

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001121	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER SOUTHWEST SURGICAL SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 7920 W JEFFERSON BLVD STE 210, FORT WAYNE, Indiana, 46804		
(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
Q0000	<p>INITIAL COMMENTS</p> <p>This visit was for a recertification survey of an Ambulatory Surgery Center and the OMNIBUS (COVID 19) Health care staff Vaccine survey in accordance with QSO-22-09-ALL Memorandum.</p> <p>Facility Number: 003212</p> <p>Survey Date: 8/16-18/2022 and 9/22/2022</p> <p>The OMNIBUS [COVID-19] Health Care Staff Vaccination survey in accordance with QSO-22-09-All Memorandum. The Indiana Department of Health has evaluated this facility and determined that it is in compliance with federal certification requirements.</p> <p>QA: 9/30/2022</p>	Q0000		
Q0100	<p>ENVIRONMENT</p> <p>CFR(s): 416.44</p> <p>The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure continuity of egress lighting for 2 of 2 exits (see tag K291).</p> <p>The cumulative effect of this systemic problem resulted in the facility's inability to ensure that all locations from which it provides services are constructed, arranged and maintained to ensure the provision of quality health care in a safe environment.</p>	Q0100		10/30/2022
Q0104	SAFETY FROM FIRE	Q0104		10/30/2022

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	TITLE	(X6) DATE
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Q0104	<p>Continued from page 1</p> <p>CFR(s): 416.44(b)(1)-(3)</p> <p>(b) Standard: Safety from fire. (1) Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served, and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4).</p> <p>(2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>(3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure continuity of egress lighting for 2 of 2 exits were arranged in accordance with LSC 7.8 and were either continuously in operation or capable of automatic operation without manual intervention. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and Building Maintenance on 09/22/22 at 11:02 a.m., the front and rear exit discharge did have egress lighting, but it was unknown if the lighting was automatically operating without manual intervention during a power outage. Based on an interview at the time of the observations, the Administrator and Building Maintenance stated it was unknown if the exit discharge lights at the</p>	Q0104		

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Q0104	<p>Continued from page 2</p> <p>exit doors were powered by the generator and believed the lights would not turn on during a power outage.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p>		Q0104		