

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001157		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SENATE STREET S... B. WING		(X3) DATE SURVEY COMPLETED 01/18/2023	
NAME OF PROVIDER OR SUPPLIER SENATE STREET SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD MPC2 - D1450, INDIANAPOLIS, Indiana, 46290			
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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: 01/18/23</p> <p>Facility Number: 006622</p> <p>Provider Number: 15C0001157</p> <p>AIM Number: 200887640</p> <p>At this Life Safety Code survey, Senate Street Surgery Center was found not in compliance with Requirements for Participation in Medicare, 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 located on the first floor of a seven-story building with a basement was determined to be of Type I (332) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and has duct detectors in the HVAC system.</p> <p>Quality Review completed on 01/24/23</p>		K0000				
K0345	<p>Fire Alarm System - Testing and Maintenance</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm Systems - Testing and Maintenance</p> <p>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p>		K0345			02/17/2023	

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K0345	<p>Continued from page 1</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Sections 21.3.4.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all building occupants.</p> <p>Based on records review and interviews with the ASE Director, Admissions Assistant, two Clinical Managers and Shift Coordinator and a visit to the main facility records storage room and facility maintenance personnel from 8:45 a.m. to 11:45 a.m. on 01/18/23, no documentation was provided regarding a visual inspection of the fire alarm system six months prior to the annual fire alarm inspection conducted on 07/30/22. Based on interview at the time of records review, the maintenance personnel for the facility stated that an annual visual inspection with an itemized list of Fire Alarm appliances and detectors checked was not completed by the facility.</p> <p>This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present.</p>	K0345					
K0351	<p>Sprinkler System - Installation</p> <p>CFR(s): NFPA 101</p>	K0351				02/17/2023	

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K0351	<p>Continued from page 2 Sprinkler System - Installation</p> <p>Sprinkler systems (if installed) are installed per NFPA 13.</p> <p>Where more than two sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room.</p> <p>20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect mainly staff.</p> <p>Based on interviews and a facility tour with the ASE Director on 01/18/22 between 11:45 a.m. and 1:45 p.m., the following locations were missing escutcheons and did not completely cover the hole around the sprinkler.</p> <ol style="list-style-type: none"> 1. Pain Procedure room #2. 2. Room D-1478 3. Room D-1480 (a housekeeping closet). <p>This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present.</p>			K0351			
K0353	<p>Sprinkler System - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>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</p>			K0353			02/17/2023

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K0353	<p>Continued from page 3 testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 sprinkler system in accordance with LSC 9.7.5. Which requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 edition, Table 5.1.1.2 indicates the required frequency of inspection and testing. NFPA 25, 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly and gauges on dry systems (5.2.4.2) shall be inspected weekly to ensure normal water or air pressure is being maintained. NFPA 25 13.3.2.1 states valves should be inspected weekly or valves secured locks or supervised (13.3.2.1.1) shall be permitted to be inspected monthly. This deficient practice could affect all occupants.</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 sprinkler system in accordance with 19.3.5.3. NFPA 25, 2011 Edition, 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. This deficient practice could affect all occupants.</p> <p>1. Based on records review and interviews with the ASE Director, Admissions Assistant, two Clinical Managers and Shift Coordinator and a visit to the main facility records storage room and facility maintenance personnel from 8:45 a.m. to 11:45 a.m. on 01/18/23, there was no monthly inspection of the wet pipe sprinkler system's</p>	K0353					

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K0353	Continued from page 4 gauges and valves available for review. This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present. 2. Based on records review and interviews with the ASE Director, Admissions Assistant, two Clinical Managers and Shift Coordinator and a visit to the main facility records storage room and facility maintenance personnel from 8:45 a.m. to 11:45 a.m. on 01/18/23, no documentation was available showing an internal inspection of piping had been done. The facility representatives stated that they had previously been unaware of the requirement and that to his knowledge, no 5-year internal pipe inspection had been done. This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present.	K0353					
K0511	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 20.5.1, 21.5.1, 21.5.1.2, 9.1.1, 9.1.2 This STANDARD is NOT MET as evidenced by: Based on observation, the facility failed to ensure 2 of 2 electrical junction boxes in OR Suites were maintained in a safe operating condition. LSC 21.5.1.1 states utilities shall comply with the provisions of Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers compatible with the box and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110. This deficient practice could affect two patients using the OR rooms. Based on interviews and a facility tour with the ASE	K0511				02/17/2023	

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K0511	Continued from page 5 Director on 01/18/22 between 11:45 a.m. and 1:45 p.m., above the doors in OR # 8 and OR # 7, the clocks had been removed and electrical junction boxes did not contain a cover and had exposed electrical wiring.		K0511				
K0521	<p>This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present.</p> <p>HVAC</p> <p>CFR(s): NFPA 101</p> <p>HVAC</p> <p>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.</p> <p>20.5.2.1, 21.5.2.1, 9.2</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review, observation, and interview; the facility failed to ensure 1 of 1 fire damper systems in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. Section 19.4.1.1 states the test and inspection frequency shall then be every 4 years except for hospitals where the frequency is every 6 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect all occupants.</p> <p>Based on records review and interviews with the ASE Director, Admissions Assistant, two Clinical Managers</p>		K0521			02/17/2023	

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K0521	Continued from page 6 and Shift Coordinator from 8:45 a.m. to 11:45 a.m. on 01/18/23, no documentation was available reflecting fire and smoke damper testing. The facility representative stated that those records might be stored in a central location. A visit and interview with the facility's overall maintenance and support persons did not produce documentation of fire and smoke damper testing. Based on interview at the time of records review and observation, the Facility's support personnel agreed there are fire/smoke dampers in the facility, but it was unknown how many dampers were in the facility and stated no damper inspection could be found. This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present.	K0521				02/17/2023	
K0712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 21.7.1.4 through 21.7.1.7 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the first shift for 1 of 4 quarters. This deficient practice could affect all patients, staff and visitors in the facility. Based on review of "Fire Drill Evaluation Report-Team Member" documentation with the ASE Director, Admissions Assistant, two Clinical Managers and Shift Coordinator during record review from 8:45 a.m. to 11:45 a.m. on 01/18/23, documentation for a fire drill during the second quarter of 2022 was not provided. Based on interview at the time of record review, the facility representatives stated the facility operates one shift	K0712					

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K0712	Continued from page 7 per day from 7:00 a.m. to 5:30 p.m. and agreed the aforementioned first shift fire drill documentation was not available. This finding was acknowledged at the time of discovery and again at the exit conference by the facility representatives present.	K0712				02/17/2023	
K0920	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K0920					
Bldg. 01	Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 7 Operating Rooms (OR) used flexible cords power strips powering medical equipment that met the required UL rating of 1363A or 60601-1. This deficient practice could affect 2 patient in the OR's. Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect only staff.						

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K0920 Bldg. 01	<p>Continued from page 8</p> <p>1. Based on interviews and a facility tour with the ASE Director on 01/18/22 between 11:45 a.m. and 1:45 p.m., the following locations had power strips that did not meet 1363A or 60601-1.</p> <p>1. OR # 6 used to power computer equipment.</p> <p>2. OR # 3 affixed to wall used to power computer equipment.</p> <p>This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present.</p> <p>2. Based on interviews and a facility tour with the ASE Director on 01/18/22 between 11:45 a.m. and 1:45 p.m., in the Pain Center Office a power strip was being used to power a dorm style mini-refrigerator (high power draw equipment).</p> <p>This finding was acknowledged at the time of discovery by the ASE Director and again at the exit conference with the ASE Director and other the facility representatives present.</p>			K0920			

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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: 01/18/23</p> <p>Facility Number: 006622</p> <p>Provider Number: 15C0001157</p> <p>AIM Number: 200887640</p> <p>At this Emergency Preparedness survey, Senate Street Surgery Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54.</p> <p>The facility has 7 operating rooms with 3 in use.</p> <p>Quality Review completed on 01/24/23</p>			E0000			

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