STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 313 W 89TH AVE 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
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: 05/20/2024 Facility Number: 011094 Provider Number: 15C0001151 AIM Number: 100274100A At this LSC survey, Broadwest Specialty Surgical 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. This facility was located on the first and second floors of a two story fully sprinklered building determined to be of Type V (111) construction. The facility has a fire alarm system with smoke detection in corridors and hazardous areas Quality Review completed on 05/28/24	K0000		
K0131	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Ambulatory Health Care Facilities Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following: * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access.	K0131		05/23/2024

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	Continued from page 1 * They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating. Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: * Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab. * Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches. * Doors are self-closing and are kept in the closed position, except when in use. * Windows in the barriers are of fixed fire window assemblies per 8.3. Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1,42 CFR 416.44 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. This deficient practice could affect approximately all occupants. Findings include: 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.	K0131		

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K0131	Continued from page 2 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. This finding was reviewed with the Business Manager and Operating Room Manager at the exit conference.	K0131		
K0161	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height Building construction type and stories meet Table 20.1.6.1 or Table 21.1.6.1, respectively. Construction Type 1 I (442), I (332), II (222), Any number of stories II (111), III (211), IV (2HH), non-sprinklered or sprinklered V (111) 2 II (000), III (200), V (000) One story non-sprinklered Any number of stories sprinklered Any level below the level of exit discharge shall be separated by Type II (111), Type III (211), or Type V (111) construction unless both of the following are met: 1. Such levels are under the control of the ambulatory health care occupancy. 2. Hazardous spaces are protected per section 8.7. Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 20.3.5 or 21.3.5, respectively) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of	K0161		05/23/2024

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K0161	Continued from page 3 approval. Complete sketch or attach small floor plan of the building as appropriate. 20.1.6.1, 20.1.6.2, 21.1.6.1, 21.1.6.2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to maintain the building construction type in 1 of 1 furnace rooms. This deficient practice could affect approximately four staff. Findings include: Based on observations with the during a tour of the facility from 1:30 p.m. to 2:55 p.m. on 05/20/24, five ceiling penetrations were noted that each measured approximately one-half inch in diameter throughout the furnace/HVAC room on the 2nd floor. Based on interview at the time of observations, the Business Manager confirmed that there were multiple ceiling penetrations that decreased the buildings construction rating. This finding was reviewed with the Business Manager and Operating Room Manager at the exit conference.	K0161		
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas must meet one of the following: *Contain 1 hour rated enclosure when non-sprinklered *Sprinkler protected with smoke resistive separation *Severe Hazard locations contain sprinkler protection and 1 hour separation with 3/4 hour rated self-closing doors 20.3.2, 21.3.2, 38.3.2, 38.3.2.2, 39.3.2.1, 39.3.2.2, 8.7 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure the corridor door to 1 of over 2 hazardous areas, such as a medical supplies area, a storage room of combustible supplies were provided with a self-closing device which would cause the door to automatically close and latch into the door frame. This	K0321		05/23/2024

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K0321	Continued from page 4 deficient practice could affect occupants within the pre-op area. Findings include: Based on observation on 05/20/24 between 1:30 p.m. and 2:55 p.m. during a tour of the facility with the Chief Operating Officer & Registered Nurse (COO/RN) and Business Manager, the corridor door to the medical supplies room, used to store medical equipment and combustible containers, was not self-closing. Based on interview at the time of observation, the COO/RN confirmed the amount of combustible storage creates a hazardous area and that the door was not self-closing. This finding was reviewed with the Business Manager and Operating Room Manager at the exit conference.	K0321		
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 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	K0341		06/27/2024

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K0341	Continued from page 5 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 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 This deficient practice could affect all occupants. Findings Include: Based on observation during a tour of the facility 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) 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. Findings were discussed with the Business Manager and Operating Room Manager at exit conference.	K0341		
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		05/29/2024

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K0345	Continued from page 6 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 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. This deficient practice could affect approximately all occupants Findings include: 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. Findings were discussed with the Business Manager and Operating Room Manager at exit conference.	K0345		
K0351	Sprinkler System - Installation	K0351		06/27/2024

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K0351	Continued from page 7 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 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility 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 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	K0351		

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K0351	Continued from page 8 occupants within or near the pre-op area. Findings include: 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. Findings were discussed with the Business Manager and Operating Room Manager at exit conference.	K0351		
K0511	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 20.5.1, 21.5.1, 21.5.1.2, 9.1.1, 9.1.2 This STANDARD is NOT MET as evidenced by: Based on observation, the facility failed to ensure 2 of 2 electrical junction boxes observed were maintained in a safe operating condition. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers compatible with the box and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110. Section 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62(B).	K0511		05/23/2024

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K0511	Continued from page 9 (A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B). (B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided This deficient practice could affect approximately approximately 4 staff and occupants within pre-op unit. Based on observation during a tour of the facility between 1:30 p.m. and 2:55 p.m. on 05/20/24 with the Chief Operating Officer & Registered Nurse (COO/RN) and Business Manager, the following deficiencies were noted. a) Two electrical panels located in the pre-op area near the lobby door were unsecured and able to be opened without a key b) An electrical junction box located on the second floor did not have a cover and left exposed wires in the ceiling. Based on interview at the time of observation, the Business Manager confirmed the aforementioned issues and agreed that the panels were unlocked and that exposed wires were present on the second floor. Findings were discussed with the Business Manager and Operating Room Manager.	K0511		
K0521	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 20.5.2.1, 21.5.2.1, 9.2 This STANDARD is NOT MET as evidenced by: Based on record review and interview; the facility	K0521		06/27/2024

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K0521	Continued from page 10 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. This deficient practice could affect approximately all occupants Findings include: 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. This finding was reviewed with the Business Manager and Operating Room Manager at exit conference.	K0521		
K0915	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life	K0915		06/27/2024

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K0915	Continued from page 11 support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 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. This deficient practice could affect approximately Finding include: 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 panels had been listed or labeled and did confirm general anesthesia takes place with special surgeries. This finding was reviewed with the Business Manager and Operating Room Manager at the exit conference.	K0915		
K0918	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System	K0918		06/19/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 313 W 89TH AVE 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

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K0918	Continued from page 12 Maintenance and Testing 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. Generator sets are inspected weekly, exercised under 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility 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 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.	K0918		

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K0918	Continued from page 13 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 This deficient practice could affect all occupants. 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. Findings were discussed with the Business Manager and Operating Room Manager at exit conference.	K0918		
K0920 Bldg. 01	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient	K0920		06/11/2024

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K0920 Bldg. 01	Continued from page 14 care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility 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) This deficient practice affects all occupants in Operating Room 4. Findings include: 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. This finding was reviewed with the Business Manager and Operating Room Manager at the exit conference.	K0920		

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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: 05/20/2024 Facility Number: 011094 Provider Number: 15C0001151 AIM Number: 100274100A At this Emergency Preparedness survey, Broadwest Specialty Surgical Center, LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54 The facility has 5 certified operating rooms Quality Review completed on 05/28/24	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