

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001055	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER CENTRAL INDIANA SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9002 N MERIDIAN LOWER LEVEL, INDIANAPOLIS, Indiana, 46260		
(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: 008655</p> <p>Survey Date: 11-14-2022 to 11-15-2022 and 12/15/2022</p> <p>Central Indiana Surgery Center, is in compliance with 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: 11/21/2022 and 12/27/2022</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 record review, interview and observation, the facility failed to ensure automatic sprinkler systems are inspected, tested, and maintained in accordance with NFPA 25 (see tag K353), Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing (see tag K914).</p> <p>The cumulative effect of these systemic problems resulted in the facility's inability to ensure it had implemented a systemic plan of correction to prevent recurrence, therefore failing to ensure the provision</p>	Q0100		

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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Q0100	Continued from page 1 of quality health care in a safe environment.	Q0100		
Q0101	<p>PHYSICAL ENVIRONMENT</p> <p>CFR(s): 416.44(a)(1)</p> <p>The ASC must provide a functional and sanitary environment for the provision of surgical services.</p> <p>Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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)</p> <p>Findings include:</p> <p>Based on record review, on 12/15/22 at 11:18 a.m. with the Facility Maintenance Tech, the facility could not provide a copy of the initial testing for the hospital grade electrical receptacles for review. Based on interview at the time of record review, the Facility Maintenance Tech stated that he thought they may have the initial receptacle retention testing documentation at his office, but he was sure he did not have the documentation with him today as of the time of this survey. Based on observation during a tour of the facility, it was noted that all Pre-operative and Post-operative cubicles did in fact have hospital grade receptacles located within them.</p>	Q0101		
Q0104	SAFETY FROM FIRE	Q0104		

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Q0104	<p>Continued from page 2 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 record review and interview, the facility failed to ensure automatic sprinkler 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. This deficient practice will affect all occupants in the facility.</p> <p>Findings include:</p> <p>1) Based on record review with the facility Director of Nursing and the Facility Maintenance Tech on 12/15/22 at 11:31 a.m., the facility could not provide documentation of a 5-year internal pipe investigation. When asked for the documentation, the Facility Maintenance Tech stated that the testing had been scheduled with his vendor but had not yet been completed as of the time of this survey. The date of the last internal pipe investigation could not be located within the vendor records, but under the general deficiencies' column, the statement "The facility is overdue for the 5-year internal pipe testing" was on both the 05/18/22 and 09/08/22 sprinkler inspections.</p>	Q0104		

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Q0104	<p>Continued from page 3</p> <p>NFPA 25, 2011 Edition, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, Section 14.2.1. Section 14.2.1 states, "except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material.</p> <p>2) Based on record review with the facility Maintenance Tech on 12/15/22 at 10:18 a.m., the facility could not provide documentation of a monthly wet sprinkler system control valve and gauge check documentation. Based on an interview at the time of record review, the Facility Maintenance Tech stated that his vendor did quarterly checks of the control valves and gauges, but he was not aware of the monthly requirement for the inspections and would have a form made so the inspections could be conducted moving forward.</p> <p>NFPA 25, Standard for the Inspection, Testing, 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 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.</p>	Q0104		