9.4(a) PHARMACEUTICAL SVCS: ADMIN OF MEDS All medications administered shall be prescribed in writing. Each written order shall specify the name of the drug, dose, frequency, and route of administration and shall be signed and dated by the prescriber. This REQUIREMENT is not met as evidenced by: Based on a review of the medical records of three patients and staff interview it was determined that not all medication administered was prescribed in writing, signed, and dated by the prescriber. Findings include: 1. Review of the medical record of Patient #10 indicated that he/she was infused with 0.9% normal saline solution. There was no physician order for the administration of intravenous fluids. 2. Administrator #1, at approximately 1:30pm on	A2376		

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A2376	Continued From page 9 November 30, 2010, confirmed the above finding.	A2376		
A2937	8:43A-12.6(a)(3) SURG & ANES SVCS: SURG POL & PROCEDURES The surgical and anesthesia policies and procedures shall include, at least, the designation of a time frame and of persons responsible for completing a medical history, physical examination, and laboratory tests prior to surgery. This REQUIREMENT is not met as evidenced by: Based on a review of facility policies and procedures, review of the medical records of 2 patients who underwent a surgical procedure at the facility, and interview with administrative staff it was determined that the facility did not implement its policy and procedure regarding the completion a physical examination prior to surgery for one of the two patients. Findings include: Reference #1: The PROCEDURE section of policy and procedure titled HISTORY AND PHYSICAL indicated: "A. A complete History and Physical will be filled out on all patients prior to surgery. . . ." Reference #2: The POLICY section of facility policy and procedure titled MEDICAL CLEARANCE LETTERS indicated: ". . . F. Documentation Requirements . . . 3. History and Physical form must be completed by surgeon prior to transfer of patient to the operating room." 1. Review of a HISTORY & PHYSICAL	A2937		

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A2937	Continued From page 10 EXAMINATION form in the medical record of Patient #2 indicated that the "Lungs", "ABD (abdomen)", "Integument", "E.N.T. (ears, nose, and throat)", and "Eye" sections were not addressed by the examining physician. The HISTORY & PHYSICAL EXAMINATION form was dated 9/29/10 and the surgery was performed on the same date. There was no other documentation in the medical record that the omitted sections of the physical examination were addressed elsewhere in the medical record. 2. Administrator #1, on the afternoon of 11/30/10, confirmed the above findings.	A2937		
A3385	8:43A-12.12(c) SURG & ANES SVCS: ANES PT MONITORING The body temperature of each patient under general or major regional anesthesia lasting 45 minutes or more shall be continuously monitored and recorded at least every 15 minutes. This REQUIREMENT is not met as evidenced by: Based on medical record review conducted on 12/8/10 it was determined that the facility failed to ensure that the body temperature of each patient under general or major regional anesthesia lasting 45 minutes or more is recorded at least every 15 minutes. Findings include: 1. Patient #5 received general anesthesia on 11/18/10 from 9:20 until 10:45 AM. The body temperature was not recorded every 15 minutes on the anesthesia record.	A3385		

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A3973	Continued From page 11	A3973		
A3973	8:43A-13.4(c) MEDICAL RECORDS: REQUIREMNTS FOR ENTRIES The medical record shall be completed within the time frame specified in the medical records policies and procedures, which shall be no longer than 30 days from the last treatment or discharge. This REQUIREMENT is not met as evidenced by: A. Based on a review of the medical records of three patients and interview with administrative staff it was determined that medical records were not completed within 30 days of the last treatment or discharge. Findings include: 1. Review of an OPERATIVE REPORT in the medical record of Patient #4 indicated that he/she underwent surgery and was discharged from the facility on 10/19/10. As of the first date of the survey, November 30, 2010, the report had not been signed - 42 days after the patient's discharge. 2. Administrator #1, on the morning of November 30, 2010, confirmed the finding. B. Based on a review of a facility policy and procedure it was determined that the policy and procedure regarding the completion of medical records did not specify that the records must be completed within 30 days from the last treatment or discharge. Reference: Facility policy and procedure titled	A3973		

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A3973	Continued From page 12 MEDICAL RECORD REVIEW did not include a requirement that all medical records are to be completed within 30 days from the last treatment or discharge. 1. Administrator #2, on the afternoon of November 30, 2010, stated that there were no other facility policies and procedures regarding the completion of medical records.	A3973		
A4190	8:43A-14.4(a)(1) INFEC PREV & CONTROL:STRILIZATN PT CARE ITEMS Methods for processing reusable medical devices shall conform with the following or revised or later editions, if in effect, incorporated herein by reference: The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Good Hospital Practice: Steam Sterilization and Sterility Assurance," ST 46. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, it was determined that methods for processing reusable medical devices do not conform with The Association for the Advancement of Medical Instrumentation (AAMI), ST79, " Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities. "	A4190		

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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
A4190	Continued From page 13 Findings include: Reference #1: AAMI ST 79- 3.3.6.5 states that the decontamination area should have a temperature controlled between 60 Fahrenheit (° F) and 65°F. 1. The temperature and humidity log records reviewed did not specifically report the decontamination area. Staff #2 stated that the decontamination area may be listed as " Sol. Cart " on the Daily Quality Control Log. The Log reported the Sol. Cart area as 68°F, above the higher end of the temperature range specified in Reference 1 above, on all days from 11/06/10 to 11/30/10, indicating that the temperature may not be accurately recorded. 2. A temperature and humidity gauge was not provided in the decontamination area at the time of inspection. 3. The ASC ' s Daily Quality Control Log specifies an acceptable room temperature range between 68-73°F which is not in accordance with Reference #1 above for the decontamination area. Reference #2: AAMI ST 79-3.3.6.6 states that relative humidity should be controlled between 30-60% in all work areas and "relative humidity lower than 30% will permit absorbent materials to become excessively dry, which can adversely affect certain sterilization parameters (such as steam penetration) and the performance of some products (such as biological indicators and chemical indicators)." 1. The sterile processing area registered 25% relative humidity at 10:30 AM on 11/30/10, below	A4190		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23262	A. BUILDING _____ B. WING _____	12/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN PASSAIC AMBULATORY SURGERY CENTE	1084 MAIN AVENUE CLIFTON, NJ 07011

(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
A4190	Continued From page 14 the low end of the acceptable relative humidity range specified in Reference #2 above and the ASC ' s Daily Quality Control Log, which could adversely affect sterilization. 2. The Daily Quality Control Log records the relative humidity of the clean utility room at 40% humidity for all days in November 2010, including 11/30/10, indicating that the relative humidity may not be accurately recorded. Reference #3: AAMI ST79- 4.3.1 states that personnel engaged in sterile processing should receive both an initial orientation and on-the-job training. Orientation program should lead to competency based knowledge and skills ... and should include orientation in facility and department policy and procedures. Reference #4: ASC policy " Sterilization for Immediate Use, Flash Sterilization Using the Riley Flash Pak " states that the valves located in the top and bottom of the container should be vented at least once a day prior to use. 1. Staff #4 is a new employee working for the ASC for two months. No documentation of orientation was available on file. Staff #3 at 11:00 am was unable to provide evidence of orientation of Staff #4. 2. At 10:30 AM, Staff #4 stated that she/he does not test/vent the valve of the Flash Pak, which had been used this morning to run a flash load.	A4190		
A4634	8:43A-16.2(a)(14) PT RIGHTS: RIGHTS OF EACH PATIENT To expect and receive appropriate assessment, management and treatment of pain as an integral	A4634		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23262	A. BUILDING _____ B. WING _____	12/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN PASSAIC AMBULATORY SURGERY CENTE	1084 MAIN AVENUE CLIFTON, NJ 07011

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A4634	Continued From page 15 component of that person ' s care in accordance with N.J.A.C. 8:43E-6. This REQUIREMENT is not met as evidenced by: Based on document review, it was determined that the facility failed to ensure that the patient bill of rights provided to the patients was complete. Findings include: 1. On 11/30/10 review of 3 of 3 Medical Records (#1, #3 and #5) revealed that the patient bill of rights signed by the patients did not address the right to expect and receive appropriate assessment, management and treatment of pain. 2. This was confirmed with Staff #1.	A4634		
A4726	8:43A-17.3(j) HOSKEEPING-SANITATN-SAFTY:HOSKPING PATNT SERV Walls, ceilings, and vents shall be kept clean to sight and touch and odor-free. This REQUIREMENT is not met as evidenced by: Based on observation, it was determined the facility failed to keep walls and vents clean to sight and touch. Findings include: 1. On 11/30/10, at 11:35 AM, in the presence of Staff #1, in OR #2, there was dust on the lower	A4726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23262	A. BUILDING _____ B. WING _____	12/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN PASSAIC AMBULATORY SURGERY CENTE	1084 MAIN AVENUE CLIFTON, NJ 07011

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A4726	Continued From page 16 vent. 2. On 11/30/10, at 11:45 AM, in the presence of Staff #1, in the PACU, there was dust behind the patient storage cabinets.	A4726		
A4789	8:43A-17.4(a)(13) HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV The following environmental condition shall be met: All furnishings shall be clean and in good repair, and mechanical equipment shall be in good working order. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly. This REQUIREMENT is not met as evidenced by: Based on observation, it was determined the facility failed to keep all furnishings clean and in good repair. Findings include: 1. On 11/30/10, at 10:50 AM, in the presence of Staff #1, in OR #1, an OR table foot lever was repaired with paper tape. 2. On 11/30/10, at 11:10 AM, in the presence of Staff #1, in the PACU soiled utility room, a ceiling tile was missing. 3. On 11/30/10, at 11:10 AM, in the presence of Staff #1, in the PACU bay #2, the surface of the back wall was ripped.	A4789		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A4797	8:43A-17.4(a)(15) HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV The following environmental condition shall be met: All equipment and environmental surfaces shall be kept clean to sight and touch. This REQUIREMENT is not met as evidenced by: Based on observation, it was determined the facility failed to keep all equipment and environmental surfaces clean to sight and touch. Findings include: 1. On 11/30/10, at 11:30 AM, in the presence of Staff #1, in OR #2, the lumbar support pads were split open and had tape residue, which cannot be cleaned.	A4797		
A4995	8:43A-19.1(a) PHYSICAL PLANT: NEW CONSTRUCTION OR ALTERATIO New buildings and alterations and additions to existing buildings for freestanding ambulatory care facilities shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, and the construction guidelines. This REQUIREMENT is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the Life Safety Code which is referenced in the New Jersey Uniform Construction Code, concerning exiting, exit	A4995		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A4995	Continued From page 18 lighting and medical gas storage. Findings include: 1. On 11/30/10, at 10:45 AM, in the presence of Staff #1, the corridor battery pak light above central storage could not light, which would leave the corridor in darkness at the beginning of a power outage. 2. On 11/30/10, at 11:05 AM, in the presence of Staff #1, the evacuation plans in the corridor did not have ' you are here' location indicators, which does not allow for position orientation in an evacuation. 3. On 11/30/10, at 12:05 PM, in the presence of Staff #1, there was no continuous illumination in the front exit stair, resulting in the stairwell being not lit. 4. On 11/30/10, at 1:40 PM, in the presence of Staff #1, in the tank storage room, 5 oxygen tanks were unsecured, which could lead to damage from a fallen tank.	A4995		

PRINTED: 10/11/2011

Statement of Deficiencies
Citation Summary Sheet

For: BERGEN PASSAIC AMBULATORY SURGERY CENTER (23262 / NJ22305)

Survey Event: F82W12, Exit Date 09/21/2011

Citations Cited This Visit

Regulation Type	Regulation ID	Regulation Version	Building Number	Tag Number	Tag Title	Scope/ Severity
State	Z7BQ	8.00	00	1752	PT CARE POL & SVCS: POLICIES & PROCEDURES	
State	Z7BQ	8.00	00	1885	PT CARE POL & SVCS: MED HISTORY & PHYS EXAM	
State	Z7BQ	8.00	00	2166	NURSING SVCS: RESPONSIBILITIES OF LIC NSG PER	
State	Z7BQ	8.00	00	3385	SURG & ANES SVCS: ANES PT MONITORING	
State	Z7BQ	8.00	00	4634	PT RIGHTS: RIGHTS OF EACH PATIENT	
State	Z7BQ	8.00	00	4726	HOSKEEPING-SANITATN-SAFTY:HOSKPING PATNT SERV	
State	Z7BQ	8.00	00	4789	HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV	
State	Z7BQ	8.00	00	4797	HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV	
State	Z7BQ	8.00	00	4995	PHYSICAL PLANT: NEW CONSTRUCTION OR ALTERATIO	

New Jersey Department of Health & Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23262	A. BUILDING _____ B. WING _____	R-C 09/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN PASSAIC AMBULATORY SURGERY CENTE	1084 MAIN AVENUE CLIFTON, NJ 07011

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{A1752}	8:43A-6.3(a)(6) PT CARE POL & SVCS: POLICIES & PROCEDURES Patient care policies and procedures shall facilitate continuity of care to patients and shall include, but not be limited to, policies and procedures concerning advance directives. This REQUIREMENT is not met as evidenced by:	{A1752}		
{A1885}	8:43A-6.4(a) PT CARE POL & SVCS: MED HISTORY & PHYS EXAM The facility shall specify in its policies and procedures the circumstances under which the patient's medical history will be obtained, the contents of the medical history, and the frequency of updating. The contents shall include at least past surgical procedures and medical/health conditions, allergies, adverse reactions to drugs, and current medications. This REQUIREMENT is not met as evidenced by:	{A1885}		
{A2166}	8:43A-8.4(a) NURSING SVCS: RESPONSIBILITIES OF LIC NSG PER Licensed nursing personnel shall provide nursing care to patients in accordance with the State of New Jersey Nursing Practice Act, N.J.S.A. 45:11-23 et seq., as interpreted by the New Jersey State Board of Nursing, and written job descriptions. Services provided shall be documented in the patient's medical record. This REQUIREMENT is not met as evidenced	{A2166}		

TITLE (X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A2166}	Continued From page 1 by:	{A2166}		
{A3385}	8:43A-12.12(c) SURG & ANES SVCS: ANES PT MONITORING The body temperature of each patient under general or major regional anesthesia lasting 45 minutes or more shall be continuously monitored and recorded at least every 15 minutes. This REQUIREMENT is not met as evidenced by:	{A3385}		
{A4634}	8:43A-16.2(a)(14) PT RIGHTS: RIGHTS OF EACH PATIENT To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person ' s care in accordance with N.J.A.C. 8:43E-6. This REQUIREMENT is not met as evidenced by:	{A4634}		
{A4726}	8:43A-17.3(j) HOSKEEPING-SANITATN-SAFTY:HOSKPING PATNT SERV Walls, ceilings, and vents shall be kept clean to sight and touch and odor-free. This REQUIREMENT is not met as evidenced	{A4726}		

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{A4726}	Continued From page 2 by:	{A4726}		
{A4789}	8:43A-17.4(a)(13) HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV The following environmental condition shall be met: All furnishings shall be clean and in good repair, and mechanical equipment shall be in good working order. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly. This REQUIREMENT is not met as evidenced by:	{A4789}		
{A4797}	8:43A-17.4(a)(15) HOSKEEPING-SANI&SAFTY:ENVIRNMNTL PT CARE SERV The following environmental condition shall be met: All equipment and environmental surfaces shall be kept clean to sight and touch. This REQUIREMENT is not met as evidenced by:	{A4797}		

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	23262	A. BUILDING _____ B. WING _____	R-C 09/21/2011

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{A4995}	Continued From page 3	{A4995}		
{A4995}	8:43A-19.1(a) PHYSICAL PLANT: NEW CONSTRUCTION OR ALTERATIO New buildings and alterations and additions to existing buildings for freestanding ambulatory care facilities shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, and the construction guidelines. This REQUIREMENT is not met as evidenced by:	{A4995}		

State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 367
TRENTON, N.J. 08625-0360

www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

September 28, 2011

Teresa Vargas
Administrator
Bergen Passaic Ambulatory Surgery Center
1084 Main Avenue
Clifton, NJ 07011

Dear Ms. Vargas:

Thank you for providing the Assessment and Survey Program with a Plan of Correction (PoC) for the deficiencies found during the Health Survey at your facility on December 8, 2010.

Your Plan of Correction has been reviewed, found to be complete and approved by this office. Enclosed is a form indicating that all deficiencies have been corrected. Continued compliance with State Licensure will be required by your facility.

You are advised that this letter does not preclude a revisit from Assessment and Survey staff at a later date, to ensure that all elements of the PoC have been implemented.

Should you have further concerns regarding this survey, please direct them to me at (609) 292-9900.

Sincerely,

Edward Harbet, RN, BSN, BA
Supervising Health Care Evaluator
Assessment and Survey

EH/encl.

State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 367
TRENTON, N.J. 08625-0367

www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

POONAM ALAIGH, MD, MSHCPM, FACP
Commissioner

February 28, 2011

Teresa Vargas
Administrator
Bergen Passaic Ambulatory Surgery Center
1084 Main Avenue
Clifton, NJ 07011

Dear Ms. Vargas:

Thank you for your courtesy and cooperation extended during the Health Survey conducted on December 8, 2010 by surveyors from the Department of Health & Senior Services.

Enclosed is the statement of deficiencies; please reply to each deficiency on an item-by-item basis with your Plan of Correction (PoC).

The PoC must include:

1. How the corrective action will be accomplished for those patients found to have been affected by deficient practice.

2. How the facility will identify other patients having the potential to be affected by the sar

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

The plan must identify the individual responsible for monitoring, how and when the monitoring will be conducted, and to whom the results will be reported.

5. The date on which each item addressed on the PoC will be corrected.

All responses should be numbered to correspond with the number of your deficiency statements. Please sign and date the first page of the deficiency statement with your plan of correction. Return these forms to this office within ten (10) calendar days of receipt of this letter, to the attention of Edward Harbet, Supervising Health Care Evaluator. Any delay or lack of response may jeopardize the licensure of your facility.

Please be advised that some or all of the deficiencies cited in the enclosed survey report may be referred to the Office of Program Compliance ("OPC") for imposition of enforcement remedies, including civil penalties. OPC will advise you, at a later date and under separate cover, of any enforcement actions and your appeal rights.

Informal Dispute Resolution

A facility may request an informal dispute resolution conference to contest deficiencies cited as set fort in N.J.A.C. 8:43E-2.3. If you wish to participate in the informal dispute resolution process, you must, within ten business days from receipt of this letter (this time limit shall be strictly enforced), submit in writing a list of the deficiencies that will be disputed with a copy of all documentation you will use to dispute the factual accuracy of the deficiencies cited. Address your dispute resolution request to:

Deborah Gottlieb
Director
Program Compliance & Health Care Financing
NJ Department of Health & Senior Services
Health Facilities Evaluation & Licensing
PO Box 358
Trenton, NJ 08625

Please do not hesitate to contact me, if you have any questions regarding the deficiencies at (609) 292-9900.

Sincerely,

Edward Harbet, RN, BSN, BA
Supervising Health Care Evaluator
Assessment and Survey

EH/Encl.

State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 367
TRENTON, N.J. 08625-0367

www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

POONAM ALAIGH, MD, MSHCPM, FACP
Commissioner

February 24, 2011

Teresa Vargas
Administrator
Bergen Passaic Ambulatory Surgery Center
1084 Main Avenue
Clifton, NJ 07011

Dear Ms. Vargas:

Thank you for your courtesy and cooperation extended during the Health Survey conducted on December 8, 2010 by surveyors from the Department of Health & Senior Services.

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NJ Department of Health & Senior Services
Health Facilities Evaluation & Licensing
PO Box 358
Trenton, NJ 08625

Please do not hesitate to contact me, if you have any questions regarding the deficiencies at (609) 292-9900.

Sincerely,

Edward Harbet, RN, BSN, BA
Supervising Health Care Evaluator
Assessment and Survey

EH/Encl.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
23262	A. Building B. Wing	9/21/2011

Name of Facility	Street Address, City, State, Zip Code
BERGEN PASSAIC AMBULATORY SURGERY CENTER	1084 MAIN AVENUE CLIFTON, NJ 07011

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A1297** Reg. # **8:43A-3.7(a)** LSC	Correction Completed **04/28/2011**	ID Prefix **A1304** Reg. # **8:43A-3.7(b)** LSC	Correction Completed **04/28/2011**	ID Prefix **A1332** Reg. # **8:43A-3.7(c)** LSC	Correction Completed **04/28/2011**
ID Prefix **A2124** Reg. # **8:43A-8.3(a)(1)** LSC	Correction Completed **04/28/2011**	ID Prefix **A2376** Reg. # **8:43A-9.4(a)** LSC	Correction Completed **04/28/2011**	ID Prefix **A2937** Reg. # **8:43A-12.6(a)(3)** LSC	Correction Completed **04/28/2011**
ID Prefix **A3973** Reg. # **8:43A-13.4(c)** LSC	Correction Completed **04/28/2011**	ID Prefix **A4190** Reg. # **8:43A-14.4(a)(1)** LSC	Correction Completed **05/03/2011**	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ **State Agency**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**
Reviewed By _____ **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on: 12/8/2010	_____	**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?** **YES** **NO**