

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  200471420A	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  09/20/2022
NAME OF PROVIDER OR SUPPLIER  COMMUNITY SURGERY CENTER NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE  8040 CLEARVISTA PKWY STE 150, INDIANAPOLIS, IN, 46256		
(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	<p>INITIAL COMMENTS</p> <p>This visit was for a licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 005973</p> <p>Survey Dates: 9-19-2022 to 9-20-2022</p> <p>QA: 9/23/2022</p>	S0000		2022-10-13
S1154	<p>PHYSICAL PLANT, EQUIPMENT MAINTENANCE,</p> <p>410 IAC 15-2.5-7</p>	S1154	<p>VEIreal estate was notified of this deficiency and took measures to correct it.They conducted an analysis for the mentioned equipment (air conditioning,heating unit, fire alarms and smoke detectors). This was</p>	2022-10-13

410 IAC 15-2.5-7(b)(3)(C)

(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:

(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:

(C) Operational and maintenance control records must be established and analyzed at least triennially. These records must be readily available on the premises.

Based on interview, it could not be determined if the facility performed a triennial review activity for four (4) of six (6) pieces of physical plant equipment. This equipment included: Air-conditioning unit, heating system, fire alarms, and smoke detection units.

completed on 10/10/2022. VEI real estate will keep documentation of the triennial review results for this equipment in their office. Community Surgery Center North will keep printed documentation in the ISDH Survey Binder. This will be completed by the Nurse Director on 10.13.2022.

An alert email will be delivered electronically alerting VEI real estate and the Surgery Center that an analysis of equipment needs to be completed. This will be generated by VEI real estate on an annual basis.

By completing the above tasks, the desire is to meet the requirements directed for maintaining a triennial analysis for Physical Plant Equipment Maintenance.

## Findings include:

1. On 09-20-2022 at 10:00 am, employee #S1, Director, was requested to provide documentation the facility performed a triennial review of PM activity on the facility's air-conditioning unit, heating unit, fire alarms, and smoke detection units.

2. In interview on 09-20-2022 at 1:45 pm, employee #S1, Director, confirmed there was no above-requested documentation available for review prior to exit.

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