

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BLDG</b> B. WING	(X3) DATE SURVEY COMPLETED <b>06/09/2025</b>
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NAME OF PROVIDER OR SUPPLIER <b>NAAB ROAD SURGERY CENTER LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8260 NAAB ROAD, SUITE 100 , INDIANAPOLIS, Indiana, 46260</b>
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K0000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 06/09/25</p> <p>Facility Number: 010525</p> <p>Provider Number: 15C0001079</p> <p>AIM Number: 200186370A</p> <p>At this Life Safety Code survey, Naab Road Surgery Center, LLC 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.</p> <p>The facility, located in a one-story building was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</p>	K0000		
K0323	<p>Anesthetizing Locations</p> <p>CFR(s): NFPA 101</p> <p>Anesthetizing Locations</p> <p>Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99.</p> <p>Zone valves are located immediately outside each life-support, critical care, and anesthetizing location of moderate sedation, deep sedation, or general anesthesia for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others.</p> <p>Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems.</p>	K0323		

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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K0323	<p>Continued from page 1</p> <p>Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20 percent and vacuum decreases of 12 inch gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies.</p> <p>The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system.</p> <p>Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for use are considered before reducing humidity levels to those allowed by ASHRAE, per S&amp;C 13-58.</p> <p>21.3.2.3, NFPA 99 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3.4, 6.4.2.2.4.2</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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. This deficient practice could affect 6 patients and staff in operating rooms where general anesthesia or life support equipment is used.</p> <p>Findings include:</p> <p>Based on review of "Emer Lt_Exit Lt/Sign Test-monthly" and "Emer Lt/Sign Drop Test (90 min)-Annual"</p>	K0323		

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K0323	Continued from page 2 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 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.	K0323		
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:  Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Section	K0345		

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K0345	<p>Continued from page 3</p> <p>9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by Section 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. Table 14.3.1 states that the following must be visually inspected semiannually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Element of Performance 3" documentation dated 06/13/24 and 05/20/25 with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at 12:35 p.m. on 06/09/25, no documentation could be provided regarding a semi-annual visual inspection of the fire alarm system six months after 06/13/24. The most recent two annual fire alarm inspections were performed on 06/13/24 and 05/20/25. There was no semiannual visual inspection documentation between the two annual inspection dates available for review. Based on interview at 12:35 p.m. on 06/09/25, the Clinical Director and the Facilities Supervisor for Cornerstone Companies agreed semiannual fire alarm system inspection documentation after 06/13/24 was not available for review.</p> <p>These findings were reviewed with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at the exit conference.</p>	K0345		
K0353	<p>Sprinkler System - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and</p>	K0353		

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K0353	<p>Continued from page 4 Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>1) Based on record review, observation and interview, the facility failed to ensure the minimum supply of spare sprinklers was maintained on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. Section 5.4.1.6.1 states a special wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers.</p> <p>2) Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of over 10 rooms. Ceiling tiles trap hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.11 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction.</p> <p>These deficient practices could affect all patients, staff and visitors.</p> <p>1) Based on interview at 9:10 a.m. during the entrance conference on 06/09/25, the Clinical Director stated the facility expanded their suite size within the last</p>	K0353		

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K0353	<p>Continued from page 5 couple of years by acquiring the space of the former adjoining tenant, Northwest Radiology. The additional space is now a larger waiting room area and support and storage rooms. Based on review of the sprinkler system inspection contractor's "Proposal for Deficiency" documentation dated 05/20/25 with the Clinical Director and the Facilities Supervisor for Cornerstone Companies at 2:30 p.m. on 06/09/25, the contractor is to provide the facility with quick response sprinkler spares for the spare sprinkler cabinet. The 05/20/25 documentation stated "...will install (2) Rasco RA2614/F1FR56-300 White Pendant/ 1/2'/QR/ and (2) Quality Review completed on 06/16/25/F1FR 1/2 'QR/155 degree/Brass/Upright fire sprinklers in the spare sprinkler cabinet without". Based on observations with the Clinical Director and the Facilities Supervisor at 2:03 p.m. on 06/09/25, the spare sprinkler cabinet located at the sprinkler system riser was not equipped with quick response (QR) sprinkler spares. Based on interview at 2:03 p.m. on 06/09/25, the Facilities Supervisor stated spare sprinklers are on order and agreed the spare sprinkler cabinet located at the sprinkler system riser was not equipped with quick response (QR) sprinkler spares.</p> <p>2) Based on observations with the Clinical Director at 1:17 p.m. on 06/09/25, one suspended ceiling tile was missing above the wall mounted electrical panel identified as "EMDP2" in the new automatic transfer switch room which would not trap hot air and gases around the ceiling mounted sprinkler installed in the room. In addition, the annular space surrounding six ceiling tile penetrations for conduits above the automatic transfer switch in the room was not firestopped. Based on observations with the Clinical Director and the Facilities Supervisor at 1:55 p.m. on 06/09/25, four suspended ceiling tiles were missing in the suspended ceiling in the Janitor's closet near the main entrance lobby. Based on interview at the time of each of the observations, the Clinical Director agreed the missing ceiling tiles would delay sprinkler activation.</p> <p>These findings were reviewed with the Clinical Director and the Facilities Supervisor for Cornerstone Companies.</p>	K0353		
K0761	<p>Maintenance, Inspection &amp; Testing - Doors</p> <p>CFR(s): NFPA 101</p> <p>This STANDARD is NOT MET as evidenced by:</p>	K0761		

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K0761	<p>Continued from page 6 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 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.</p> <p>NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf</p>	K0761		

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K0761	<p>Continued from page 7 closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p> <p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity.</p> <p>This deficient practice could affect all patients, staff, and visitors.</p> <p>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.</p> <p>These findings were reviewed with the Clinical Director and the Facilities Supervisor for Cornerstone Companies.</p>	K0761		
K0914	<p>Electrical Systems - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Maintenance and Testing</p> <p>Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at</p>	K0914		

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K0914	<p>Continued from page 8 intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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 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. This deficient practice could affect all patients and staff in the facility.</p> <p>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</p>	K0914		

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K0914	Continued from page 9 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.	K0914		
K0918 Bldg. 01	Electrical Systems - Essential Electric System  CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing  The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.  Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.  6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	K0918		

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BLDG</b> B. WING	(X3) DATE SURVEY COMPLETED <b>06/09/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>NAAB ROAD SURGERY CENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8260 NAAB ROAD, SUITE 100 , INDIANAPOLIS, Indiana, 46260</b>	
(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
K0918  Bldg. 01	<p>Continued from page 10</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>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:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating.</p> <p>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.</p> <p>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.</p> <p>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</p>	K0918		

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K0918 Bldg. 01	<p>Continued from page 11 (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.</p> <p>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.</p> <p>Section 5.6.5.6.1, requires the remote manual stop station to be labeled.</p> <p>Annex A is not a part of the requirements but is included for informational purposes only.</p> <p>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.</p> <p>These deficient practices could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>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 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</p>	K0918		

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K0918  Bldg. 01	<p>Continued from page 12                      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.</p> <p>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.</p> <p>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.</p> <p>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</p>	K0918		
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K0918  Bldg. 01	Continued from page 13 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.	K0918		

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E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54.</p> <p>Survey Date: 06/09/25</p> <p>Facility Number: 010525</p> <p>Provider Number: 15C0001079</p> <p>AIM Number: 200186370A</p> <p>At this Emergency Preparedness survey, Naab Road Surgery Center LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54</p> <p>The facility has 6 certified operating rooms and one procedure room.</p>	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
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