

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/13/2022

FORM APPROVED

OMB NO. 0938-039

| | | | | | | | |
|--|---|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001034 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/03/2022 | |
| NAME OF PROVIDER OR SUPPLIER COMMUNITY SURGERY CENTER NORTHWEST | | | | STREET ADDRESS, CITY, STATE, ZIP COD 8651 TOWNSHIP LINE ROAD INDIANAPOLIS, IN 46260 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 |
| S 0000 Bldg. 00 | <p>This visit was for a state licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 005974</p> <p>Survey Date: 1/3/2022</p> <p>QA: 1/04/2022</p> | | | S 0000 | | | |
| S 0024 Bldg. 00 | <p>410 IAC 15-2.2-2 SURVEY PROCEDURES 410 IAC 15-2.2-2 (a)</p> <p>Sec.2.(a) The center shall fully cooperate with licensure and complaint investigation inspections conducted by representatives of the department. Based on observation and interview, it could not be determined if the facility fully cooperates with state licensure inspections.</p> <p>Findings include:</p> <p>1. On 01-03-2022 at 0852 hours, surveyors attempted to enter the facility, but the facility F1 was closed and the doors were locked. Posted on the doors were the following hours of operation: 7 AM - 4 PM, Monday through Friday. The F1 website listed the same times. A note was posted to the front door to call 1-317-621-3010 with any questions.</p> <p>2. In interview on 01-03-2022 at 0854 hours, the facility was called at 1-317-621-3010 as posted to the front door. An employee of the facility</p> | | | S 0024 | <p>Facility Number: 005974 Survey Date: 1/3/2022 S024 Survey Procedures</p> <p>1. The Program Director, Division of Acute & Continuing Care with Indiana Department of Health will be notified of any closure dates. This was corrected on Tuesday, January 4, 2022. An email with a list of future closure dates was sent to the Program Director, Division of Acute & Continuing Care with Indiana Department of Health.</p> <p>2. This will be prevented in the future by ensuring that the state is aware of any closure dates. This</p> | | 01/04/2022 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/13/2022
FORM APPROVED
OMB NO. 0938-039

| | | | | | | | |
|--|--|---|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001034 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/03/2022 | |
| NAME OF PROVIDER OR SUPPLIER COMMUNITY SURGERY CENTER NORTHWEST | | | | STREET ADDRESS, CITY, STATE, ZIP COD 8651 TOWNSHIP LINE ROAD INDIANAPOLIS, IN 46260 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 |
| | <p>confirmed that the facility was closed 1/3 - 1/4/2022, and that the closing had not been transmitted to the Indiana Department of Health.</p> <p>2. In interview on 01-03-2022 at 0902, S1, Nurse Surveyor, spoke with S2, program manager of acute care at the Indiana Department of Health confirmed that the facility hours of operation as reported to the state were as follows: Monday through Friday - 7 AM - 4 PM., and that F1 had not informed the state of any closure that would precluded starting a licensure survey on 01/03/2022.</p> | | | | <p>will be done via email. There will also be signage posted on the front door that states the center is closed, who to contact for assistance, and where to go for emergencies.</p> <p>3. The center's director will be responsible for notifying the state of any closure dates.</p> <p>4. This was corrected on Tuesday, January 4, 2022. (See attached emails.)</p> | | |