| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 15C0001055 | A. BUILDING<br>B. WING | 12/15/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CENTRAL INDIANA SURGERY CENTER | 9002 N MERIDIAN LOWER LEVEL, INDIANAPOLIS, IN, 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 |
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| K0000 | INITIAL COMMENTS<br><br>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).<br><br>Survey Date: 12/15/22<br><br>Facility Number: 008655<br><br>Provider Number: 15C0001055<br><br>AIM Number: 20043530A<br><br>At this Life Safety Code survey, Central Indiana Surgery Center was found not in compliance with Requirements for Participation in | K0000 | | 2023-01-10 |

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| | 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.<br><br>This facility located on the lower level 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 detectors in the corridors.<br><br>Quality Review completed on 12/22/22 | | | |
| E0000 | Initial Comments<br><br>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54.<br><br>Survey Date: 12/15/22<br><br>Facility Number: 008655 | E0000 | | 2023-01-10 |

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| | Provider Number: 15C0001055<br><br>AIM Number: 20043530A<br><br>At this Emergency Preparedness survey, Central Indiana Surgery Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54.<br><br>Quality Review completed on 12/22/22 | | | |
| K0353 | Sprinkler System - Maintenance and Testing<br><br>NFPA 101<br><br>Sprinkler System - Maintenance and Testing<br><br>Automatic sprinkler and standpipe 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.<br><br>a) Date sprinkler system last checked<br>_____<br><br>b) Who provided system test | K0353 | Date the sprinkler last tested 01.07.2023 Provided by Koorsen Fire and Safety.<br><br>Water system supply source : Citizens Water Monthly inspections and documentation will be conducted by and the responsibility of the facility Maintenance Technician. | 2023-01-07 |

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| | _____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>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.<br><br>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 pile investigation. When asked for the documentation, the Facility Maintenance Tech stated that the testing had been | | | |

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.

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.

2) Based on record review with the facility Maintenance Tech

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| | 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.<br><br>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. | | | |

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| K0914 | Electrical Systems - Maintenance and Testing<br><br>NFPA 101<br><br>Electrical Systems - Maintenance and Testing<br><br>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.<br><br>6.3.4 (NFPA 99)<br><br>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 | K0914 | Hospital grade receptacles at patient bed location and were deep sedation or general anesthesia is administered are tested after initial installation, replacement or servicing. We failed to provide the documentation after the initial installation 20+ years ago, however all have been tested and documentation provided. The director of nursing will assume accountability for maintaining this record and testing annually and after replacement or servicing.<br><br>We are not a wet location and therefore do not have a line isolation monitoring LIM system in place. | 2023-01-10 |

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)

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.

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| | 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. | | | |

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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| Vickie McCullough | Director of Nursing | 1/18/2023 12:37:37 PM |