

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 01 - BLDG 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
K0000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 09/22/22</p> <p>Facility Number: 003212</p> <p>Provider Number: 15C0001121</p> <p>AIM Number: 200413500A</p> <p>At this Life Safety Code survey, the Southwest Surgical Suites was found not in compliance with Requirements for Participation in 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.</p> <p>This facility is located in a suite on the second floor of a two-story building, 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 ventilation ducts.</p> <p>Quality Review completed on 09/29/22</p>	K0000		
K0291 Bldg. 01	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Emergency Lighting</p> <p>Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9.</p> <p>20.2.9.1, 21.2.9.1, 7.9</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</p>	K0291		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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K0291 Bldg. 01	<p>Continued from page 1</p> <p>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>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 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>	K0291			

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E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54.</p> <p>Survey Date: 09/22/22</p> <p>Facility Number: 003212</p> <p>Provider Number: 15C0001121</p> <p>AIM Number: 200413500A</p> <p>At this Emergency Preparedness survey, Southwest Surgical Suites was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54.</p> <p>Quality Review completed on 09/29/22</p>		E0000		

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