STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001116	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLI SURGERY CENTER	1601 W LINCOLN RD P.O. BOX 6550, KOKOMO, Indiana, 46904

(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 a Ambulatory Surgery Center. Facility Number: 002845 Dates Of Survey: 5-3-2023 to 5-4-2023 & 5-17-2023 QA: 5/30/2023 & 6/21/2023	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 2 of 2 required self-closing doors to a hazardous area enclosure and smoke barrier are self-closing (see tag K223), failed to ensure continuity of egress lighting for 2 of 2 exits (see tag K281), failed to ensure testing for all emergency battery powered lighting units (see tag K291), failed to ensure 2 of 2 hazardous area rooms were protected (see tag K321), failed to provide emergency lighting annual testing in 2 of 2 operating rooms where general anesthesia is administered (see tag K323), failed to exercise the generator once every 36 months for four continuous hours to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Section 8.4.9 (see tag K918), and failed to ensure 4 of 4 flexible cords were not used as a substitute for fixed wiring (see tag K920). 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		
Q0101	PHYSICAL ENVIRONMENT	Q0101		

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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Q0101	Continued from page 1 CFR(s): 416.44(a)(1) The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to provide emergency lighting annual testing in 2 of 2 operating rooms where general anesthesia is administered in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.2.11.1 states one or more battery-powered lighting units shall be provided within locations where deep sedation and general anesthesia is administered. The lighting level of each unit shall be sufficient to terminate procedures intended to be performed within the operating room. The sensor for units shall be wired to the branch circuit(s) serving general lighting within the room. Units shall be capable of providing lighting for 90 minutes and shall be tested monthly for 30 seconds and annually for 30 minutes. Section 3.3.17 defines battery-powered lighting units as individual unit equipment for backup illumination consisting of a rechargeable battery, battery-charging means, provisions for one or more lamps mounted on the equipment, or with terminals for remote lamps, or both, and relaying device arranged to energize the lamps automatically upon failure of the supply to the unit equipment. This deficient practice could affect two patients and staff in operating rooms where general anesthesia or life support equipment is used. Based on observations with the Director of Nursing (DON) at 02:10 p.m. on 05/16/23, Operating Room 1 and Operating Room 2 were each provided with battery operated emergency lighting to provide continuous illumination where general anesthesia is administered. Based on interview at the time of the observations, the DON agreed patients in each of the aforementioned three operating rooms can be completely sedated using general anesthesia and acknowledged there is no battery operated back up emergency lighting system annual 30 minute testing to ensure continuous illumination in each of the two operating rooms where general anesthesia is administered. There was documentation provided of annual testing done on the battery operated emergency lights within the last year but it was listed	Q0101		

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Q0101	Continued from page 2 as a 30 second test. This finding was reviewed with the DON at the exit conference.	Q0101		
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 Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4). (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. (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. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 2 required self closing doors to a hazardous area enclosure and smoke barrier are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2. This deficient practice could affect all occupants. Based on observation and interview failed to ensure continuity of egress lighting for 2 of 2 exits. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways and exit passageways leading to a public way. This deficient practice could affect all patients, staff and visitors if needing to exit the facility from the front and rear exit doors., Based on interview, the facility failed to ensure testing for all emergency battery powered lighting units. NFPA 101 2012 edition 7.9.3.1.1 testing of required emergency lighting systems shall be permitted	Q0104		

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Q0104	Continued from page 3 to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. (2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction (3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the test. (5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power. Based on observation and interview, the facility failed to ensure 2 of 2 hazardous area rooms were protected in accordance with 21.3.2. Section 21.3.2 refers to Section 39.3.2. Section 39.3.2.1 states hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.7. Section 8.7.1.3 requires doors in barriers required to have a fire resistance rating shall have a minimum 3 D4-hour fire protection rating and shall be self-closing or automatic-closing in accordance with 7.2.1.8. Section 21.3.2.1 also requires doors to hazardous areas to be self-closing or automatic-closing in accordance with 21.2.2.4. Section 21.2.2.4 states any door required to be self-closing shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The required manual fire alarm system and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility. This deficient practice could affect staff only. Based on observation and interview, the facility failed to ensure 4 of 4 flexible cords were not used as a substitute for fixed wiring according to 9.1.2. LSC	Q0104		

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Q0104	Continued from page 4 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and patients in the Operating Rooms and staff in the changing room. Based on observation and interview, the facility failed to ensure 2 of 2 required self closing doors to a hazardous area enclosure and smoke barrier are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2. This deficient practice could affect all occupants. Based on observations with the Director of Nursing (DON) during a tour of the facility at 2:10 p.m. on 05/16/23, the front and rear exit discharges were not provided with emergency egress lighting. THe hours of operation for this facility are 7:00 a.m. to 5:00 p.m. on Tuesdays and Thursdays. During the winter months, the exit discharge from the facility would need to be illuminated. Based on interview at the time of the observations, the DON acknowledged the front and rear exit discharges were not provided with emergency egress lighting. Based on record review with the Director of Nursing (DON) on 05/16/23 at 11:55 a.m., there was documentation of annual testing of battery-operated emergency lights in the facility, but it was described as a 30 second test instead of the required 90 minute test. Based on interview at the time of record review, the DON acknowledged there was no written record of an annual 90 minute test regarding the battery-operated emergency lights. Based on observation with the Director of Nursing (DON) on 05/16/23 at 2:00 p.m. in the clean holding room which is over 50 square feet and had two ten foot by four foot shelf racks filled with supplies, the door had a fire rating of 20 minutes instead of the required 45-minute rating for a non-sprinklered facility. On the door to the soiled holding room there was a kick down stop installed that would not allow the door to close if activated by the fire alarm system. Based on interview at the time of observation, the DON confirmed the clean holding room door was a 20-minute fire-rated door and the soiled holding room failed to self-close because there was a kick down stop installed. Based on observation with the Director of Nursing on 05/16/23 between 1:50 p.m. to 2:00 p.m. the following	Q0104		

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Q0104	Continued from page 5 was discovered: a) a power strip was powering a microwave and toaster in the changing room b) a power strip was being used in Operating room A that was not medical grade. c) a dangling power strip was powering equipment in Operating room A and in Operating room B. Based on interview at the time of observation, the DON acknowledged the misuse of electrical cords.	Q0104		
Q0109	EMERGENCY EQUIPMENT CFR(s): 416.44(d) (d) Standard: Emergency equipment. The ASC medical staff and governing body of the ASC coordinates, develops, and revises ASC policies and procedures to specify the types of emergency equipment required for use in the ASC's operating room. The equipment must meet the following requirements: (1) Be immediately available for use during emergency situations. (2) Be appropriate for the facility's patient population. (3) Be maintained by appropriate personnel. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to exercise the generator once every 36 months for four continuous hours to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Section 8.4.9 which states Level 1 EPSS shall be tested at least once within every 36 months. Section 8.4.9.5.1 states for a diesel-powered EPS, loading (exercising) shall be not less than 30 percent of the nameplate kW rating of the EPS. A supplemental load bank shall be permitted to be used to meet or exceed the 30 percent requirement. This deficient practice could affect all occupants Based on review of generator testing documentation with the Director of Nursing (DON) at 1:45 p.m. on 05/16/23, there was no documentation to show the diesel powered	Q0109		

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Q0109	Continued from page 6 generator was exercised continuously for 4 hours within the last 36 months. Based on interview at the time of record review, the DON acknowledged there was no documentation of the generator being exercised for 4 continuous hours in the past 36 months. This finding was reviewed with the DON at the exit conference.	Q0109		