STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001025	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN PLASTIC SURGERY CENTER	170 W 106TH ST , INDIANAPOLIS, Indiana, 46290

(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: 05/29/25 Facility Number: 005406 Provider Number: 15C0001025 AIM Number: 100274380A At this Life Safety Code survey, Meridian Plastic Surgery Center was found not in compliance with Requirements for Participation in Medicare, 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 first floor and second floor of a two-story building with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and hazardous areas. Quality Review completed on 06/09/25	K0000		
K0291	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 20.2.9.1, 21.2.9.1, 7.9 This STANDARD is NOT MET as evidenced by:	K0291		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001025	A. BUILDING **01 - MAIN BUILDING 0...** B. WING	**05/29/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K0291	Continued from page 1 Based on record review, interview, and observation, the facility failed to ensure testing for 5 of 5 emergency battery powered lighting units was conducted. NFPA 101 2012 edition 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. (2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction (3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the test. (5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power. Findings include: Based on a review of the Life Safety Code survey conducted on 12/15/2021, it was noted that the facility had five battery power emergency lights in use. Based on record review with the facility Director and Administrator on 05/29/25 at 11:55 a.m., the Director was asked if she could provide records to indicate the 30-second and 90-minute testing of these lights, but it was determined that it could not be located. Based on interview on 05/29/25 at 11:57 a.m., the Director acknowledged there was no written record of 30-second and 90-minute test regarding the battery-operated emergency lights available for review as of the time of this survey. Based on observations made during a tour of the facility, there were indeed five battery power emergency lights in use. This finding was reviewed with the Director and the facility Administrator at the exit conference on 05/29/25.	K0291		

Sprinkler System - Maintenance and Testing K0353

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K0353 Bldg. 01	Continued from page 2 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 document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly 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 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all patients and staff in the facility. Findings include: Based on review of the Ryan Fire Protection documentation entitled "Joint Commission Fire System Inspection Report" dated 03/21/25, 06/28/14, 09/27/24,	K0353		

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K0353 Bldg. 01	Continued from page 3 and 12/20/24 with the facility Director and Administrator Maintenance Director and the facility Administrator during record review on 05/29/25 at 11:50 a.m., weekly sprinkler gauge inspection documentation was not available for review. In addition, monthly inspection documentation for all sprinkler system control valves was also not available for review. Based on an interview on 05/29/25 at 11:52 a.m. with the Director, she verified that documentation was not available for review as of the time of this survey in reference to weekly control valve and monthly gauge inspections adding that she would have those items documented as soon as possible. This finding was reviewed with the Director and the facility Administrator at the exit conference on 05/29/25.	K0353		

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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: 05/29/25 Facility Number: 005406 Provider Number: 15C0001025 AIM Number: 100274380A At this Emergency Preparedness survey, Meridian Plastic Surgery Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54. The facility has two certified operating rooms and one procedure room. Quality Review completed on 06/09/25	E0000		

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