

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001172	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/04/2023
NAME OF PROVIDER OR SUPPLIER ROC SURGERY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 705 RILEY HOSPITAL DR SUITE 0201 , INDIANAPOLIS, Indiana, 46202	
(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: 012397 Survey Date: 05-03-2023 to 05-04-2023 and 5/25/2023 QA: 5/15/2023 and 5/25/2023	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 record review, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler piping systems was examined for internal obstructions where conditions exist that could cause obstructed piping (see tag K353) and failed to ensure inspection and testing documentation of hospital-grade electrical receptacles installed in 18 of 18 patient rooms, 9 of 9 patient recovery bays and 6 of 6 Operating Rooms (ORs) was available for review (see tag K914). The cumulative effect of these systemic problems resulted in the facility's inability to ensure it had implemented a systemic plan of correction to prevent recurrence, therefore failing to ensure the provision of quality health care in a safe environment.	Q0100		06/12/2023
Q0104	SAFETY FROM FIRE CFR(s): 416.44(b)(1)-(3) (b) Standard: Safety from fire. (1) Except as otherwise	Q0104		06/12/2023

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 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 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 record review, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler piping systems was examined for internal obstructions where conditions exist that could cause obstructed piping as required by NFPA 25, 2011 Edition, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 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. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings Include:</p> <p>Based on record review with the Clinical Manager for the OR, the Manager of Facilities for Riley Hospital and the Maintenance Technician for Riley Hospital during record review from 9:45 a.m. to 3:00 p.m. on 05/16/23, internal pipe inspection documentation for the facility's sprinkler systems conducted within the most recent five year period was not available for review. Review of "TMS On-line" computer program documentation for Riley Hospital with the Maintenance Technician at the time of record review also indicated internal pipe inspection documentation for the facility's sprinkler systems conducted within the most</p>	Q0104		

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Q0104	Continued from page 2 recent five year period was not available for review. Based on interview at the time of record review, the Manager of Facilities for Riley Hospital stated Riley Hospital performs most Life Safety Code required inspection, testing and maintenance for the ROC Surgery Center and maintains those inspection and maintenance records for the surgery center. The Manager of Facilities for Riley Hospital stated the Hospital changed to documenting inspection and maintenance records on computer in late 2022 and agreed internal pipe inspection documentation for the facility's sprinkler systems conducted within the most recent five year period was not available for review at the time of the survey. Based on observations with the Clinical Manager for the OR and the Director of Safety for Riley Hospital from 8:40 a.m. to 11:20 a.m. on 05/17/23, the facility has supervised sprinkler systems. These findings were reviewed with the Clinical Manager for the OR, the RN Clinical Manager and the Director of Safety for Riley Hospital at the exit conference.	Q0104		
Q0108	BUILDING SAFETY CFR(s): 416.44(c) (c) Standard: Building Safety. Except as otherwise provided in this section, the ASC must meet the applicable provisions and must proceed in accordance with the 2012 edition of the Health Care Facilities Code (NFPA 99, and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6). (1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to an ASC. (2) If application of the Health Care Facilities Code required under paragraph (c) of this section would result in unreasonable hardship for the ASC, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. This STANDARD is NOT MET as evidenced by: Based on record review, observation and interview; the facility failed to ensure inspection and testing documentation of hospital-grade electrical receptacles installed in 18 of 18 patient rooms, 9 of 9 patient recovery bays and 6 of 6 Operating Rooms (ORs) was available for review in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition. NFPA 99, Section	Q0108		06/14/2023

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Q0108	<p>Continued from page 3</p> <p>6.3.4.1.1 states where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device. NFPA 99, Section 6.3.4.1.2 states additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data. NFPA 99, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all patients and staff.</p> <p>Findings Include:</p> <p>Based on record review with the Clinical Manager for the OR, the Manager of Facilities for Riley Hospital and the Maintenance Technician for Riley Hospital during record review from 9:45 a.m. to 3:00 p.m. on 05/16/23, patient care room electrical receptacle inspection and testing documentation was not available for review. Review of "TMS On-line" computer program documentation for Riley Hospital with the Maintenance Technician at the time of record review indicated patient care room electrical receptacle inspection and testing documentation was also not available for review. Based on interview at the time of record review, the Manager of Facilities for Riley Hospital stated Riley Hospital performs most Life Safety Code required inspection, testing and maintenance for the ROC Surgery Center and maintains those inspection and maintenance records for the surgery center. The Manager of Facilities for Riley Hospital stated the Hospital changed to documenting inspection and maintenance records on computer in late 2022 and agreed patient care room electrical receptacle inspection and testing documentation was not available for review at the time of the survey. Based on observations with the Clinical Manager for the OR from 3:00 p.m. to 3:30 p.m. on 05/16/23, all wall mounted electrical receptacles in OR 1 and OR 3 were hospital-grade. Based on observations with the Clinical Manager for the OR and the Director of Safety for Riley Hospital from 8:40 a.m. to 11:20 a.m. on 05/17/23, all electrical receptacles in 18 of 18 patient care rooms and 9 of 9 recovery bays were hospital-grade.</p>	Q0108		

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Q0108	Continued from page 4 These findings were reviewed with the Clinical Manager for the OR, the RN Clinical Manager and the Director of Safety for Riley Hospital at the exit conference.	Q0108		
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