STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001047	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITEWATER SURGERY CENTER	1900 CHESTER BLVD PO BOX 399, RICHMOND, Indiana, 47374

(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 ID: 001222 Survey date: 08/12/2024 - 08/13/2024 and 8/20/2024 QA: 8/21/2024 and 8/26/2024	Q0000		
Q0064	STANDARD LEVEL TAG FOR SURGICAL SERVICES CFR(s): 416.42 Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC. This STANDARD is NOT MET as evidenced by: Based on document review and interview, the facility lacked documentation of the anesthesia preoperative equipment checklist in 16 of 30 patient (Patient 1, 6, 7, 8, 9, 10, 15, 16, 17, 18, 20, 21, 22, 26, 27, and 30) medical records reviewed. Findings include: 1. Facility policy titled "Pre-Induction Review", approved 06/11/2013, indicated under Anesthesia Equipment and Medication Checkout: The anesthesia provider, prior to bringing the patient to the OR, checks the function of the anesthesia machine/equipment. 2. Review of patient medical records 1, 6, 7, 8, 9, 10, 15, 16, 17, 18, 20, 21, 22, 26, 27, and 30 lacked documentation of the anesthesia pre-operative equipment checklist.	Q0064		09/05/2024

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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Q0064	Continued from page 1 3. In interview with A1, (Clinical Director), on 8/13/2024 at approximately 2:15 pm, confirmed the above medical records lacked documentation of the anesthesia preoperative checklist.	Q0064		
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 ensure 4 of 4 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the past 4 quarters; and failed to ensure documentation of electrical outlet receptacle testing at all locations was available for review in accordance with NFPA 99. Findings Include: The accumulative effect of these systemic problems resulted in the facility's inability to ensure the provision of quality health care in a safe environment.	Q0100		09/05/2024
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	Q0104		09/05/2024

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Q0104	Continued from page 2 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 record review and interview, the facility failed to ensure 4 of 4 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the past 4 quarters. Based on record review observation and interview on 08/20/24 between 10:45 a.m. and 2:40 p.m. with the Clinical Director (CD), and Facilities Maintenance (FM) personnel, the fire drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months lacked verification of the transmission of the signal to the monitoring company. The form being used did not indicate the transmission and verification of signal for the fire drills. Based on interview at the time of record review, the CD stated the fire drill reports lacked verification of signal transmission to the monitoring company.	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 record review, observation and interview; the facility failed to ensure documentation of electrical outlet receptacle testing at all locations was	Q0108		09/05/2024

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Q0108	Continued from page 3 available for review in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade at patient bed locations and in locations where deep sedation or general anesthesia shall be tested at intervals not exceeding 12 months. 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. 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. Based on record review observation and interview on 08/20/24 between 10:45 a.m. and 2:40 p.m. with the Clinical Director (CD), and Facilities Maintenance (FM) personnel, during records review the MD believed that all the receptacles in the facility were hospital grade and so indicated by a green dot. No record of receptacle testing was available for review since the belief was all receptacles were hospital grade. During the facility tour it was apparent that not all the receptacles in the facility, including patient areas, were hospital grade with a green dot. Only the red receptacles tied to the generator were hospital grade represented with the green dot. The MD stated that he would either change the other receptacles to green dot hospital grade or begin itemized receptacle testing.	Q0108		