

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001129	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/27/2022
NAME OF PROVIDER OR SUPPLIER CARMEL AMBULATORY SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 13421 OLD MERIDIAN ST , CARMEL, Indiana, 46032	
(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
S0000	INITIAL COMMENTS This visit was for a state licensure survey of an Ambulatory Surgery Center. Facility Number: 003497 Survey Dates: 07/26-27/2022 QA: 08/03/2022	S0000		
S0826	MEDICAL STAFF; ANESTHESIA AND SURGICAL CFR(s): 410 IAC 15-2.5-4 410 IAC 15-2.5-4(c)(1)(E) The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following: (E) Safety training required of personnel. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to develop and implement policies and procedures related to safety training. Findings include: 1. Interview on 07/27/2022, at approximately 1300 hours, with A1 (Executive Director), confirmed that a policy related to safety training had not	S0826		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0826	Continued from page 1 been developed. 2. A policy/procedure related to safety training was not provided.	S0826		