STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S0000	INITIAL COMMENTS This visit was for a state licensure survey of an Ambulatory Surgery Center. Facility Number: 008655 Survey Dates: 05/21/2024 - 05/22/2024 QA: 5/30/2024	S0000		
S0153	GOVERNING BODY; POWERS AND DUTIES CFR(s): 410 IAC 15-2.4-1 410 IAC 15-2.4-1(c) (5) (C) Require that the chief executive officer develop and implement policies and programs for the following: (C) Orientation of all new employees, including contract and agency personnel, to applicable center and personnel policies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to ensure that contracted housekeeping staff had completed a facility orientation in 2 of 2 personnel records reviewed (H1 and H2, Contracted Housekeepers). Findings include:	S0153		06/10/2024

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: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S0153	Continued from page 1 1. Facility policy titled, Central Indiana Surgery Center Environmental Services, Policy 10.63 last approved 12/2014, indicated contracted housekeeping services will be required to complete the following: 1. Site specific training pertinent to specifics regarding the cleaning and disinfection of the operating suites; 2. Infection Control mandatory training; 3. Occupational Safety and Health Administration (OSHA) mandatory training including hepatitis B vaccination/declination; 4. Health Insurance Portability and Accountability Act (HIPPA) mandatory training; 5. Federal criminal background check. All contracted housekeeping employees must complete the above requirements prior to initial labor within this facility (with the exception of annual review). 2. Review of H1 and H2's (Contracted Housekeepers) personnel records, lacked the following documentation: site specific training, Infection Control training, OSHA training, HIPPA training, and federal background checks. 3. In interview with A1, (Director of Nursing), on 05/22/2024 at approximately 4:30 pm, confirmed H1 and H2 personnel files lacked a complete facility orientation per facility policy.	S0153		
S0172	GOVERNING BODY; POWERS AND DUTIES CFR(s): 410 IAC 15-2.4-1 410 IAC 15-2.4-1 (c)(5) (L) Require that the chief executive officer develop and implement policies and programs for the following: (L) Maintaining personnel records for each employee of the center which include personal data, education and experience, evidence of participation in job related educational activities, and records of employees which relate to post offer and subsequent physical	S0172		06/10/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S0172	Continued from page 2 examinations, immunizations, and tuberculin tests or chest x-rays, as applicable. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to ensure that staff had completed required yearly training education in 2 of 2 (H1 and H2, Contracted Housekeepers) personnel records reviewed. Findings include: 1. Facility policy titled, Continuing Education and In-Service Training, Policy 3.06, last revised 07/2020, indicated physicians, allied health, and contracted environmental services will receive yearly training including Infection Prevention, Occupational Safety and Health Administration (OSHA), Fire Safety including fire prevention and fire hazard reduction, and Operating Room safety. 2. Review of H1 and H2's personnel file lacked documentation of yearly training records. 3. In interview with A1 (Director of Nursing), on 05/22/2024 at approximately 4:30 pm, confirmed that H1 and H2 lacked documentation of yearly training.	S0172		
S0612	MEDICAL RECORDS, STORAGE, AND ADMIN. CFR(s): 410 IAC 15-2.5-3 410 IAC 15-2.5-3(c)(1) (c) An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows: (1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt	S0612		06/07/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S0612	Continued from page 3 retrieval of information. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to ensure accurate medical records related to information packet signature page in 3 of 5 (Patient #26, #28, and #29) medical records reviewed. Findings include: 1. Facility policy titled, Advance Directives, Patient Rights, Physician Ownership", Policy 1.10, last reviewed 08/2022, indicated Advance Directives, Patient Rights, Physician ownership information is shared with the patient during each consultation at the physician's office. This information packet is also given to the patient to take home. The signature page is completed in the physician office and is faxed to the center with the scheduling sheet. 2. Review of patients' medical records #26, #28, and #29 lacked documentation of the signature page indicating receipt of the Advance Directives, Patient Rights, Physician Ownership packet. 3. In interview with A2 (Executive Director), on 05/22/2024 at approximately 4:30 pm, confirmed that patients #26, #28, and #29 did not have a signature page for the reviewed surgery date and indicated no policy that specified how long signature page was valid.	S0612		
S0862	MEDICAL STAFF; ANESTHESIA AND SURGICAL CFR(s): 410 IAC 15-2.5-4 410 IAC 15-2.5-4(d)(2)(C) Requirement for surgical services include: (2) Surgical services shall develop, implement, and maintain written policies governing surgical care designed to assure the achievement and maintenance of standards of medical	S0862		06/10/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S0862	Continued from page 4 and patient care as follows: (C) A provision for the following equipment and supplies to be available to the surgical and recovery areas: (i) Emergency call system. (ii) Oxygen. (iii) Resuscitation equipment. (iv) Defibrillator. (v) Cardiac monitors. (vi) Tracheostomy set. (vii) Oximeter. (viii) Suction equipment. (ix) Other supplies and equipment specified by the medical staff. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review, observation, and interview, the facility failed to stock a tracheostomy set in 1 of 1 crash carts. Findings include: 1. Facility policy titled, Crash Cart Content, Policy 5.05, last reviewed 03/2017, indicated the contents of the crash cart shall be maintained in the cart in the designated drawers as indicated on the attached sheet. The attachment indicated Drawer 5 had a sterile trach set. 2. Observation of emergency crash cart contents in the pre-operative/post operative area noted the crash cart lacked a tracheostomy set. 3. In interview with A1 (Director of Nursing), on 05/22/2024 at approximately 8:45 a.m. confirmed there was not a tracheostomy set in the crash cart.	S0862		
S1006	PHARMACEUTICAL SERVICES	S1006		06/10/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S1006	Continued from page 5 CFR(s): 410 IAC 15-2.5-6 410 IAC 15-2.5-6(2) Pharmaceutical services must have the following: (2) Records of stock supplies of all scheduled substances, including an accounting for all items purchased and dispensed. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to ensure an accurate daily narcotic count of 1 of 3 narcotic medications. Findings include: 1. Facility policy titled, Central Indiana Surgery Center (CISC) Pharmacy Services, Policy 8.01, last reviewed 08/2022, indicated a daily verified opening and closing count of narcotic drugs is required. Two CISC Registered Nurses will count the quantity of each narcotic drug and sign the count on the Narcotic Inventory Record Form. A closing count is required by two CISC Registered Nurses. 2. Review of the daily narcotic count sheet dated 05/21/2024 indicated the end count of Versed (midazolam) 2 milligrams (mg)/2 milliliters (ml) was 273. Review of the daily narcotic count sheet dated 05/22/2024 indicated the beginning count of Versed (midazolam) 2 mg/2 ml was 273. Review of the daily narcotic count sheets for end count on 05/21/2024 and beginning count on 05/22/2024 indicated they were signed by a Registered Nurse and Certified Registered Nurse Anesthetist. 3. In interview with A1 (Director of Nursing), on 05/22/2024 at approximately 8:30 a.m. confirmed the count for Versed (midazolam) 2 mg/ 2 ml was 373, not 273.	S1006		
S1010	PHARMACEUTICAL SERVICES	S1010		06/10/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S1010	Continued from page 6 CFR(s): 410 IAC 15-2.5-6 410 IAC 15-2.5-6(3)(A) Pharmaceutical services must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug handling, storing, labeling, and dispensing. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review, observation and interview, the facility failed to label 3 of 3 intravenous (IV) bags in the pre-operative/post operative area. Findings include: 1. Facility policy titled, Medication Safety, Policy 5.25, last reviewed 08/2019, indicated all medication, medication containers, syringes, medicine cups, basins, and other solutions on and off the sterile field will be labeled. Medication label will include a. name of medication; b. dosage/strength; c. date; d. initials of the person preparing the medication. 2. Observation in the pre-operative/post operative area on 05/22/2024 at approximately 9:20 a.m. noted 3 bags of Lactated Ringers 500 milliliters hanging on IV poles, lacked documentation of medication labels. 3. In interview with A1 (Director of Nursing), on 05/22/2024 at approximately 4:30 pm, confirmed that IV medications in the pre-operative/post operative area did not have medication labels.	S1010		
S1188	PHYSICAL PLANT, EQUIPMENT MAINTENANCE, CFR(s): 410 IAC 15-2.5-7	S1188		06/10/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230086551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL INDIANA SURGERY CENTER	9002 N MERIDIAN LOWER LEVEL , INDIANAPOLIS, Indiana, 46260

(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
S1188	Continued from page 7 410 IAC 15-2.5-7(c)(4) (c) A safety management program must include, but not be limited to, the following: (4) A written fire control plan that contains provisions for the following: (A) Prompt reporting of fires. (B) Extinguishing of fires. (C) Protection of patients, personnel, and guests. (D) Evacuation. (E) Cooperation with firefighting authorities. (F) Fire drills. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to follow policy and procedure related to fire drills by failing to complete two quarterly fire drills in 2023 (Quarters 2 and 3). Findings include: 1. Facility policy titled, Central Indiana Surgery Center Fire Drill Policy, Policy 5.36a, last approved 08/2022, indicated at least one drill is conducted each calendar quarter. 2. Review of fire drill documentation failed to include fire drills for quarters 2 and 3 in 2023. 3. Interview on 05/22/2024 at approximately 6:30 pm, A1 (Director of Nursing), confirmed fire drills for quarters 2 and 3 in 2023 were not completed.	S1188		