| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 15C0001019 | A. BUILDING 01 - MAIN BUILDING 0... B. WING | 06/28/2024 |

| 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 |
|---|---|---|---|---|
| K0000<br><br>Bldg. 01 | INITIAL COMMENTS<br><br>A Post Survey Revisit (PSR) to the PSR that exited on 01/23/24 to the Life Safety Code Recertification survey that exited on 12/11/23 was conducted by the Indiana Department of Health in accordance with Department of Health in accordance with 42 CFR 416.44(b).<br><br>Survey Date: 06/28/24<br><br>Facility Number: 005400<br><br>Provider Number: 15C0001019<br><br>AIM Number: 200007580A<br><br>At this PSR survey to the Life Safety Code Recertification survey, Indiana Hand to Shoulder Beltway Surgery Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 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.<br><br>This facility, located on the first floor of a two story building with a partial basement, was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.<br><br>Quality Review completed on 07/09/24 | K0000 | | |

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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