

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001213	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 - Fishers Special... B. WING	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Fishers Specialty Surgery Center, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14300 EAST 138TH STREET, BUILDING B , FISHERS, Indiana, 46038	
(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 Bldg. 00	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 11/07/24</p> <p>Facility Number: 014526</p> <p>Provider Number: 15C0001213</p> <p>AIM Number: 210145261</p> <p>At this LSC survey, Fishers Specialty Surgery Center LLC was found 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 20, New Ambulatory Health Care Occupancies.</p> <p>This facility was located on the second floor within a two-story shared structure and determined to be fully sprinklered and of Type II (222) construction. The facility has a fire alarm system with smoke detection in all corridors and hazardous areas.</p> <p>Quality Review completed on 11/21/24</p>	K0000		

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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E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54.</p> <p>Survey Date: 11/07/24</p> <p>Facility Number: 014526</p> <p>Provider Number: 15C0001213</p> <p>AIM Number: 210145261A</p> <p>At this Emergency Preparedness survey, Fishers Specialty Surgery Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54.</p> <p>Quality Review completed on 11/21/24</p>	E0000		

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