

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001129	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN B. WING	(X3) DATE SURVEY COMPLETED 06/12/2023
NAME OF PROVIDER OR SUPPLIER CARMEL AMBULATORY SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 13421 OLD MERIDIAN ST , CARMEL, Indiana, 46032	
(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 Life Safety Code (LSC), Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 06/12/23</p> <p>Facility Number: 003497</p> <p>Provider Number: 15C0001129</p> <p>AIM Number: 200464700B</p> <p>At this LSC survey, Carmel Ambulatory 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, LSC Chapter 21, Existing Ambulatory Health Care Occupancies.</p> <p>This facility was located on the first floor of a two story fully sprinklered building determined to be of Type II (000) construction. The facility has a fire alarm system with smoke detection in operating rooms and in hazardous areas.</p> <p>Quality Review conducted on 06/15/23</p>	K0000		
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 testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p>	K0353		06/15/2023

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K0353	<p>Continued from page 1</p> <p>_____</p> <p>b) Who provided system test</p> <p>_____</p> <p>c) Water system supply source</p> <p>_____</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 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>	K0353		
K0754 Bldg. 02	<p>Soiled Linen and Trash Containers</p> <p>CFR(s): NFPA 101</p> <p>Soiled Linen and Trash Containers</p> <p>Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square</p>	K0754		06/27/2023

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K0754 Bldg. 02	<p>Continued from page 2 feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended.</p> <p>20.7.5.5, 21.7.5.5</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure trash and dirty linen receptacles were maintained in accordance with 21.7.5.5. 121.7.5.5.1 states: Soiled linen and trash collection receptacles shall not exceed 32 gallons (121 L) in capacity and all of the following shall apply:</p> <ol style="list-style-type: none"> 1) The average density of container capacity in a room or space shall not exceed 0.5 gal/ft2 (20.4 L/m2) 2) The capacity of 32-gal (121 L) shall not exceed within any 64 ft2 (6 m2) area. 3) Mobile soiled linen or trash collection receptacles with capacities greater than 32-gal. (121 L) shall be located in a room protected as a hazardous area when not attended. 4) Container size and density shall not be limited in hazardous areas. <p>This deficient practice could affect as many as, 9 patients, 6 staff and 6 visitors in the smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance man on 06/12/23 during a tour of the facility between 12:30 p.m. and 2:40 p.m. the following was noted:</p> <ol style="list-style-type: none"> a) A short hall area with no door that was open to the corridor and Pre-op / Post-op areas, had two 55-gallon containers holding trash and dirty linens. b) Four 30-gallon soiled linen containers were stored in the corridor in the Pre-op / Post-op area all within a 64 square foot area. <p>Based on interview at the time of each observation, the Maintenance man acknowledged each area was open to the corridor, did not have a door for separation, and the total amount of trash and soiled linens in these areas exceeded the maximum amount allowable for soiled linens</p>	K0754		

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K0754 Bldg. 02	Continued from page 3 in the corridor. 3.1-19(b)	K0754		

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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: 06/12/23</p> <p>Facility Number: 003497</p> <p>Provider Number: 15C0001129</p> <p>AIM Number: 200464700B</p> <p>At this Emergency Preparedness Survey, Carmel Ambulatory Surgery Center LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54.</p> <p>Quality Review conducted on 06/15/23</p>	E0000		

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