

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001172	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ROC SURGERY LLC B. WING	(X3) DATE SURVEY COMPLETED 05/17/2023
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
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(s): 05/16/23 & 05/17/23</p> <p>Facility Number: 012397</p> <p>Provider Number: 15C0001172</p> <p>AIM Number: NA</p> <p>At this Life Safety Code survey, ROC Surgery Center LLC 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 lower level of a four story building, was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</p> <p>Quality Review completed on 05/18/23</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		05/23/2023

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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K0353	<p>Continued from page 1</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 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 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</p>	K0353		

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K0353	Continued from page 2 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.	K0353		
K0754	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers 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 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. 20.7.5.5, 21.7.5.5 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure 4 of 4 storage locations in the corridor for soiled linen and trash receptacles did not exceed a total container capacity of 32 gallons within any 64 square feet area. This deficient practice could affect all patients, staff and visitors. Findings include: 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, one soiled linen receptacle and one trash receptacle were stored next to one another in the corridor outside Room 4 and in the corridor outside Room 13. One soiled linen receptacle and one trash receptacle were also stored next to one another at each end of the PACU nurse's station. Based on interview at the time of the observations, the Clinical Manager for the OR had facility staff confirm that each of the 8 receptacles had a capacity of 18 gallons. As a result, each of the four storage locations had 36 gallon container capacity within a 64	K0754		05/23/2023

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K0754	Continued from page 3 square foot area.	K0754		
K0914	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.			
Bldg. 01	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) 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 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	K0914	05/25/2023	

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K0914 Bldg. 01	<p>Continued from page 4 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> <p>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.</p>	K0914		

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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(s): 05/16/23 & 05/17/23</p> <p>Facility Number: 012397</p> <p>Provider Number: 15C0001172</p> <p>AIM Number: NA</p> <p>At this Emergency Preparedness survey, ROC 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 completed on 05/18/23</p>	E0000		

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