STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001151	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADWEST SPECIALTY SURGICAL CENTER LLC	315 W 89TH AVE , MERRILLVILLE, Indiana, 46410

(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 Federal Recertification Survey of an Ambulatory Surgery Center. Facility Number: 011094 Dates of Survey: 4/29/2024, 4/30/2024 and 5/20/2024 QA: 5/17/2024 and 5/28/24	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 observation, record review and interview, the facility failed to ensure 2 of 2 doors in the fire barrier that separated other occupancies were self-closing and kept in the closed position, failed to ensure 1 of 2 fire alarm control panels was protected, failed to ensure 1 of 1 fire alarm systems was maintained in accordance with LSC 9.6.1.3, failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 2010 Edition, Standard for the Installation of Sprinkler Systems and NFPA 25, 2011 Edition, failed to ensure 100 % of fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A, failed to divide a Type 1 Essential Electrical System (EES) servicing 5 of 5 operating rooms in accordance with NFPA 99, Heath Care Facilities Code, 2012 edition, Section 6.4.2.2.4 and Section 6.4.2.2.5, failed to exercise the generator annually to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems and NFPA 99, Health Care Facilities Code, 2012 Edition, failed to ensure power strips in 1 of 5 operating rooms were not used inside of the patient care vicinity.	Q0100		06/28/2024

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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Q0100	Continued from page 1 The cumulative effects of these systemic problems resulted in the facility's ability to ensure the provision of quality of 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 observation, record review and interview, the facility failed to ensure 2 of 2 doors in the fire barrier that separated other occupancies were self-closing and kept in the closed position, failed to ensure 1 of 2 fire alarm control panels was protected. 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 and Signaling Code. NFPA 72 Section 10.10.1 states a means for turning off activated alarm notification appliance(s) shall be permitted only if it complies with 10.10.3 through 10.10.7. Section 10.10.3 states the means shall be key-operated or located within a locked cabinet, or arranged to provide equivalent protection against unauthorized use. Section 10.16.3.1 states all required annunciation means shall be readily accessible to responding personnel. Section 10.16.3.2 states all required annunciation means shall be located as required by the authority having	Q0104		06/28/2024

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Q0104	Continued from page 2 jurisdiction to facilitate an efficient response to the fire situation. Section A.10.16.3 states the primary purpose of fire alarm system annunciation is to enable responding personnel to identify the location of a fire quickly and accurately and to indicate the status of emergency equipment or fire safety functions that might affect the safety of occupants in a fire situation. Section 10.12.5 states the trouble signal(s) shall be located in an area where it is likely to be heard, failed to ensure 1 of 1 fire alarm systems was maintained in accordance with LSC 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. NFPA 72, Section 7.3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, Section 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, Section 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. NFPA 72, Section 14.4.5.3.5 states smoke detectors or smoke alarms found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.2.1.2.2 states system defects and malfunctions shall be corrected, failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 2010 Edition, Standard for the Installation of Sprinkler Systems and NFPA 25, 2011 Edition. to provide complete coverage for all portions of the building. NFPA 13, Section 8.6.3.4, “Minimum Distance between Sprinklers”, states sprinklers shall be spaced not less than 6 feet on center. NFPA 25, 2011 Edition, Section 5.2.1.2 states the minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors. Further NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 edition, Section 8.6.5.2.2 states the distance from sprinklers to privacy curtains in light hazard occupancies shall be in accordance with Table 8.6.5.2.2 and Figure 8.6.5.2.2. Table 8.6.5.2.2 states suspended horizontal obstructions more than thirty inches in length shall maintain a minimum vertical distance below the sprinkler deflector of 18 inches. Section 8.6.5.2.2.1 states, in light hazard occupancies, privacy curtains shall not be considered obstructions where all of the following are met: (1) The curtains are supported by fabric mesh on ceiling track. (2) Openings in the mesh are equal to 70 percent or	Q0104		

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Q0104	Continued from page 3 greater. (3) The mesh extends a minimum of 22 inches down from the ceiling. In addition, LSC 4.6.7.5 requires existing life safety features that do not meet the requirements for new buildings, but exceed the requirements for existing buildings shall not be further diminished. This deficient practice could affect approximately all occupants within or near the pre-op area, failed to ensure 100 % of 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 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, Based on observation during the tour of the facility with the Chief Operating Officer & Registered Nurse (COO/RN) and Business Manager on 05/20/24 between 09:20 a.m. and 1:19 p.m., building plans provided by the surveyor indicated that a one-hour fire wall was located between the surgery center side and an adjoining business occupancy. Based on observation during a tour of the facility between 1:30 p.m. and 2:55 p.m., the business occupancy separation door near the pre-op area could not latch due to the door being off square and hitting the door frame. Also, the occupancy door also did not have fire rating labels on the door or door frame. Furthermore, both doors leading to the business occupancy and the lobby waiting area had kickstands that could prop open the door if used. Based on interview at the time of observation, the Business Manager confirmed that the occupancy separation door did not latch into the frame and further confirmed the use of kickstands and no fire rating tags. Based on observation during a tour of the facility with	Q0104		

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Q0104	Continued from page 4 the Chief Operating Officer/Registered Nurse (COO/RN) and Business Manager on 05/20/24 between 1:30 p.m. and 2:55 p.m., the following deficiencies were noted: a) The main fire alarm control panel (FACP), located in the main entrance breezeway, was unlocked and had its key in the panel unsecured b) The main fire alarm control panel located at the main entrance, no remote annunciator installed. Based on interview at the time of observation, the COO/RN indicated that at times, the receptionist who sits at the main entrance can leave before surgical staff leave for the day due to surgeries which leaves the main FACP unsupervised and any trouble signals may not be heard by surgical staff. The COO/RN also acknowledged that the FACP was unsecured. Based on record review with the Chief Operating Officer & Registered Nurse (COO/RN) and on-call Maintenance Technician on 05/20/24 between 09:20 a.m. and 1:30 p.m., the following deficiencies were noted: a) The last documented sensitivity testing was dated 06/12/20 b) The trouble and silence lights were illuminated on the main fire alarm control panel (FACP) located at the main entrance indicating a supervisory alarm. Based on interview at the time of observation, the COO/RN stated that sensitivity testing has been done every 5 years and further agreed the trouble notification was illuminated on the FACP which was in a trouble mode. Based on interview at the time of observation with the Chief Operating Officer & Registered Nurse (COO/RN) and Business Manager on 05/20/24 between 1:30 p.m. and 2:55 p.m., the following deficiencies were noted: a) Two pendant sprinkler heads located in the old lab room were measured to be approximately 23 inches apart. b) The privacy curtains used throughout the pre-op area measured approximately 15 inches from the top of the ceiling to the bottom of the curtains mesh. Less than the required minimum length. Based on interview at the time of record review, the COO/RN confirmed the aforementioned deficiencies.	Q0104		

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Q0104	Continued from page 5 Based on record review with the Chief Operating Officer & Registered Nurse (COO/RN) and On-Call Maintenance Technician from 09:20 a.m. to 1:19 p.m. on 05/20/24, documentation of facility fire damper inspection and maintenance within the most recent four year period was not available for review. Based on interview at the time of record review, the COO/RN acknowledged that the fire/smoke dampers were missing inspections. When interviewing the On-Call Maintenance Technician, he stated that there are dampers within the operating rooms and throughout the building.	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 observation and interview, the facility failed to divide a Type 1 Essential Electrical System (EES) servicing 5 of 5 operating rooms in accordance with NFPA 99, Heath Care Facilities Code, 2012 edition, Section 6.4.2.2.4 and Section 6.4.2.2.5, failed to exercise the generator annually to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems and NFPA 99, Health Care Facilities Code, 2012 Edition. NFPA 99, 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. Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using	Q0108		06/28/2024

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Q0108	Continued from page 6 one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads (Load Bank Test) at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. Furthermore, 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. Section 8.4.9.5.3 states for spark-ignited EPS's, loading shall be the available EPSS load, failed to ensure power strips in 1 of 5 operating rooms were not used inside of the patient care vicinity. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 feet 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 feet 6 inches above the floor. Power strips in the patient care vicinity may not be used for non-patient-care-related electrical equipment. (PCREE) (e.g. personal electronics) Based on observation with the Chief Operating Officer & Registered Nurse (COO/RN) and Business Manager on 05/20/24 between 1:30 p.m. and 2:55 p.m., The facility breaker panels were not labeled as to indicate which panel is the Critical, Life Safety, or Equipment branch as required for a Type I EES. Furthermore, it could not be determined if the three branches were properly separated. the fire alarm breaker was located in the pre-op waiting area with miscellaneous items and life safety component breakers were located in the generator transfer room. Based on interview at the time of observations, the COO/RN confirmed that none of the	Q0108		

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Q0108	Continued from page 7 panels had been listed or labeled and did confirm general anesthesia takes place with special surgeries. Based on record review with the Chief Operating Officer and Registered Nurse (COO/RN) and Business Manager on 05/20/24 between 09:20 a.m. and 1:19 p.m., the following documentation was missing or overdue: a) The diesel generator had indicated it ran under 30% load in 2023, the last load bank documented for the generator was dated 12/10/2022 b) No documentation could be found to indicate if the diesel generator was exercised for four hours within the past 36 months. Based on interview at the time of record review, the COO/RN acknowledged the lack of documentation and confirmed that the generator is a diesel generator. Based on observation on 05/20/24 during a tour of the facility with the Operating Room Manager from 1:30 p.m. to 2:55 p.m., a surge protector was located in operating room 4 that was used to power electronics and a phone charger. Based on interview at the time of observation, the Business Manager acknowledged the the power strip was within the operating room and did not know if the power strip had a proper UL rating.	Q0108		