

| | | | | |
|---|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED AMABULATORY SURGERY CENTER B. WING _____ | (X3) DATE SURVEY COMPLETED 10/20/2020 |
| NAME OF PROVIDER OR SUPPLIER ADVANCED AMBULATORY SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PROFESSIONAL BLVD SUITE 104 EVANSVILLE, IN 47714 | |
| (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 |
| K 000 | INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 10/20/20 Facility Number: 012278 Provider Number: 15C0001175 AIM Number: 201070290A At this Life Safety Code survey, Advanced Ambulatory 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. This facility was a one story fully sprinklered building with a basement and was determined to be of Type V (000) construction. The facility has a fire alarm system with smoke detection in corridors and a few rooms. | K 000 | | |
| K 291 | Quality Review completed on 10/23/20 Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9.20.2.9.1, 21.2.9.1, 7.9 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 7 of 7 battery backup emergency lights were tested annually for 90 minutes during | K 291 | | 11/30/20 |

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 that other safeguards provide sufficient protection to the patients. (See 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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED AMABULATORY SURGERY CENTER B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/20/2020 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ADVANCED AMBULATORY SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PROFESSIONAL BLVD SUITE 104 EVANSVILLE, IN 47714 | | |
| (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 | |
| K 291 | Continued From page 1 the past 12 months to ensure the light would provide lighting during periods of power outages and a written record of visual inspections and tests was provided. LSC Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility. Findings include: Based on record review on 10/20/20 between 10:00 a.m. and 2:00 p.m. with the Administrator present, there was documentation to show a 30 second monthly test for seven battery operated emergency light sets during the past twelve months, however, there was no documentation to show the battery operated emergency light sets were tested annually for 90 minutes during the past twelve months. Based on an interview at the time of record review, the Administrator said there was no other documentation available to show the battery operated emergency light sets were tested annually for 90 minutes during the past twelve months. This finding was reviewed with the Administrator at the exit conference. | K 291 | | | |
| K 353 | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 | K 353 | | 10/23/20 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED AMBULATORY SURGERY CENTER B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/20/2020 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ADVANCED AMBULATORY SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PROFESSIONAL BLVD SUITE 104 EVANSVILLE, IN 47714 | | |
| (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 | |
| K 353 | <p>Continued From page 2</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and 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 This STANDARD is not met as evidenced by: 1. Based on record review, observation and interview; the facility failed to completely document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler systems. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the</p> | K 353 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED AMBULATORY SURGERY CENTER B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/20/2020 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ADVANCED AMBULATORY SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PROFESSIONAL BLVD SUITE 104 EVANSVILLE, IN 47714 | | |
| (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 | |
| K 353 | <p>Continued From page 3</p> <p>authority having jurisdiction upon request. This deficient practice could affect all patients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 10/20/20 at 10:45 a.m. with the Administrator present, there was documentation available quarterly sprinkler inspections were performed on 07/20/20, 05/08/20, 01/07/20 and 10/14/19. Weekly dry sprinkler system gauge inspection documentation for 48 weeks of the most recent 52 week period was not available for review for the dry sprinkler systems. In addition, monthly inspection documentation for the sprinkler system control valves for 8 months of the most recent 12 month period was also not available for review. Based on interview at the time of record review, the Administrator said weekly sprinkler system gauge and monthly sprinkler system control valve inspections were not performed and documented other than during the quarterly sprinkler system inspections by the facility's sprinkler system vendor. Based on observation with the Administrator during a tour of the facility from 1:00 p.m. and 1:45 p.m. there were 2 sprinkler gauges at the sprinkler riser.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler system was maintained with spare sprinklers 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</p> | K 353 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED AMABULATORY SURGERY CENTER B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/20/2020 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ADVANCED AMBULATORY SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PROFESSIONAL BLVD SUITE 104 EVANSVILLE, IN 47714 | | |
| (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 | |
| K 353 | Continued From page 4 than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on 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. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all patients, visitors and staff in the facility. Findings include: Based on observations on 10/20/20 between 1:00 p.m. and 1:45 p.m. during a tour of the facility with the Administrator, there were six spare sprinkler heads in the spare sprinkler head cabinet near the sprinkler riser, however, three were standard response type upright sprinkler heads and three were standard response pendent type sprinkler heads. There were no quick response pendent type sprinkler heads which were observed in most areas during a tour of the facility. Based on interview at the time of the observation of the spare sprinkler cabinet, the Administrator acknowledged the spare sprinkler cabinet was not provided with pendent type quick response sprinkler heads. This finding was reviewed with the Administrator at the exit conference. | K 353 | | | |
| K 918 | Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System | K 918 | | 11/30/20 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED AMBULATORY SURGERY CENTER B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/20/2020 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ADVANCED AMBULATORY SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PROFESSIONAL BLVD SUITE 104 EVANSVILLE, IN 47714 | | |
| (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 | |
| K 918 | <p>Continued From page 5</p> <p>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.</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for 1 of 1 diesel powered generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System) generator sets shall</p> | K 918 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED AMABULATORY SURGERY CENTER B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/20/2020 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ADVANCED AMBULATORY SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PROFESSIONAL BLVD SUITE 104 EVANSVILLE, IN 47714 | | |
| (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 | |
| K 918 | <p>Continued From page 6</p> <p>be inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power System, 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. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 10/20/20 between 10:00 a.m. and 2:00 p.m. with the Administrator present, no documentation of an annual fuel quality test for the diesel generator was available for review. Based on interview at the time of record review, the Administrator stated the facility does have a diesel generator but has not had the fuel quality tested yet.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> | K 918 | | | |