

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - METRO SPECIALTY...</b> B. WING	(X3) DATE SURVEY COMPLETED <b>06/28/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>METRO SPECIALTY SURGERY CENTER L</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MISSOURI AVE, BLDG 18 , JEFFERSONVILLE, Indiana, 47130</b>	
(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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 05/17/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 06/28/23</p> <p>Facility Number: 012244</p> <p>Provider Number: 15C0001174</p> <p>AIM Number: NA</p> <p>At this PSR survey, Metro Specialty Surgery Center LLC 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 one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection throughout the facility.</p> <p>Quality Review completed on 06/30/23</p>	K0000		
K0341 Bldg. 01	<p>Fire Alarm System - Installation</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm - Installation</p> <p>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p>	K0341		07/13/2023

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
---	-------	-----------

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - METRO SPECIALTY...</b> B. WING	(X3) DATE SURVEY COMPLETED <b>06/28/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>METRO SPECIALTY SURGERY CENTER L</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MISSOURI AVE, BLDG 18 , JEFFERSONVILLE, Indiana, 47130</b>	
(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
K0341  Bldg. 01	Continued from page 1  20.3.4.2.1, 21.3.4.1, 9.6  This STANDARD is NOT MET as evidenced by:  Based on observation and interview, the facility failed to ensure 2 of 41 smoke detectors were not installed where air flow would adversely affect its operation. NFPA 72, 2010 edition, 17.7.6.3.2 requires that smoke detectors shall not be located directly in the airstream of supply registers. Section 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. A.17.7.4.1 states detectors should not be located in a direct airflow or closer than 36 inches from an air supply diffuser or return air opening. This deficient practice could affects patients, visitors and staff.  Based on observations on 06/28/23 between 12:45 p.m. and 1:15 p.m. during a tour of the facility with the Radiology Technician and Office Manager, the following was noted:  a. There was a ceiling mounted hard wired smoke detector in Recovery Room 1 within one foot of an air supply vent.  b. There was a ceiling mounted hard wired smoke detector in Procedure Room 2 within two feet of an air supply vent.  Based on interview at the time of each observation, the Radiology Technician agreed the two smoke detectors were located to close to air supply vents, and said the facility was still waiting on the fire alarm system vendor to come and remove the two smoke detectors in question.  This finding was reviewed with the Radiology Technician and Office Manager during the exit conference.  This deficient practice was cited on 05/17/23. The facility failed to implement proper corrective action.	K0341		