STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15C0001015	A. BUILDING -- B. WING	11/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY SURGERY CENTER SOUTH	1550 E COUNTY LINE RD STE 100 INDIANAPOLIS, IN 46227

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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54. Survey Date: 11/04/20 Facility Number: 005396 Provider Number: 15C0001015 AIM Number: 100274230A At this Emergency Preparedness survey, Community Surgery Center South was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54. The facility has 7 certified operating rooms. Quality Review completed on 11/09/20	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 11/04/20 Facility Number: 005396 Provider Number: 15C0001015 AIM Number: 100274230A At this Life Safety Code survey, Community Surgery Center South was found not in compliance with Requirements for Participation in	K 0000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. This facility located on the first floor of a three story building consists of two attached sections due to the construction dates of the two sections of the building. Building 0101, built in 1986 was determined to be of Type II (000) construction and was fully sprinklered. Building 0202, built in 2005 was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors. Quality Review completed on 11/09/20			
K 0131 Bldg. 01	NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Ambulatory Health Care Facilities Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following: * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access. * They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating. Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: * Walls have not less than 1 hour fire			

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	resistance rating and extend from floor slab to roof slab. * Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches. * Doors are self-closing and are kept in the closed position, except when in use. * Windows in the barriers are of fixed fire window assemblies per 8.3. Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1,42 CFR 416.44			
	Based on observation and interview, the facility failed to ensure 1 of 1 fire barriers that separate other occupancies were protected to maintain the fire resistance rating of the fire barrier. NFPA 101, 2012 edition, Section 8.3.5.6.1 states membrane penetrations for cables cable trays conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a membrane of a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. Section 8.3.5.6.2 states the firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Test of Through Penetration Fire stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. In addition, doors are self-closing and are kept in the closed position, except when in use. This deficient practice could affect all patients, staff and visitors. Findings include:	K 0131	1. Fire wall hole has been caulked with fire caulk. This was completed on November 4, 2020, by VEI Maintenance Technician. 2. Future onsite contract work will be supervised by VEI Maintenance to ensure proper work and fire wall remains intact. 3. VEI Property Management 4. Corrected November 4, 2020	11/04/2020

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	Based on observations with the Director of Nursing and the VEI Maintenance Technician during a tour of the facility from 2:00 p.m. to 3:25 p.m. on 11/04/20, a two inch by one inch hole for the passage of one data cable was noted in the tenant separation wall above the suspended ceiling above the Electrical Room door by the lobby in which the main fire alarm control panel is installed on the first floor. Based on interview at the time of the observations, the VEI Maintenance Technician agreed the aforementioned opening in the fire barrier wall which separates other occupancies did not maintain the fire resistance rating of the fire barrier.			
K 0353 Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing,	K 0353	1. Gauges and valves were inspected on November 14, 2020. Internal pipe inspection was performed by Koorsen on	11/14/2020

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	and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all patients, staff, and visitors. Findings include: Based on record review with the Director of Nursing and the VEI Maintenance Technician from 9:15 a.m. to 2:00 p.m. on 11/04/20, monthly sprinkler system gauge and valve inspection documentation for 8 months of the most recent 12-month period was not available for review. Based on review of the sprinkler system contractor's "Inspection and Test Report" documentation dated 01/21/20, 04/17/20, 08/15/20 and 10/06/20, the sprinkler system contractor inspected sprinkler system gauges and valves for 4 months of the most recent 12-month period. Based on interview at the time of record review, the VEI Maintenance Technician stated the facility does not perform and document sprinkler system gauge and valve inspections outside of the contractor's quarterly inspections. Based on observations with the Director of Nursing and the VEI Maintenance Technician during a tour of the facility from 2:00 p.m. to 3:25 p.m. on 11/04/20, the		November 14, 2020. 2. Gauges and valves will be inspected monthly by VEI Building Maintenance. This will be documented in a monthly preventative maintenance log. Internal pipe inspection has been scheduled with Koorsen for every five years. 3. VEI Property Management will be responsible. 4. All were corrected November 14, 2020.	

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	facility has supervised wet sprinkler systems. 2. Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was examined for internal obstructions where conditions exist that could cause obstructed piping as required by NFPA 25, 2011 Edition, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, section 14.2.2. This deficient practice affects all patients, staff and visitors. Findings include: Based on record review with the Director of Nursing and the VEI Maintenance Technician from 9:15 a.m. to 2:00 p.m. on 11/04/20, documentation of an internal pipe inspection conducted within the most recent five-year period was not available for review. Based on interview at the time of record review, the Director of Nursing and the VEI Maintenance Technician agreed documentation of an internal pipe inspection was not available for review at the time of the survey.			
K 0712 Bldg. 01	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.			

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	21.7.1.4 through 21.7.1.7 Based on record review and interview, the facility failed to document activation of the fire alarm system for first shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 1 of 4 quarters. LSC 21.7.1.4 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all patients, staff and visitors in the facility. Findings include: Based on review of "Fire and Tornado Drill Scenario: Fire" documentation with the Director of Nursing and the VEI Maintenance Technician during record review from 9:15 a.m. to 2:00 p.m. on 11/04/20, the first shift fire drill conducted on 01/21/20 at 1:45 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal. Documentation for the aforementioned fire drill stated "No" in response to "fire alarm signal received by monitoring company." In addition, "pull box simulation and overhead paging system" was stated in response to "Method of notification." Based on interview at the time of record review, the Director of Nursing stated the facility operates two shifts per day (7:00 a.m. to 6:30 p.m. and 6:00 p.m. to 6:00 a.m.), the facility performs one live pull of fire alarm initiating devices per year for quarterly fire drills per shift and agreed documentation of the activation of the fire alarm system and transmission of the fire alarm signal for the 01/21/20 fire drill conducted at 1:45 p.m. was not available for review.	K 0712	1. A live pull will be conducted on November 23, 2020 for the day shift staff. A live pull will conducted on November 23, 2020 at 7pm to ensure compliance for a live pull for the second shift staff. 2. Live pulls will be scheduled out for each year at the beginning of the calendar year. Pulls will be scheduled quarterly and for both shifts. 3. Nurse manager and VEI Property Management will be responsible. 4. Pull will occur 11/23/2020	11/23/2020

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K 0761 Bldg. 01	Based on record review, observation and interview; the facility failed to document annual inspection and testing of all fire door assemblies. LSC 21.7.6 Maintenance and Testing states See 4.6.12. LSC 4.6.12 states whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. LSC 8.3.3.1 states openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly. NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified: (1) No open holes or breaks exist in surfaces of	K 0761	1. Fire door inspection completed by Central Indiana Hardware on November 17, 2020. They are an approved contractor. 2. Fire door inspection was set-up on a yearly preventative maintenance schedule to ensure compliance. 3. VEI Property Management will be responsible. 4. Inspection was completed November 17, 2020.	11/17/2020

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	either the door or frame. (2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage. (4) No parts are missing or broken. (5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position. (7) If a coordinator is installed, the inactive leaf closes before the active leaf. (8) Latching hardware operates and secures the door when it is in the closed position. (9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. (10) No field modifications to the door assembly have been performed that void the label. (11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity. This deficient practice could affect all patients, staff and visitors. Findings include: Based on record review with the Director of Nursing and the VEI Maintenance Technician from 9:15 a.m. to 2:00 p.m. on 11/04/20, annual inspection documentation of fire door assemblies within the facility within the most recent twelve-month period was not available for review. Based on a review of facility floor plan documentation, the facility has three stairwell doors on the first floor. Based on interview at the time of record review, the VEI Maintenance			

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	Technician agreed annual inspection documentation of fire door assemblies within the facility within the most recent twelve-month period was not available for review. Based on observations with the Director of Nursing and the VEI Maintenance Technician during a tour of the facility from 2:00 p.m. to 3:25 p.m. on 11/04/20, the three stairwell doors were all fire door assemblies.			
K 0914 Bldg. 01	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) Based on record review, observation and interview; the facility failed to ensure documentation of electrical outlet receptacle	K 0914	1. Tension polarity testing of all electrical outlets in patient rooms was conducted on	11/21/2020

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	testing at all resident rooms was available for review in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade at patient bed locations and in locations where deep sedation or general anesthesia shall be tested at intervals not exceeding 12 months. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.1 states hospital-grade receptacles testing shall be performed after initial installation, replacement or servicing of the device. Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). Section 6.3.4.2.1.2 states, at a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter. This could affect all patients. Findings include: Based on record review with the Director of Nursing and the VEI Maintenance Technician from 9:15 a.m. to 2:00 p.m. on 11/04/20, documentation of an itemized listing of the inspection and testing electrical outlet receptacles at patient bed locations was not available for review. Based on interview at the time of record review, the Director of Nursing and the VEI Maintenance Technician stated hospital grade receptacles are installed at all patient bed		November 21, 2020 by D.S. Mechanical. They are an approved contractor. 2. This only needs to be performed once, or if an outlet is replaced. We will perform the tension polarity test in the future if an outlet is replaced. 3. VEI Property Management is responsible. 4. Completed on November 21, 2020.	

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	locations and agreed receptacle testing documentation was not available for review. The Director of Nursing stated general anesthesia can be used in each of the 7 Operating Rooms. Based on observations with the Director of Nursing and the VEI Maintenance Technician during a tour of the facility from 2:00 p.m. to 3:25 p.m. on 11/04/20, multiple hospital grade electrical receptacles were installed at each patient bed location and hospital grade receptacles were installed in Operating Room 5.			
K 0918 Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to			

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	manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) Based on record review, observation and interview; the facility failed to document 2 of 2 emergency generators was allowed a 5 minute cool down period after a load test for the most recent 12 months in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 2010 Edition, Section 6.2.10 Time Delay on Engine Shutdown requires a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown to allow for engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. NFPA 110, Section 8.3.4 states a permanent record of the Emergency Power Supply Systems (EPSS) inspections, tests, exercising, operation, and repairs shall be maintained and readily available. This deficient practice could affect all patients, staff and visitors. Findings include: Based on review of "Community Hospital South Monthly Emergency Power Supply System (EPSS) Test" documentation with the Director of Nursing and the VEI Maintenance Technician during record review from 9:15 a.m. to 2:00 p.m. on 11/04/20, monthly load testing documentation for the ten month period of November 2019 through August 2020 did not include cool down time for at least five minutes. Based interview at the time of	K 0918	1. The log for generator testing was updated November 23, 2020 to reflect a separate documented cool down time on the log sheet. All staff were reeducated on documentation of the cool down time and the new log sheet was reviewed. 2. All new staff will be oriented to the new log sheet during orientation. 3. Maintenance Supervisor from CHS and VEI Property Management will be responsible. 4. Corrected November 23, 2020.	11/23/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15C0001015	A. BUILDING 01 B. WING	11/04/2020

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	record review, the VEI Maintenance Technician stated two emergency generators used for backup power for the surgery center are operated and maintained by Community Hospital South and agreed the cool down time period for monthly load testing was not documented and was not available for review. Based on observations with the VEI Maintenance Technician and the Facilities Manager for Community Hospital South during a tour of the facility from 2:00 p.m. to 3:25 p.m. on 11/04/20, the facility has two diesel fired emergency generators located inside the hospital which provide backup power for the surgery center. Manufacturer's nameplate documentation affixed to each generator indicated it was rated at 1500 kW.			
K 0920 Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used			

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	temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. LSC 21.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect one patient and staff. Findings include: Based on observations with the Director of	K 0920	1. Extension cords were removed and new quad outlets will be installed by DS Mechanical, a licensed contractor. Installation will occur on the following weekend days- December 5, 12 and 13, as not to disrupt patient care. 2. No extension cords will be allowed at patient bedside. 3. VEI Property Management will be responsible. 4. Work will be completed by December 14, 2020.	12/14/2020

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	Nursing and the VEI Maintenance Technician during a tour of the facility from 2:00 p.m. to 3:25 p.m. on 11/04/20, a Venaflow medical device was plugged into a power strip laying on the floor within three feet of the patient bed in Room 23. The UL listing of the power strip was identified as UL 1446. Based on interview at the time of the observations, the Director of Nursing and the VEI Maintenance Technician stated the power strip is normally affixed to the wall and agreed a power strip was being used as a substitute for fixed wiring and in the patient care vicinity in Room 23.			