

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ADVANCED AMBUL...</b> B. WING	(X3) DATE SURVEY COMPLETED <b>01/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER <b>ADVANCED AMBULATORY SURGERY CENTER LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 PROFESSIONAL BLVD SUITE 104 , EVANSVILLE, Indiana, 47714</b>
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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: 01/16/24</p> <p>Facility Number: 012278</p> <p>Provider Number: 15C0001175</p> <p>AIM Number: 201070290A</p> <p>At this Life Safety Code survey, Advanced Ambulatory Surgery Center LLC was found not 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.</p> <p>This facility was a one story fully sprinklered building with a basement and was determined to be of Type V (000) construction. The facility has a fire alarm system with smoke detection in corridors and a few rooms.</p> <p>Quality Review completed on 01/26/24</p>	K0000		
K0291	<p>Emergency Lighting</p> <p>CFR(s): NFPA 101</p> <p>Emergency Lighting</p> <p>Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9.</p> <p>20.2.9.1, 21.2.9.1, 7.9</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 7 of 7 battery backup emergency lights were tested monthly for 30 seconds during the past 12 months to ensure the lights would provide lighting</p>	K0291		01/31/2024

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
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K0291	Continued from page 1 during periods of power outages and an accurate written record of visual inspections and tests was provided. LSC Section 7.9.3.1.1 (1) requires 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, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility.  Findings include:  Based on record review on 01/18/24 between 10:00 a.m. and 2:00 p.m. with the Nurse Manager present, there was documentation to show a monthly test for all seven battery operated emergency light sets during the past twelve months, however, there was no indication in the documentation to show the battery operated emergency light sets were tested for 30 seconds. Based on an interview at the time of record review, when asked if the monthly test was a full 30 second test, the Nurse Manager said each monthly test was only a quick test with the push of the test button, and not a full 30 second test.  This finding was reviewed with the Nurse Manager at the exit conference.	K0291		
K0341	Fire Alarm System - Installation  CFR(s): NFPA 101  Fire Alarm - Installation  A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.  20.3.4.2.1, 21.3.4.1, 9.6  This STANDARD is NOT MET as evidenced by:  Based on observation and interview, the facility failed	K0341		02/05/2024

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K0341	<p>Continued from page 2</p> <p>to ensure 1 of 1 main fire alarm control panel was protected. NFPA 72, National Fire Alarm and Signaling Code Section 10.15 states in areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location.</p> <p>Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.</p> <p>A.10.15 The fire alarm control unit(s) that are to be protected are those that provide notification of a fire to the occupants and responders. The term fire alarm control unit does not include equipment such as annunciators and addressable devices. Requiring smoke detection at the transmitting equipment is intended to increase the probability that an alarm signal will be transmitted to a supervising station prior to that transmitting equipment being disabled due to the fire condition.</p> <p>CAUTION: The exception to 10.15 permits the use of a heat detector if ambient conditions are not suitable for smoke detection. It is important to also evaluate whether the area is suitable for the control unit. Where the area or room containing the control unit is provided with total smoke-detection coverage, additional smoke detection is not required to protect the control unit. Where</p> <p>total smoke-detection coverage is not provided, the Code intends that only one smoke detector is required at the control unit even when the area of the room would require more than one detector if installed according to the spacing rules in Chapter 17. The intent of selective coverage is to address the specific location of the equipment. Location of the required detection should be in accordance with one of the following:</p> <p>(1) Where the ceiling is 15 feet in height or less, the smoke detector should be located on the ceiling or the wall within 21 feet of the centerline of the fire alarm control unit being protected by the detector in accordance with 17.7.3.2.1.</p> <p>(2) Where the ceiling exceeds 15 feet in height, the automatic smoke detector should be installed on the wall above and within 6 feet from the top of the control unit.</p>	K0341		

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K0341	Continued from page 3  This deficient practice could affect all occupants.  Findings include:  Based on observations on 01/16/24 between 2:00 p.m. and 4:00 p.m. during a tour of the facility with the Nurse Manager, there was no hard wired smoke detector located in the room within the basement where the main fire alarm control panel was located. Based on an interview at the time of observation, when asked, the Nurse Manager said this room was not occupied by staff at all times.  This finding was reviewed with the Nurse Manager during the exit conference.	K0341		
K0346	Fire Alarm System - Out of Service  CFR(s): NFPA 101  Fire Alarm - Out of Service  Fire alarms that are out of service for 4 hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.  9.6.1.6  This STANDARD is NOT MET as evidenced by:  Based on record review and interview, the facility failed to provide a complete and accurate written policy for the protection of all patients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants in the facility.  Findings include:  Based on record review on 01/16/24 between 10:00 a.m. and 2:00 p.m. with the Nurse Manager present, the "Fire Watch" policy provided was inaccurate and incomplete. The policy stated "If the fire alarm system is out of service for more than ten (10) hours, the local fire authority will be notified, and a fire watch will be initiated. One individual will be designated as the fire watch person. This person will have no other duties during the fire watch. The individual will make	K0346		02/06/2024

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K0346	<p>Continued from page 4 rounds through the ASC every thirty (30) minutes and report any unusual findings. The fire watch will continue until the fire alarm system is back in service." This policy indicated the local authority will be notified, and a fire watch initiated if the fire alarm system is out of service for more than ten (10) hours instead of the required four (4) hours. The policy also does not indicate who the local fire authority is. Furthermore, the policy failed to include the web link for contacting the Incident Reporting System located on the Indiana Department of Health Gateway, plus contacting the local Fire Department and the facility's insurance carrier with phone numbers included, and also did not include documentation to indicate the person conducting the fire watch has been properly trained. Based on an interview at the time of record review, the Nurse Manager agreed the fire watch policy lacked the previously mentioned information and said it was the only fire watch policy available.</p> <p>This finding was reviewed with the Nurse Manager during the exit conference.</p>	K0346		
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> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</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 observation and interview, the facility failed</p>	K0353		02/05/2024

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K0353	<p>Continued from page 5 to ensure the ceiling in 2 of 2 sprinklered smoke compartments was maintained to allow sprinkler heads to function to their full capability. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations on 01/16/24 between 2:00 p.m. and 4:00 p.m. during a tour of the facility with the Nurse Manager, the following was noted: a. There was a 12 inch by 12 inch hole in the ceiling around the sewer pipe in the basement Boiler Room that was not properly fire stopped.</p> <p>b. There were eight holes/gaps penetrating the ceiling in the Fire Alarm Control Panel room (located in the basement) around metal conduits and wire bundles ranging in size from 1/4 inch to 3 inches that were not properly fire stopped.</p> <p>c. There were 10 metal conduits penetrating the ceiling tiles in the main level Electrical Room that had openings ranging in size from 1/4 inch to 1 inch that were not properly fire stopped.</p> <p>Based on interview at the time of each observation, the Nurse Manager acknowledged the holes/gaps penetrating ceilings in the Boiler Room, Fire Alarm Control Panel room, and the Electrical room that were not properly fire stopped.</p> <p>This finding was reviewed with the Nurse Manager during the exit conference.</p>	K0353		
K0354	<p>Sprinkler System - Out of Service</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Out of Service</p> <p>Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24 hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>9.7.5, 15.5.2 (NFPA 25)</p>	K0354		02/01/2024

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K0354	<p>Continued from page 6 This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 01/16/24 between 10:00 a.m. and 2:00 p.m. with the Nurse Manager present, the facility was unable to provide documentation of a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for more than ten hours in a twenty four hour period. The "Fire Watch" policy provided only included the fire alarm system being out of service and not the facility's sprinkler system. Based on interview at the time of record review, the Nurse Manager acknowledged the lack of a Fire Watch policy which includes the facility's sprinkler system being placed out of service.</p> <p>This finding was reviewed with the Nurse Manager during the exit conference.</p>	K0354		
K0712	<p>Fire Drills</p> <p>CFR(s): NFPA 101</p> <p>Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>21.7.1.4 through 21.7.1.7</p> <p>This STANDARD is NOT MET as evidenced by:</p>	K0712		01/31/2024

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K0712	<p>Continued from page 7</p> <p>Based on record review and interview, the facility failed to ensure 4 of 4 fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 21.7.1.4 requires fire drills in ambulatory health care facilities shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 01/16/24 between 10:00 a.m. and 2:00 p.m. with the Nurse Manager present, all four fire drill reports from the past twelve month period did not include complete documentation to verify the monitoring company received the transmission of the fire alarm. Each fire drill report stated the questions "Were audible alarms activated?" and "Was verification received that transmission of fire alarm signal was received at monitoring station?" with the box checked "Yes" for each fire drill. However, there was no information on each fire drill report indicating the time the monitoring company received the transmission of the alarm and the person/operator that received the signal. Based on interview at the time of record review, the Nurse Manager agreed each fire drill report lacked documentation the time the monitoring company received the transmission of the fire alarm and the name of the person/operator at the monitoring company that received the signal.</p> <p>This finding was reviewed with the Nurse Manager during the exit conference.</p>	K0712		
K0918  Bldg. 01	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under</p>	K0918		01/26/2024

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K0918 Bldg. 01	<p>Continued from page 8 load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 12 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 8. NFPA 110, 6.2.10 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This deficient practice could affect all occupants in the facility.</p> <p>2. Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for 1 of 1 diesel powered 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 System, 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</p>	K0918		

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K0918  Bldg. 01	<p>Continued from page 9 ASTM standards. This deficient practice could affect all occupants in the facility.</p> <p>1. Findings include:</p> <p>Based on record review on 01/16/24 between 10:00 a.m. and 2:00 p.m. with the Nurse Manager present, the Emergency Generator Monthly Load Test form did not provide a transfer time and a cool down time during each monthly load test. Based on interview at the time of record review, the Nurse Manager agreed there was no transfer time and cool down time provided on the monthly generator load test form during the past 12 months.</p> <p>This finding was reviewed with the Nurse Manager during the exit conference.</p> <p>2. Findings include:</p> <p>Based on record review on 01/16/24 between 10:00 a.m. and 2:00 p.m. with the Nurse Manager present, no documentation of an annual fuel quality test for the diesel generator was available for review. Based on interview at the time of record review, the Nurse Manager stated the facility does have a diesel generator and had service to the generator on 12/29/23 by the facility's generator vendor, which also took a fuel sample at the time of the generator service. The Nurse Manager called the generator vendor during the survey, but was unable to receive a copy of the fuel quality test by the conclusion of the survey.</p> <p>This finding was reviewed with the Nurse Manager at the exit conference.</p>	K0918		

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/16/2024</b>
NAME OF PROVIDER OR SUPPLIER <b>ADVANCED AMBULATORY SURGERY CENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 PROFESSIONAL BLVD SUITE 104 , EVANSVILLE, Indiana, 47714</b>	
(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
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: 01/16/24</p> <p>Facility Number: 012278</p> <p>Provider Number: 15C0001175</p> <p>AIM Number: 201070290A</p> <p>At this Emergency Preparedness survey, Advanced Ambulatory 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 01/26/24</p>	E0000		

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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