STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001045	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING	(X3) DATE SURVEY COMPLETED 02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA ENDOSCOPY CENTERS	1801 N SENATE BLVD, STE 710 , INDIANAPOLIS, Indiana, 46202

(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	INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 02/10/25 Facility Number: 006221 Provider Number: 15C0001045 AIM Number: 100380920A At this Life Safety Code survey, Indiana Endoscopy Centers was found not 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 21, Existing Ambulatory Health Care Occupancies. The facility, located on the seventh floor of a seven story building, was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the four Procedure Rooms and at the main fire alarm panel in the Medical Office Building. Quality Review completed on 02/14/25	K0000		
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm Systems - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by:	K0345		02/11/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001045	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING	(X3) DATE SURVEY COMPLETED 02/10/2025

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K0345	Continued from page 1 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. 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. 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. This deficient practice could affect all patients, staff and visitors. Findings include: 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. 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	K0345		

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K0345	Continued from page 2 conference.	K0345		
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: 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. 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. 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	K0353		02/11/2025

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K0353	Continued from page 3 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. 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 electric pump shall run a minimum of 10 minutes. 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. 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. This deficient practice could affect all patients, staff and visitors. Findings include: Based on review of the sprinkler system inspection contractor's "Sprinkler Inspection Report" documentation for the most recent twelve month 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, the following was noted: 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. 2) monthly sprinkler system gauge and control valve inspection documentation for the most recent twelve	K0353		

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K0353	Continued from page 4 month period was also not available for review. 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. 4) annual sprinkler system fire pump 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 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. 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.	K0353		
K0907	Gas and Vacuum Piped Systems - Maintenance Pr CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Maintenance Program Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or	K0907		02/11/2025

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K0907	Continued from page 5 credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99) This STANDARD is NOT MET as evidenced by: 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. This deficient practice could affect four patients. Findings include: 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 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. These findings were reviewed with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during the exit conference.	K0907		
K0920 Bldg. 01	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of	K0920		02/11/2025

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K0920 Bldg. 01	Continued from page 6 vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is NOT MET as evidenced by: 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. This deficient practice could affect one patient and staff. Findings include: 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	K0920		

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K0920 Bldg. 01	Continued from page 7 determined and had staff remove the power strip from the room. These findings were reviewed with the Clinical Operations Director, the ASC Manager and the Advisor/Environment of Care during the exit conference.	K0920		

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54. Survey Date: 02/10/25 Facility Number: 006221 Provider Number: 15C0001045 AIM Number: 100380920A At this Emergency Preparedness survey, Indiana Endoscopy Centers was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54. The facility has 4 certified Procedure Rooms. Quality Review completed on 02/14/25	E0000		

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