

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240030321	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER CENTER FOR SPECIAL SURGERY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8805 N MERIDIAN ST , 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: 003032 Survey Date: 6/05/24 QA: 6/10/2024	S0000		
S0028	SURVEY PROCEDURES CFR(s): 410 IAC 15-2.2-2 410 IAC 15-2.2-2 (c)(1) (c) All documents in legally reproducible form must be maintained within the center for the period required by statutes of limitations and must be made available upon request for inspection, including copying by representatives of the department as follows: (1) Items to include, but not limited to, the following: (A) Documents showing ownership, certified copy of articles of incorporation (if incorporated).	S0028		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0028	<p>Continued from page 1</p> <p>(B) Constitution and bylaws of governing body.</p> <p>(C) Minutes of meetings of the governing body and committees thereof.</p> <p>(D) Minutes of meetings of the medical staff and committees thereof.</p> <p>(E) All documents pertaining to quality assurance and improvement of patient care and medical care.</p> <p>(F) A current roster of members of the medical staff with designated privileges.</p> <p>(G) Personnel records.</p> <p>(H) Medical records.</p> <p>(I) Reports pursuant to IC 16-21-2-6.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the Governing Body failed to perform a review at least quarterly of its management operations.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of Facility Board of Managers Bylaws, last approved 12/07/21, indicated the Board of Managers meets at least on a quarterly basis and keeps minutes and other records as necessary to demonstrate the on-going performance of its responsibilities. In interview on 6/05/24 at approximately 3:09 pm, A2 (Chief Nursing Officer) confirmed there are no Board of Managers meeting minutes for the 3rd and 4th quarters, 2023. 	S0028		

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