

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001015		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING		(X3) DATE SURVEY COMPLETED 02/20/2024	
NAME OF PROVIDER OR SUPPLIER COMMUNITY SURGERY CENTER SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1550 E COUNTY LINE RD STE 100 , INDIANAPOLIS, Indiana, 46227			
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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: 02/20/24</p> <p>Facility Number: 005396</p> <p>Provider Number: 15C0001015</p> <p>AIM Number: 100274230A</p> <p>At this Life Safety Code survey, Community Surgery Center South 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 located on the first floor of a three story building consists of two attached sections due to the construction dates of the two sections of the building. Building 0101, built in 1986 was determined to be of Type II (000) construction and was fully sprinklered. Building 0202, built in 2005 was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</p> <p>Quality Review completed on 02/22/24</p>			K0000			
K0131	<p>Multiple Occupancies</p> <p>CFR(s): NFPA 101</p> <p>Multiple Occupancies - Sections of Ambulatory Health Care Facilities</p> <p>Multiple occupancies shall be in accordance with 6.1.14.</p> <p>Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following:</p>			K0131			06/30/2024

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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K0131	<p>Continued from page 1</p> <p>* The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access.</p> <p>* They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating.</p> <p>Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following:</p> <p>* Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab.</p> <p>* Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches.</p> <p>* Doors are self-closing and are kept in the closed position, except when in use.</p> <p>* Windows in the barriers are of fixed fire window assemblies per 8.3.</p> <p>Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served.</p> <p>20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1, 42 CFR 416.44</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire barriers that separate other occupancies were protected to maintain the fire resistance rating of the fire barrier. NFPA 101, 2012 edition, Section 8.3.5.6.1 states membrane penetrations for cables cable trays conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a membrane of a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. Section 8.3.5.6.2 states the firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Test of Through Penetration Fire stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. In addition, doors are self-closing and are kept in the closed position, except when in use. This deficient practice could affect all patients, staff and visitors.</p>	K0131					

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K0131	Continued from page 2 Findings include: Based on observations with the Lead Maintenance Technician during a tour of the facility from 12:30 p.m. to 2:30 p.m. on 02/20/24, a five inch by two inch rectangular shaped hole for the passage of two conduits was noted in the tenant separation wall above the suspended ceiling above the corridor door to the surgery suite on the east side of the facility by the time clock on the first floor. In addition, a two inch in diameter hole for the passage of one conduit was also noted in the tenant separation wall near the rectangular shaped hole. Two layers of 5/8th's inch thick drywall were noted on the corridor side of the wall stud. Based on interview at the time of the observations, the Lead Maintenance Technician agreed the aforementioned openings in the fire barrier wall which separates other occupancies did not maintain the fire resistance rating of the fire barrier. These findings were reviewed with the Executive Director for Surgical Services and the Lead Maintenance Technician during the exit conference.	K0131					
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by:	K0353				02/26/2024	

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K0353	<p>Continued from page 3 Based on record review, observation and interview; the facility failed to:</p> <p>a. document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all patients, staff, and visitors.</p> <p>b. maintain the ceiling construction in 1 of 1 OR 7 humidifier closet rooms. The ceiling traps hot air and gases around a sprinkler which causes the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.11 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system inspection contractor's "Inspection and Test Report" documentation with the Executive Director for Surgical Services and the Lead Maintenance Technician during record review from 9:00 a.m. to 12:00 p.m. on 02/20/24, monthly sprinkler system gauge and valve inspection documentation for 8 months of the most recent 12 month period was not available for review. The contractor documented monthly sprinkler system gauge and valve inspections during quarterly sprinkler system inspections on 05/15/23, 08/05/23, 10/16/23 and on 01/19/24 but additional monthly sprinkler system gauge and valve inspection documentation for the most recent twelve month period was not available for review. Based on interview at the time of record review, the Lead Maintenance Technician stated he performs monthly sprinkler system inspections in addition to the contractor's quarterly sprinkler inspections but he documents the inspections in a computer program. Once the task has been completed in the computer program,</p>			K0353			

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K0353	<p>Continued from page 4 there is not a method for retrieving of viewing the completed inspection log and agreed monthly sprinkler system gauge and valve inspection documentation for 8 months of the most recent 12 month period was not available for review at the time of the survey.</p> <p>In addition, based on observations with the Executive Director for Surgical Services and the Lead Maintenance Technician during a tour of the facility from 12:30 p.m. to 2:30 p.m. on 02/20/24, several holes were noted in the ceiling of the OR 7 humidifier closet room which would not trap hot air and gases in the room and would delay activation of the one ceiling mounted sprinkler in the closet. Based on interview at the time of the observations, the Lead Maintenance Technician agreed there were several holes noted in the ceiling of the closet room.</p> <p>These findings were reviewed with the Executive Director of Surgical Services and the Lead Maintenance Technician.</p>		K0353				
K0521	<p>HVAC</p> <p>CFR(s): NFPA 101</p> <p>HVAC</p> <p>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.</p> <p>20.5.2.1, 21.5.2.1, 9.2</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure all fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall be every 4 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and</p>		K0521			02/21/2024	

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K0521	<p>Continued from page 5 testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect all patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Executive Director for Surgical Services and the Lead Maintenance Technician from 9:00 a.m. to 12:00 p.m. on 02/20/24, documentation of current fire damper inspection and maintenance was not available for review. Based on interview at the time of record review, the Lead Maintenance Technician stated fire damper inspection documentation within the most recent four year period was not available for review. The Lead Maintenance Technician stated four year fire damper inspection and maintenance was performed by a contractor recently, he was trying to obtain the contractor's documentation during the survey but agreed fire damper inspection documentation within the most recent four year period was not available for review at the time of the survey.</p> <p>These findings were reviewed with the Executive Director for Surgical Services and the Lead Maintenance Technician during the exit conference.</p>		K0521				
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> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the second shift for 3 of 4 quarters. This deficient practice could affect all patients, staff and visitors in the facility.</p>		K0712			03/07/2024	
Bldg. 01							

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K0712 Bldg. 01	<p>Continued from page 6</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Executive Director for Surgical Services and the Lead Maintenance Technician during record review from 9:00 a.m. to 12:00 p.m. on 02/20/24, second shift fire drills conducted within the most recent twelve month period on 03/08/23, 06/14/23 and 11/18/23 were conducted at, respectively, 6:10 p.m., 6:00 p.m. and 6:03 p.m. Based on interview at the time of record review, the Executive Director for Surgical Services stated the facility operates two shifts per day and agreed the aforementioned second shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>These findings were reviewed with the Executive Director for Surgical Services and the Lead Maintenance Technician during the exit conference.</p>			K0712			

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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: 02/20/24</p> <p>Facility Number: 005396</p> <p>Provider Number: 15C0001015</p> <p>AIM Number: 100274230A</p> <p>At this Emergency Preparedness survey, Community Surgery Center South was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54.</p> <p>The facility has 7 certified operating rooms.</p> <p>Quality Review completed on 02/22/24</p>			E0000			

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