

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001045	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER INDIANA ENDOSCOPY CENTERS		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD, STE 710, INDIANAPOLIS, Indiana, 46202		
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Q0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification Survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 006221</p> <p>Survey Dates: 01/27/25 – 01/29/25 & 2/10/2025</p> <p>QA: 02/05/25</p>	Q0000		
Q0100	<p>ENVIRONMENT</p> <p>CFR(s): 416.44</p> <p>The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on record review, observation and interview; the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code as required by LSC Sections 21.3.4.1 and 9.6; failed to maintain 1 of 1 sprinkler systems in accordance with LSC 9.7.5; failed to maintain 1 of 1 piped gas and vacuum systems in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition; and failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring.</p> <p>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.</p>	Q0100		
Q0101	<p>PHYSICAL ENVIRONMENT</p> <p>CFR(s): 416.44(a)(1)</p> <p>The ASC must provide a functional and sanitary environment for the provision of surgical services.</p> <p>Each operating room must be designed and equipped so that the types of surgery conducted can be performed in</p>	Q0101		

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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Q0101	<p>Continued from page 1 a manner that protects the lives and assures the physical safety of all individuals in the area.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 piped gas and vacuum systems in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. LSC 21.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity.</p> <p>Findings Include:</p> <p>Based on review of the piped gas system inspection contractor's "Lubricated Rotary Vane Vacuum System Planned Maintenance Check List" documentation dated 01/18/24 and "Medical Gas System Verification Report" documentation dated 02/27/15 with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during record review from 9:00 a.m. to 12:00 p.m. on 02/10/25, vacuum system and piped gas system inspection and testing documentation within the most recent twelve month period was not available for review. Based on interview at the time of record review, the ASC Manager and the Advisor/Environment of Care stated vacuum system and</p>	Q0101		

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Q0101	<p>Continued from page 2 piped gas systems were inspected and tested by an inspection contractor in January 2025 but agreed inspection and testing documentation within the most recent twelve month period was not available for review at the time of the survey.</p> <p>These findings were reviewed with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during the exit conference.</p> <p>Based on observations with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during a tour of the facility from 1:00 p.m. to 2:25 p.m. on 02/10/25, an Ativa power strip was affixed to a computer screen on a wheeled cart in Procedure Room 4. The UL listing of the power strip could not be determined. Based on interview at the time of the observations, the Advisor/Environment of Care agreed the UL listing of the power strip could not be determined and had staff remove the power strip from the room.</p> <p>These findings were reviewed with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during the exit conference.</p>	Q0101		
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>	Q0104		

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Q0104	<p>Continued from page 3</p> <p>Based on record review, observation and interview; the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code as required by LSC Sections 21.3.4.1 and 9.6.</p> <p>NFPA 72, Section 14.4.5 states unless otherwise permitted by this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.</p> <p>NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction.</p> <p>Based on record review, observation and interview; the facility failed to maintain 1 of 1 sprinkler systems in accordance with LSC 9.7.5. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 edition, Table 5.1.1.2 indicates the required frequency of inspection and testing.</p> <p>1) NFPA 25, Section 5.2.5 requires waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, Section 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. NFPA 25, Section 5.3.3.2 states vane-type and pressure switch-type water flow alarm devices shall be tested semiannually.</p> <p>2) NFPA, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1 states all valves shall be inspected weekly. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>3) NFPA 25, Section 8.3.1.2 states electric motor-driven fire pumps shall be operated monthly. Section 8.3.2.1 states a test of fire pump assemblies shall be conducted without flowing water. Section 8.3.2.2 states the test shall be conducted by starting the pump automatically. Section 8.3.2.3 states the</p>	Q0104		

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Q0104	<p>Continued from page 4 electric pump shall run a minimum of 10 minutes.</p> <p>4) NFPA 25, Section 8.3.3.1 states an annual test of each pump assembly shall be conducted by qualified personnel under minimum, rated, and peak flows of the fire pump by controlling the quantity of water discharged through approved test devices.</p> <p>NFPA 25, Section 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. NFPA, 25 Section 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date.</p> <p>Findings Include:</p> <p>Based on record review with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care from 9:00 a.m. to 12:00 p.m. on 02/10/25, fire alarm system inspection and testing documentation for the most recent twelve month period was not available for review. Based on interview at the time of record review, the ASC Manager and the Advisor/Environment of Care stated the property manager for the building maintains fire alarm system inspection and testing documentation. Based on interview with the Property Manager at 11:00 a.m. on 02/10/25, the Property Manager stated the regular maintenance person for the building was not available that day and stated it may take a while to assemble the required fire alarm system inspection and testing documentation. Based on observations with the Property Manager at 2:15 p.m. on 02/10/25, the facility's main fire alarm system was located on the first floor near the elevators in the entrance lobby. Based on interview at the time of the observations, the Property Manager stated they were still trying to assemble the required fire alarm system inspection and testing documentation but it was not yet available for review.</p> <p>These findings were reviewed with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during the exit conference at 2:30 p.m. on 02/10/25. The required fire alarm system inspection and testing documentation was not available for review at the time of the exit conference.</p> <p>Based on review of the sprinkler system inspection contractor's "Sprinkler Inspection Report" documentation for the most recent twelve month with the</p>	Q0104		

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Q0104	<p>Continued from page 5</p> <p>Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during record review from 9:00 a.m. to 12:00 p.m. on 02/10/25, the following was noted:</p> <p>1) sprinkler system inspection documentation for the fourth quarter 2024 was not available for review. The most recent calendar quarter sprinkler system inspection documentation which was available for review was dated 08/15/24.</p> <p>2) monthly sprinkler system gauge and control valve inspection documentation for the most recent twelve month period was also not available for review.</p> <p>3) monthly and annual sprinkler system fire pump inspection and testing documentation for the most recent twelve month period was also not available for review.</p> <p>4) annual sprinkler system fire pump inspection and testing documentation for the most recent twelve month period was not available for review.</p> <p>Based on interview at the time of record review, the ASC Manager and the Advisor/Environment of Care stated the property manager for the building also maintains sprinkler system inspection and documentation. Based on interview with the Property Manager at 11:00 a.m. on 02/10/25, the Property Manager stated the regular maintenance person for the building was not available that day and stated it may take a while to assemble the required sprinkler system inspection and testing documentation. Based on observations with the Property Manager at 2:15 p.m. on 02/10/25, the facility has supervised wet sprinkler systems and one electric motor-driven fire pump for the sprinkler systems. Based on interview at the time of the observations, the Property Manager stated they were still trying to assemble the required sprinkler system inspection and testing documentation but it was not yet available for review.</p> <p>These findings were reviewed with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during the exit conference at 2:30 p.m. on 02/10/25. The required sprinkler system inspection and testing documentation was not available for review at the time of the exit conference.</p>	Q0104		