

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001011	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER SURGICAL CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 9202 N MERIDIAN STREET SUITE 150 , INDIANAPOLIS, Indiana, 46260	
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Q0000	INITIAL COMMENTS This visit was for a Federal recertification survey of an Ambulatory Surgery Center. Facility Number: 005392 Survey Dates: 07/22/24 - 07/23/24 and 8/5/24 QA: 07/30/2024	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 record review, observation, and interview, the facility failed to maintain 1 of 1 one fire barriers separating it from an adjoining tenant; failed to document annual inspection and testing of all fire door assemblies; failed to maintain the facility's piped gas and vacuum systems in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition; failed to ensure documentation of electrical outlet receptacle testing and Line Isolation Monitor (LIM) testing was available for review in accordance with NFPA 99; and failed to ensure 1 of 1 emergency generators: a. had documented weekly inspections for 47 weeks of the most recent 52 week period, b. had the transfer time, load percent achieved and cool down time documented for monthly load tests for twelve months of the most recent twelve month period, c. had annual diesel fuel sampling and analysis documented for the most recent twelve month period, d. had a remote emergency stop installed, e. had a battery backup light installed for generators installed in an enclosure. Findings Include: The accumulative effect of these systemic problems	Q0100		

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 resulted in the facility's inability to ensure the provision of quality health care in a safe environment.	Q0100		
Q0104	<p>SAFETY FROM FIRE</p> <p>CFR(s): 416.44(b)(1)-(3)</p> <p>(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).</p> <p>(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.</p> <p>(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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 one fire barriers separating it from an adjoining tenant.</p> <p>Findings include:</p> <p>Based on observations with the Director of Nursing (DON) and the Maintenance Technician for CBRE Property Management during a tour of the facility from 1:05 p.m. to 2:20 p.m. on 08/05/24, the door set serving as the entrance to the waiting area from the main entrance lobby for the building were not in the latched position. The latching mechanisms were in the "dogged down" position and could be released and locked from the lobby side of the door with an electronic access card. Based on interview at the time of the observations, the DON stated the doors are locked at night and even if the doors are locked you can exit the waiting area without the need of the electronic access card.</p>	Q0104		
Q0108	BUILDING SAFETY	Q0108		

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Q0108	<p>Continued from page 2</p> <p>CFR(s): 416.44(c)</p> <p>(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).</p> <p>(1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to an ASC.</p> <p>(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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review, observation, and interview; the facility failed to document annual inspection and testing of all fire door assemblies. LSC 20.7.6 Maintenance and Testing states See 4.6.12. LSC 4.6.12 states whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. LSC 8.3.3.1 states openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p>	Q0108		

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Q0108	<p>Continued from page 3</p> <p>NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p> <p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity.</p> <p>This deficient practice could affect all patients, staff, and visitors.</p> <p>Based on record review and interview, the facility failed to maintain the facility's piped gas and vacuum systems in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition.</p> <p>Based on record review, observation and interview; the facility failed to ensure documentation of electrical outlet receptacle testing and Line Isolation Monitor (LIM) testing was available for review in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.1 states hospital-grade receptacles testing shall be performed after initial installation, replacement or servicing of the device.</p>	Q0108		

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Q0108	<p>Continued from page 4</p> <p>Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). Section 6.3.4.2.1.2 states, at a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter. LIM testing shall be conducted monthly or every 12 months as required by Section 6.3.4.1.4.</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 emergency generators:</p> <p>a. had documented weekly inspections for 47 weeks of the most recent 52 week period.</p> <p>b. had the transfer time, load percent achieved and cool down time documented for monthly load tests for twelve months of the most recent twelve month period.</p> <p>c. had annual diesel fuel sampling and analysis documented for the most recent twelve month period.</p> <p>d. had a remote emergency stop installed.</p> <p>e. had a battery backup light installed for generators installed in an enclosure.</p> <p>NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly.</p> <p>NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, 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:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating.</p>	Q0108		

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Q0108	<p>Continued from page 5</p> <p>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 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.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4.1.1.1 states the generator set or other alternate power source and associated equipment, including all appurtenance parts shall be so maintained as to be capable of supplying service within the shortest time frame practicable an within the 10 second interval specified in 6.4.1.1.10 and 6.4.3.1. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>NFPA 110, 2010 Edition, at 6.2.10 Time Delay on Engine Shutdown requires a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown to allow for engine cool down. 6.2.10.1 states the minimum 5-minute delay shall not be required on small (15 kW or less) air-cooled prime movers.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.4.4.1.1.3 states for Type 1 EES (Essential Electrical System) generator sets, maintenance shall be performed in accordance with NFPA110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems 2010 Edition, Section 5.6.5.6, requires all installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.</p> <p>Section 5.6.5.6.1, requires the remote manual stop station to be labeled.</p> <p>Annex A is not a part of the requirements but is</p>	Q0108		

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Q0108	<p>Continued from page 6 included for informational purposes only.</p> <p>A.5.6.5.6 states for systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified.</p> <p>NFPA 99, 2012 Edition, Health Care Facilities Code Section 6.4.1.1.6.1. Section 6.4.1.1.6.1 states that Type 1 and Type 2 essential electrical system power sources shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110 Section 7.3.1 states the Level 1 or Level 2 EPS equipment location(s) shall be provided with battery-powered emergency lighting. This requirement shall not apply to units located outdoors in enclosures that do not include walk-in access. NFPA 110 7.3.2 states the emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.</p> <p>Findings Include:</p> <p>Based on record review with the Director of Nursing (DON) and the Maintenance Technician for CBRE Property Management from 10:00 a.m. to 1:05 p.m. on 08/05/24, documentation of annual fire door inspections within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Maintenance Technician for CBRE Property Management agreed documentation for current annual fire door inspections was not available for review. Based on observations with the DON and the Maintenance Technician for CBRE Property Management, the door serving as the entrance to the Clean Assembly Workroom had a 45 minute fire resistance rating label affixed to the door and the stairwell door in the operating room area had a 90 minute fire resistance rating label affixed to the door. Each door had a sticker on the door stating a fire door inspection was performed on the door on 02/11/20.</p> <p>Based on review of the piped gas system inspection contractor's "Annual Medical Gas Inspection Report" dated 08/05/24 with the Director of Nursing (DON) and the Maintenance Technician for CBRE Property Management during record review from 10:00 a.m. to 1:05 p.m. on 08/05/24, deficiencies were noted during the inspection of the facility's piped gas system. Six of fourteen zones valves were listed as failing inspection. No corrective action documentation was provided. Based on interview at the time of record review, the DON stated the 08/05/24 documentation shows the contractor did the</p>	Q0108		

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Q0108	<p>Continued from page 7 inspections on 05/29/24, she tried to get the inspection report repeatedly following that date but the contractor never forwarded the report to the facility until she inquired about it again at the time of the survey. The DON stated no corrections have been made because they never got the report until the time of the survey.</p> <p>Based on record review with the Director of Nursing (DON) and the Maintenance Technician for CBRE Property Management from 10:00 a.m. to 1:05 p.m. on 08/05/24, patient bay electrical receptacle testing documentation was not available for review. Based on interview at the time of record review, the DON stated the facility opened in 2018, all electrical receptacle locations in patient care areas are hospital-grade receptacles and neither initial installation testing documentation nor subsequent interval testing documentation was available for review. Based on observations with the DON and the Maintenance Technician for CBRE Property Management during a tour of the facility from 1:05 p.m. to 2:20 p.m. on 08/05/24, the facility has 12 patient bays. All electrical receptacles in the patient care vicinity in the patient bays were hospital grade. In addition, the facility has four operating rooms and two procedure rooms. Each of the six rooms has a LIM system for a total of six LIM's in the facility. It could not be determined if any LIM had automated self-test and self-calibration capabilities. Based on interview at the time of the observations, the DON stated LIM testing documentation for the most recent twelve month period was not available for review.</p> <p>Based on review of "Weekly Generator 10 Min Run" documentation with the Director of Nursing (DON) and the Maintenance Technician for CBRE Property Management during record review from 10:00 a.m. to 1:05 p.m. on 08/05/24, weekly generator inspection documentation for 47 weeks of the most recent 52 week period was not available for review. Based on interview at the time of record review, the Maintenance Technician stated he takes a picture of the emergency generator control panel on weekly inspections now but agreed the picture does not include a visual inspection of the starting batteries. In addition, review of "Monthly Load Checklist" and "Monthly Generator Load Test" documentation for the most recent twelve month period indicated transfer time, load percent achieved (or exhaust temperature) and cool down time is not documented. Diesel fuel sampling and analysis documentation for the most recent twelve month period was also not available for review. Based on interview at the time of record review, the Maintenance Technician for CBRE Property Management agreed transfer</p>	Q0108		

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Q0108	Continued from page 8 time, cool down time and the load percent achieved is not documented on monthly load testing and fuel sampling and analysis documentation for the facility's one diesel fuel fired emergency generator was not available for review. Based on observations with the DON and the Maintenance Technician for CBRE Property Management, the facility has one diesel fuel fired emergency generator located outside of the building inside a weatherproof shell in a walled enclosure with a gate. A remote emergency stop, remote from the generator, could not be located. A battery back up light for the generator location could also not be located. Manufacturer's documentation affixed to the generator indicated it was rated at 200 kW and manufactured 08/11/17. Based on interview at the time of the observations, the Maintenance Technician for CBRE Property Management agreed a remote emergency stop and a battery light for the generator could not be located.	Q0108		