STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	**8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260**

(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 recertification survey of an Ambulatory Surgery Center. Facility Number: 005400 Survey Dates: 11/27/2023 - 11/28/2023 and 12/11/23 QA: 11/30/2023 and 12/19/23	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, failed to document activation of the fire alarm system for first shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 1 of 4 quarters, failed to document annual inspection and testing of all fire door assemblies, failed to ensure indoor locations for 1 of 1 piped gas system supply areas was constructed of a minimum 1-hour fire resistance rating and used interior finishes of noncombustible or limited combustible materials, failed to ensure all nonhospital-grade electrical receptacles at patient bed locations were tested at least annually, failed to document 36 month period emergency generator testing for 1 of 1 emergency generators in accordance with NFPA 99 and NFPA 110, and failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring in 1 of 1 Procedure Rooms. The cumulative effect of these systemic problems resulted in the facility's inability to ensure the	Q0100		01/11/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0100	Continued from page 1 provision of quality health care in a safe environment.	Q0100		
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 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, Section 14.2.1. 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. In addition, the facility failed to ensure the facility's sprinkler system waterflow alarm devices and supervisory alarm devices were tested or inspected quarterly in accordance with NFPA 25, Section 5.2.5 and Section 5.3.3.1, failed to document activation of the fire alarm system for first shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 1 of 4 quarters. LSC 21.7.1.4 states fire drills in health care occupancies shall include the transmission of the fire	Q0104		01/23/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0104	Continued from page 2 alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms, failed to document annual inspection and testing of all fire door assemblies. LSC 21.7.6 Maintenance and Testing states See 4.6.12. LSC 4.6.12 states whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. LSC 8.3.3.1 states openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly. NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified: (1) No open holes or breaks exist in surfaces of either the door or frame. (2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage. (4) No parts are missing or broken. (5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (6) The self-closing device is operational; that is, the active door completely closes when operated from	Q0104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0104	Continued from page 3 the full open position. (7) If a coordinator is installed, the inactive leaf closes before the active leaf. (8) Latching hardware operates and secures the door when it is in the closed position. (9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. (10) No field modifications to the door assembly have been performed that void the label. (11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity and failed to ensure indoor locations for 1 of 1 piped gas system supply areas was constructed of a minimum 1-hour fire resistance rating and used interior finishes of noncombustible or limited combustible materials. NFPA 99, Health Care Facilities Code, 2012 Edition, Section Section 5.1.3.3.2(4) states locations for central supply systems and the storage of positive pressure gases, if indoors, shall be constructed and use interior finishes of noncombustible or limited combustible materials such that all walls, floors, ceilings, and doors are of a minimum 1-hour fire resistance rating. This deficient practice could affect all patients. Findings include: Based on review of the sprinkler system inspection contractor's "Sprinkler System Inspection" documentation dated 04/08/23 during record review with the Clinical Manager, the Educator, the Administrative Assistant and the Maintenance Technician for DP Construction from 9:30 a.m. to 1:15 p.m. on 12/11/23, no record of a 5 year internal pipe inspection was available for review. The "Deficiencies" section of the 04/08/23 inspection report stated "Deficiency Found. No record of a 5 year internal pipe inspection". In addition, quarterly sprinkler inspection documentation for the most recent twelve month period only included the 04/08/23 inspection report. Based on interview at the time of record review, the Clinical Manager and the Maintenance Technician for DP Construction stated an internal pipe inspection was not performed on or after 04/08/23 and agreed internal pipe inspection documentation for the most recent five year period was not available for review. Based on observations with the Clinical Manager, the Educator and the Maintenance Technician for DP Construction during a tour of the facility from 1:15 p.m. to 2:15 p.m. on 12/11/23, the	Q0104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0104	Continued from page 4 sprinkler inspection contractor affixed hanging tags to the facility's wet system sprinkler riser in the basement which documented sprinkler system inspection and testing occurred on 01/23, 04/08/23 and 8/23 with no documented sprinkler system testing occurring 90 days after 04/08/23 and 90 days after 8/23. Based on review of "Fire Drill Evaluation Report" documentation with the Clinical Manager, the Educator, the Administrative Assistant and the Maintenance Technician for DP Construction during record review from 9:30 a.m. to 1:15 p.m. on 12/11/23, documentation for the first shift fire drill conducted on 05/30/23 at 10:00 a.m. did not include activation of the fire alarm system and transmission of the fire alarm signal. Documentation for the 05/30/23 fire drill stated "N/A" in response to "Was alarm signal received at alarm monitoring office". Based on interview at the time of record review, the Clinical Manager and the Educator stated the facility operates one shift per day, additional fire drill documentation for the first shift in the second quarter (April, May, June) 2023 was not available for review and agreed documentation for the aforementioned first shift fire drill did not verify activation of the fire alarm system and transmission of the fire alarm signal for fire drills conducted after 6:00 a.m. but before 9:00 p.m. Based on review of "Annual Inspection of Swinging Fire Door Assemblies" documentation dated December 2023 with the Clinical Manager, the Educator, the Administrative Assistant and the Maintenance Technician for DP Construction during record review from 9:30 a.m. to 1:15 p.m. on 12/11/23, documentation for current annual fire door inspections did not include doors to indoor piped gas rooms. Based on interview at the time of record review, the Maintenance Technician did not know if annual fire door inspection documentation included the door to the indoor piped gas room in the basement. Based on observations with the Clinical Manager, the Educator, the Administrative Assistant and the Maintenance Technician for DP Construction during a tour of the facility from 1:15 p.m. to 2:15 p.m. on 12/11/23, the entry door to the piped gas room in the basement was equipped with a 20-minute fire resistance rating label affixed to the hinge side of the door. Based on interview at the time of the observations, the Maintenance Technician agreed the entry door to the room was not equipped with a minimum 1-hour fire resistance rating label for the door. Based on observations with the Clinical Manager, the Educator, the Administrative Assistant and the	Q0104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0104	Continued from page 5 Maintenance Technician for DP Construction during a tour of the facility from 1:15 p.m. to 2:15 p.m. on 12/11/23, the entry door to the piped gas room in the basement was equipped with a 20-minute fire resistance rating label affixed to the hinge side of the door. In addition, foam was used to firestop openings, open ended conduits and penetrations of the piped gas room walls. Based on interview at the time of the observations, the Maintenance Technician stated he did not have fire resistance rating documentation for the foam used to firestop the openings and agreed the entry door to the room was not rated a minimum 1-hour fire resistance rating for the door. These findings were reviewed with the Clinical Manager, the Educator and the Administrative Assistant during 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 all nonhospital-grade electrical receptacles at patient bed locations were tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each	Q0108		01/23/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0108	Continued from page 6 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), failed to a. document 36 month period emergency generator testing for 1 of 1 emergency generators in accordance with NFPA 99 and NFPA 110. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.1.1.6.1 states Type 1 and Type 2 essential electrical system power sources (EPSS) shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110. NFPA 110, the Standard for Emergency and Standby Powers Systems, 2010 Edition, Section 8.4.9 states Level 1 EPSS shall be tested at least once within every 36 months. Section 8.4.9.1 states Level 1 EPSS shall be tested continuously for the duration of its assigned class (See Section 4.2). Section 8.4.9.2 states where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. Section 8.4.9.5 states the minimum load for this test shall be specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. b. ensure an annual fuel quality test was documented for the facility's diesel powered emergency generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System) generator sets shall be inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards, and failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring in 1 of 1 Procedure Rooms. LSC 21.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, 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. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients	Q0108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0108	Continued from page 7 are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. Findings include: Based on record review with the Clinical Manager, the Educator, the Administrative Assistant and the Maintenance Technician for DP Construction from 9:30 a.m. to 1:15 p.m. on 12/11/23, nonhospital grade electrical receptacle testing documentation for the most recent twelve month period was not available for review. Based on interview at the time of record review, the Clinical Manager and the Maintenance Technician for DP construction agreed nonhospital grade electrical receptacle testing documentation for the most recent twelve month period was not available for review. Based on observations with the Educator during a tour of the facility from 1:15 p.m. to 2:15 p.m. on 12/11/23, electrical receptacles in the Procedure Room were not hospital grade. Based on record review with the Clinical Manager, the Educator, the Administrative Assistant and the Maintenance Technician for DP Construction from 9:30 a.m. to 1:15 p.m. on 12/11/23, thirty-six month period emergency generator testing documentation for four continuous hours for the facility's diesel fired emergency generator was not available for review. In addition, annual fuel sampling and analysis documentation within the most recent twelve month period for the facility's diesel fired emergency generator was also not available for review. Based on interview at the time of record review, the Clinical Manager and the Maintenance Technician for DP Construction stated the facility has one diesel fuel fired emergency generator and agreed supplemental load testing documentation for four hours within the most recent three year period and annual fuel sampling and analysis documentation was not available for review at the time of the survey. Based on observations with the Clinical Manager, the Educator and the Maintenance Technician for DP Construction during a tour of the facility from 1:15 p.m. to 2:15 p.m. on 12/11/23, the facility has one diesel fuel fired emergency generator.	Q0108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	8501 HARCOURT RD , INDIANAPOLIS, Indiana, 46260

(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
Q0108	Continued from page 8 Manufacturer's nameplate rating documentation affixed to the unit indicated it was rated at 50kW. Based on observations with the Educator during a tour of the facility from 1:15 p.m. to 2:15 p.m. on 12/11/23, a power strip was placed on the floor under the procedure table nearest the entry door to the room in the Procedure Room. A tourniquet machine and a polar machine were plugged into the power strip. The power strip did not have a UL listing affixed to the power strip but was identified as an "Ultra Isobar Surge Suppressor". Based on interview at the time of the observations, the Educator agreed the power strip did not have any UL listing identification. These findings were reviewed with the Clinical Manager, the Educator and the Administrative Assistant during the exit conference.	Q0108		