STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001079	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAAB ROAD SURGERY CENTER LLC	8260 NAAB ROAD, SUITE 100 , INDIANAPOLIS, Indiana, 46260

(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
Q0000	INITIAL COMMENTS This visit was for a Federal Recertification survey of an Ambulatory Surgery Center. Facility Number: 010525 Survey Dates: 05/27/25 – 05/28/25, and 6/9/2025 Naab Road Surgery Center LLC is in compliance with 42 CFR Part 416.25 through 416.52, Requirements for Ambulatory Surgery Centers. QA: 06/17/25	Q0000		
Q0100	ENVIRONMENT CFR(s): 416.44 The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients. This CONDITION is NOT MET as evidenced by: Based on record review, observation and interview, the facility failed to ensure emergency lighting in 6 of 6 operating rooms where general anesthesia is administered was maintained in accordance with NFPA 99; failed to document annual inspection and testing of all fire door assemblies; failed to ensure documentation of electrical outlet receptacle testing was available for review in accordance with NFPA 99; and failed to ensure 2 of 2 emergency generators was exercised for 5 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Findings Include: 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.	Q0100		07/11/2025
Q0101	PHYSICAL ENVIRONMENT	Q0101		07/11/2025

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

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Q0101	Continued from page 1 CFR(s): 416.44(a)(1) The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area. This STANDARD is NOT MET as evidenced by: Based on record review, observation and interview; the facility failed to ensure emergency lighting in 6 of 6 operating rooms where general anesthesia is administered was maintained in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.2.11.1 states one or more battery-powered lighting units shall be provided within locations where deep sedation and general anesthesia is administered. The lighting level of each unit shall be sufficient to terminate procedures intended to be performed within the operating room. The sensor for units shall be wired to the branch circuit(s) serving general lighting within the room. Units shall be capable of providing lighting for 90 minutes and shall be tested monthly for 30 seconds and annually for 30 minutes. Section 3.3.17 defines battery-powered lighting units as individual unit equipment for backup illumination consisting of a rechargeable battery, battery-charging means, provisions for one or more lamps mounted on the equipment, or with terminals for remote lamps, or both, and relaying device arranged to energize the lamps automatically upon failure of the supply to the unit equipment. Based on record review, observation and interview; the facility failed to ensure documentation of electrical outlet receptacle testing was available for review in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade at patient bed locations and in locations where deep sedation or general anesthesia shall be tested at intervals not exceeding 12 months. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.1 states hospital-grade receptacles testing shall be performed after initial installation, replacement or servicing of the device. Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct	Q0101		

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Q0101	Continued from page 2 polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). Section 6.3.4.2.1.2 states, at a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter. 1) Based on record review and interview, the facility failed to ensure 2 of 2 emergency generators was exercised for 5 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. 2) Based on record review and interview, the facility failed to ensure 2 of 2 emergency generators was allowed a 5 minute cool down period after a load test for 5 of the most recent 12 months in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 2010 Edition, Section 6.2.10 Time Delay on Engine Shutdown requires a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown to allow for engine cooldown. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. NFPA 110, Section 8.3.4 states a permanent record of the Emergency Power Supply Systems (EPSS) inspections, tests, exercising, operation, and repairs shall be maintained and readily available.	Q0101		

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Q0101	Continued from page 3 3) Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for 1 of 2 diesel fuel fired emergency generators. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.4.4.1.1.3 states for Type 1 EES (Essential Electrical System) generator sets, maintenance shall be performed in accordance with NFPA110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards. 4) Based on observation and interview, the facility failed to ensure 1 of 2 emergency generators was equipped with a properly located remote stop in the event the generator caught fire. NFPA 110, Standard for Emergency and Standby Power Systems 2010 Edition, Section 5.6.5.6, requires all installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. Section 5.6.5.6.1, requires the remote manual stop station to be labeled. Annex A is not a part of the requirements but is included for informational purposes only. A.5.6.5.6 states for systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. Based on review of "Emer Lt_Exit Lt/Sign Test-monthly" and "Emer Lt/Sign Drop Test (90 min)-Annual" documentation with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at 12:35 p.m. on 06/09/25, documentation for monthly 30 second functional testing and annual 30 minute functional testing for 6 of 6 operating rooms where general anesthesia is administered was not itemized by light location and was not available for review. The aforementioned documentation stated "Equipment Details-see state book for locations". Based on interview during the entrance conference at 9:10 a.m. on 06/09/25, the Clinical Director stated the facility has six operating rooms where general anesthesia can be administered and each of the six operating rooms is	Q0101		

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Q0101	Continued from page 4 equipped with battery backup lighting. Based on interview at 12:35 p.m. on 06/09/25, the Clinical Director and the Facilities Supervisor stated the "Equipment Details-see state book for locations" could not be located and agreed the aforementioned battery light testing documentation for monthly 30 second functional testing and annual functional testing for the 6 of 6 operating rooms where general anesthesia is administered was not itemized by light location and was not available for review. Based on observations with the Clinical Director and the Facilities Supervisor at 1:20 p.m. on 06/09/25, only operating rooms 2, 3 and 6 were available to enter. Battery backup lighting was installed in each of those three operating rooms and each battery operated light illuminated when its respective test button was pushed. These findings were reviewed with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at the exit conference. Based on interview during the entrance conference at 9:10 a.m. on 06/09/25, the Clinical Director stated the facility has six operating rooms where general anesthesia can be administered. Based on interview at 12:35 p.m. on 06/09/25, the Clinical Director and the Facilities Supervisor for Cornerstone Companies stated electrical receptacles in patient bays are mainly hospital grade but agreed electrical receptacle testing documentation was not available for review. Based on observations with the Clinical Director and the Facilities Supervisor at 1:20 p.m. wall mounted electrical receptacles in operating rooms 2, 3, and 6 where general anesthesia can be administered were hospital grade. In addition, based on observation and interview at 1:55 p.m. on 06/09/25, the Clinical Director stated the facility has a total of 25 patient bays. Each bay had hospital grade receptacles installed in the bays but each bay also had one or two wall mounted outlet boxes with electrical receptacles which were not hospital grade. These findings were reviewed with the Clinical Director and the Facilities Supervisor for Cornerstone Companies during the exit conference. 1) Based on interview during the entrance conference at 9:10 a.m. on 06/09/25, the Clinical Director stated the facility added a second emergency generator for the facility within the last year and now has a total of two diesel fuel fired emergency generators. Based on review of "Diesel Generator Test-Monthly" documentation	Q0101		

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Q0101	Continued from page 5 with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at 12:35 p.m. on 06/09/25, monthly load testing documentation for each of the facility's two emergency generators did not document the available (actual) load percentage achieved for the load test. The load testing documentation also did not indicate if the test was under operating temperature conditions as recommended by the manufacturer. Based on interview during the exit conference at 2:35 p.m. on 06/09/25, the Facilities Supervisor provided a sample form titled "West Indy Surgery Center Cornerstone Companies Monthly Generator Load Test" which was blank and stated the Technician performing monthly load tests is supposed to use this form but chose not to and agreed monthly load testing documentation for each of the facility's two emergency generators did not document the available (actual) load percentage achieved for the load test. 2) Based on interview during the entrance conference at 9:10 a.m. on 06/09/25, the Clinical Director stated the facility added a second emergency generator for the facility within the last year and now has a total of two diesel fuel fired emergency generators. Based on review of "Diesel Generator Test-Monthly" documentation with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at 12:35 p.m. on 06/09/25, monthly load testing documentation for each of the facility's two emergency generators for the five month period of January 2025 through May 2025 did not document the cool down time for the load test. Based on interview during the exit conference at 2:35 p.m. on 06/09/25, the Facilities Supervisor provided a sample form titled "West Indy Surgery Center Cornerstone Companies Monthly Generator Load Test" which was blank and stated the Technician performing monthly load tests is supposed to use this form but chose not to and agreed monthly load testing documentation for each of the facility's two emergency generators did not document cool down time for the five month period of January 2025 through May 2025. 3) Based on record review with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at 12:35 p.m. on 06/09/25, documentation of an annual fuel quality test for the Kohler diesel fired emergency generator was not available for review. Based on interview at 2:30 p.m. on 06/09/25, the Facilities Supervisor stated the facility added the Cummins diesel fuel fired emergency generator in November 2024 and agreed documentation of an annual fuel quality test for the Kohler diesel fired emergency generator was not available for review because the facility switched generator contractors within the last year.	Q0101		

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Q0101	Continued from page 6 4) Based on observations with the Clinical Director and the Facilities Supervisor at 2:13 p.m. on 06/09/25, a remote emergency stop button could not be located for the new Cummins diesel fuel fired emergency generator located outside the building on the west side of the property. Manufacturer's name plate documentation did not state the kW rating of the generator but did state the unit was manufactured 02/29/24. Based on interview at 2:13 p.m. on 06/09/25, the Clinical Director and the Facilities Supervisor agreed a remote emergency stop button for the new Cummins emergency generator could not be located. These findings were reviewed with the Clinical Director and the Facilities Supervisor for Cornerstone Companies during the exit conference.	Q0101		
Q0104	SAFETY FROM FIRE CFR(s): 416.44(b)(1)-(3) (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). (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. (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. This STANDARD is NOT MET as evidenced by: Based on record review, observation, and interview; the facility failed to document annual inspection and testing of all fire door assemblies. LSC 21.7.6 Maintenance and Testing states See 4.6.12. LSC 4.6.12 states whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is	Q0104		06/30/2025

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Q0104	Continued from page 7 required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. LSC 8.3.3.1 states openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly. NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified: (1) No open holes or breaks exist in surfaces of either the door or frame. (2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage. (4) No parts are missing or broken. (5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position. (7) If a coordinator is installed, the inactive leaf closes before the active leaf. (8) Latching hardware operates and secures the door when it is in the closed position. (9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.	Q0104		

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Q0104	Continued from page 8 (10) No field modifications to the door assembly have been performed that void the label. (11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity. Based on review of "Life Safety Plan and Code Information" documentation dated 03/10/23 with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at 10:30 a.m. on 06/09/25, a "1 hour fire/smoke barrier wall" behind the nurse's station and two of the six operating rooms separates the facility's suite into two separate smoke compartments. In addition, review of facility's lease agreement documentation indicated the facility's suite size measures 24,133 square feet. Based on interview at 12:35 p.m. on 06/09/25, the Facilities Supervisor stated fire door inspection documentation for the most recent twelve month period was not available for review. Based on observations with the Clinical Director and the Facilities Supervisor at 2:10 p.m. on 06/09/25, the corridor door in the walkway leading to the adjoining tenant's suite was equipped with a 90-minute fire resistance rating label affixed to the hinge side of the door. These findings were reviewed with the Clinical Director and the Facilities Supervisor for Cornerstone Companies.	Q0104		