

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 250032121		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER SOUTHWEST SURGICAL SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 7920 W JEFFERSON BLVD STE 210, FORT WAYNE, Indiana, 46804			
(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
S0000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 003212</p> <p>Survey Dates: 5/20/25 to 5/21/25</p> <p>QA: 5/22/2025</p>	S0000			
S0230	<p>GOVERNING BODY; POWERS AND DUTIES</p> <p>CFR(s): 410 IAC 15-2.4-1</p> <p>410 IAC 15-2.4-1(e)(5)</p> <p>The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following:</p> <p>(5) Provide for a periodic review of the center and its operation by a utilization review or other committee composed of three (3) or more duly licensed physicians having no financial interest in the facility.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to conduct utilization review of its operations</p>	S0230			06/27/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0230	<p>Continued from page 1 within the last 4 quarters by a committee comprised of 3 duly licensed physicians having no financial interest in facilities' operations (1st quarter of 2025; quarters 2, 3, and 4 of 2024).</p> <p>1. Facility policy titled, Utilization Review Program, Policy Number: PCS 5.25, last revised 07/28/22, indicated under A. Policy and Authority. 1. It is the policy of the Facility's Board of Managers that a Utilization Review Program be operative to ensure appropriate and effective utilization of available service, supplies, and equipment in the Facility. The plan will establish the methodology used to review and justify the patient's need for surgery and related services and the appropriateness and efficiency of care provided. E. Methods of Review. 1. Consistent with the objective of evaluating the necessity of surgery and the quality of care, the Utilization Review shall utilize a standard methodology in performing its function. This methodology is as follows: a. Medical records are selected on a pro-rata basis or a minimum of fifteen per month for review from the cases performed. b. The medical records are viewed utilizing a worksheet and areas are identified for discussion and any inconsistencies noted.</p> <p>2. Review of facility documents lacked documentation of UR (Utilization Review) meeting minutes or periodic review for the last four quarters (1st quarter of 2025; 2, 3, and 4th quarter of 2024) by an appropriate UR or other committee.</p> <p>3. In interview on 5/21/25 at approximately 1:41 pm, A1 (Chief Executive Officer) indicated UR is captured under Peer review. A1 indicated there are no separate UR committee meeting minutes documented to show what physician reviewed what medical records or facilities' operations. A1 confirmed UR is conducted during the Medical Executive Committee meetings, which MD1 (Doctor of Medicine) is part of and holds a financial interest in.</p>	S0230		