

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 06/30/2023
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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey that exited on 05/17/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 06/30/23</p> <p>Facility Number: 012397</p> <p>Provider Number: 15C0001172</p> <p>AIM Number: NA</p> <p>At this PSR 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 07/06/23</p>	K0000		
K0914	<p>Electrical Systems - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Maintenance and Testing</p> <p>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</p>	K0914		07/10/2023
Bldg. 01				

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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K0914 Bldg. 01	<p>Continued from page 1 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.</p> <p>6.3.4 (NFPA 99)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure inspection and testing documentation of hospital-grade electrical receptacles installed in 18 of 18 patient rooms and in 9 of 9 patient recovery bays 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 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 review of "Preventive Maintenance Work Order" documentation dated 05/25/23 with the Director and the Facilities Supervisor for Riley Hospital during record review from 8:55 a.m. to 10:30 a.m. on 06/30/23, patient care room and patient recovery bay electrical receptacle inspection and testing documentation was not available for review. The 05/25/23 hospital grade receptacle testing documentation only included the six operating rooms in the facility. Based on interview at the time of record review, the Facilities Supervisor stated all patient care room and patient recovery bay</p>	K0914		

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K0914 Bldg. 01	Continued from page 2 electrical receptacles are hospital grade, they only test receptacles when they receive a work order to replace receptacles and agreed patient care room and patient care recovery bay electrical receptacle inspection and testing documentation was not available for review. These findings were reviewed with the Director and the Facilities Supervisor for Riley Hospital at the exit conference. This deficiency was cited on 05/17/23. The facility failed to implement a systemic plan of correction to prevent recurrence.	K0914		