STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15C0001028	A. BUILDING -- B. WING	02/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GASTROINTESTINAL ENDOSCOPY CENTER	801 ST MARYS DR, STE 110 W EVANSVILLE, IN 47714

(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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54. Survey Date: 02/22/22 Facility Number: 005820 Provider Number: 15C0001028 AIM Number: 100274390A At this Emergency Preparedness survey, Gastrointestinal Endoscopy Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54 Quality Review completed on 02/24/22	E 0000		
E 0032 Bldg. --	403.748(c)(3), 416.54(c)(3), 418.113(c)(3), 441.184(c)(3), 482.15(c)(3), 483.475(c)(3), 483.73(c)(3), 484.102(c)(3), 485.625(c)(3), 485.68(c)(3), 485.727(c)(3), 485.920(c)(3), 486.360(c)(3), 491.12(c)(3), 494.62(c)(3) Primary/Alternate Means for Communication §403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3), §494.62(c)(3). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

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	15C0001028	A. BUILDING -- B. WING	02/22/2022

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	facilities]. The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. *[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies.			
	Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes (3) Primary and alternate means for communicating with the following: (i) ASC facility's staff (ii) Federal, State, tribal, regional, or local emergency management agencies in accordance with 42 CFR 416.54(c)(3). This deficient practice could affect all occupants. Finding include: Based on review of the Emergency Preparedness Plan on 02/22/22 between 10:00 a.m. and 2:00 p.m. with the Administrator and Lead Tech/Life Safety Coordinator present, the emergency preparedness program did not include a communication program that included a primary and an alternate means for communication. Based on interview at the time of record review the Administrator confirmed the facility does not have a program for primary and alternative means for communication in the Emergency Preparedness Plan. This finding was reviewed with the Administrator and Lead Tech/Life Safety Coordinator during the exit conference.	E 0032	This has been corrected as of 3/2/2022. The following verbiage was added to the Emergency Action Plan, " In the event that phones are not able to be used, the center has 2 two-way radios to use in order to communicate outside of the center. These radios are located in the Director office." This addition will be mentioned in our next staff meeting in March 2022. The plan will be evaluated annually per policy and revised if needed. This will be the responsibility of the Director of Endoscopy and the Safety Officer.	03/02/2022

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K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Dates: 02/22/22 Facility Number: 005820 Provider Number: 15C0001028 AIM Number: 100274390A At this Life Safety Code survey, Gastrointestinal Endoscopy Center was found 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. This facility, located on the first floor of a four story building with a basement was determined to be of Type III (200) construction and was fully sprinklered. The facility was equipped with a fire alarm system with a hard wired smoke detector located at the main fire alarm panel. Quality Review completed on 02/24/22	K 0000		