

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>06/12/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>CARMEL AMBULATORY SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13421 OLD MERIDIAN ST , CARMEL, Indiana, 46032</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
Q0000	INITIAL COMMENTS  This visit was for a federal recertification survey of an Ambulatory Surgery Center.  Facility Number: 003497  Survey Date: 4/24/23 to 4/26/23  QA: 5/08/2023	Q0000		
Q0100	ENVIRONMENT  CFR(s): 416.44  The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.  This CONDITION is NOT MET as evidenced by:  Based on observation and interview, the facility failed to ensure 1 of 1 private fire hydrant was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2011 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (see tag K353).  Findings include:  The cumulative effect of this systemic problem resulted in the facility's inability to ensure quality healthcare in a safe environment.	Q0100		06/15/2023
Q0104	SAFETY FROM FIRE  CFR(s): 416.44(b)(1)-(3)  (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	Q0104		06/15/2023

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
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Q0104	<p>Continued from page 1 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 observation and interview, the facility failed to ensure 1 of 1 private fire hydrant was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2011 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Table 7.1.1.2 requires wet and dry barrel hydrants to be inspected annually and after each operation. This deficient practice affects patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations made upon arrival to the facility on 06/12/23 at 09:26 a.m. the facility had one fire hydrant outside on the property. Based on an interview with the Maintenance man on 06/12/23 at 12:22 p.m., the fire hydrant on the property was indeed private and tested annually by the facility vendor, yet there was no documentation of an annual inspection for the fire hydrant available for record review.</p> <p>The lack of annual inspection documentation for the one private fire hydrant on the property was acknowledged by the Executive Director, the Maintenance man, and the Executive Assistant at the exit conference on 06/12/23 at 2:45 p.m.</p>	Q0104		