STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING	(X3) DATE SURVEY COMPLETED 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER LLC	3600 W BETHEL AVENUE , MUNCIE, Indiana, 47304

(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	INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 05/08/24 Facility Number: 010493 Provider Number: 15C0001081 AIM Number: 200220380A At this LSC survey, Central Indiana Orthopedic Surgery Center 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. This one-story facility was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors. Quality Review completed on 05/13/24	K0000		
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm Systems - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.	K0345		

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: 15C0001081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING	(X3) DATE SURVEY COMPLETED 05/08/2024

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K0345	Continued from page 1 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. This deficient practice could affect all occupants. Findings include: Based on record review and interview with the Director of Surgery, Surgery Clinical Supervisor and Facilities Manager on 05/08/24 between 10:20 a.m. and 12:40 p.m., the documents presented as a semi-annual fire alarm report did not show if all listed devices passed or failed testing. The report is done on a monthly basis and simply marked as completed. The reports presented for review are not itemized and the facility's appliances including horns, strobes, smoke heads etc. are not scheduled on the reports with their locations listed. Based on interview at the time of record review, the Facilities Manager agreed the testing form did not indicate if each horn and strobes and the hold open devices were individually listed. This finding was acknowledged at the time of discovery and again at the exit conference with the Director of Surgery, Surgery Clinical Supervisor and Facilities Manager present.	K0345		
K0351	Sprinkler System - Installation CFR(s): NFPA 101 Sprinkler System - Installation Sprinkler systems (if installed) are installed per NFPA 13. Where more than two sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room. 20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13	K0351		

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K0351	Continued from page 2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 closet in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff. Findings include: Based on observation and interview with the Director of Surgery, Surgery Clinical Supervisor and Facilities Manager (FM) on 05/08/24 between 12:40 p.m. and 2:00 p.m., the Housekeeping Closet was missing the sprinkler head escutcheon leaving a gap through which smoke could escape around the sprinkler. Based on interview at the time of observation, the FM agreed the aforementioned area was missing an escutcheon. This finding was acknowledged at the time of discovery and again at the exit conference with the Director of Surgery, Surgery Clinical Supervisor and Facilities Manager present.	K0351		
K0353 Bldg. 01	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	K0353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING	(X3) DATE SURVEY COMPLETED 05/08/2024

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K0353 Bldg. 01	Continued from page 3 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: Based on observation and interview, the facility failed to ensure sprinkler heads in one room were not loaded or covered with foreign material in accordance with LSC 9.7.5. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect staff and up to 2 guests and patients. Findings include: Based on observation and interview with the Director of Surgery, Surgery Clinical Supervisor and Facilities Manager (FM) on 05/08/24 between 12:40 p.m. and 2:00 p.m., the sprinkler head in room “S114” was covered in dust and showed signs of loading. This finding was acknowledged at the time of discovery and again at the exit conference with the Director of Surgery, Surgery Clinical Supervisor and Facilities Manager present.	K0353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001081	A. BUILDING B. WING	**05/08/2024**

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54 Survey Date: 05/08/24 Facility Number: 010493 Provider Number: 15C0001081 AIM Number: 200220380A At this Emergency Preparedness survey, Central Indiana Orthopedic Surgery Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54 The facility has 2 operating rooms. Quality Review completed on 05/13/24	E0000		

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