

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

PRINTED: 04/12/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001113	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 02/15/2021
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NAME OF PROVIDER OR SUPPLIER CENTER FOR SPECIAL SURGERY LLC	STREET ADDRESS, CITY, STATE, ZIP COD 8805 N MERIDIAN ST INDIANAPOLIS, IN 46260
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54</p> <p>Survey Date: 02/15/21</p> <p>Facility Number: 003032 Provider Number: 15C0001113 AIM Number: 200365010A</p> <p>At this Emergency Preparedness survey, Center For Special Surgery 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 2 operating rooms.</p> <p>Quality Review completed on 02/17/21</p>	E 0000		
K 0000 Bldg. 01	<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: 02/15/21</p> <p>Facility Number: 003032 Provider Number: 15C0001113 AIM Number: 200365010A</p> <p>At this Life Safety Code survey, Center For Special Surgery Llc was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b),</p>	K 0000		

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.

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K 0131 Bldg. 01	<p>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>This two story facility was determined to be of Type II (000) construction and fully sprinklered except for the elevator mechanical room. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility is located on the first floor and shares occupancy with the Clinic.</p> <p>The facility has 2 OR's.</p> <p>Quality Review completed on 02/17/21</p> <p>NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Ambulatory Health Care Facilities Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following: * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access. * They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating. Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: * Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab.</p>			

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	<p>* Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches.</p> <p>* Doors are self-closing and are kept in the closed position, except when in use.</p> <p>* Windows in the barriers are of fixed fire window assemblies per 8.3.</p> <p>Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1, 42 CFR 416.44</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire barriers that separated other occupancies was protected to maintain the one hour fire resistance rating of the fire barrier. NFPA 101 2012 edition section 8.3.5.6.1 states membrane penetrations for cables cable trays conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a membrane of a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. Section 8.3.5.6.2 states, the firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Test of Through Penetration Fire stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Tech (MT) on 02/15/21 between 12:05 p.m. to 1:45 p.m., in the one hour fire wall which separates the surgery center from the clinic the following unsealed</p>	K 0131	Fire wall will be inspected and all findings will be fire stop by Cornerstone Construction by 3/12/2021. Cornerstone Construction will also provide to facility a guide for penetrations in a firewall that can be provided to all future contractors working in the space to prevent future unsealed penetrations. The Administrator will ensure this is completed by Cornerstone Construction and will have Cornerstone Construction complete an annual inspection of the firewall.	03/12/2021

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K 0345 Bldg. 01	<p>penetrations were observed:</p> <p>a) Above the ceiling tiles in the Employee breakroom, west wall there were dime size holes above and below two 1/2 inch copper pipes and a six by six inch opening top and bottom of a six inch diameter plastic pipe, both penetrating the fire wall and were unsealed with fire stop material.</p> <p>b) Above the ceiling tiles at the South firewall there were four steel trusses penetrating the firewall and the six by six inch opening at each steel truss was filled with insulation which the Maintenance tech could not verify its fire rating with documentation.</p> <p>c) Above the ceiling tiles at the Entrance firewall on the MRI hall, the drywall joints, the openings around pipes and conduits were all sealed with adhesive tape which the fire rating could not be verified by the Maintenance tech with documentation.</p> <p>This finding was discussed with the Executive Director at the exit conference.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance 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 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was continuously in proper operating condition. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.2.1.2.2 states system</p>	K 0345	2. The property manager will resolve the issue with the fire alarm control panel by 3/5/2021. "Observable Defects in the Fire Prevention System" is already an	03/05/2021

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K 0351 Bldg. 01	<p>defects and malfunctions shall be corrected. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation of the fire alarm control panel on 02/15/21 at 2:10 p.m. with the Maintenance Tech (MT), there was a yellow light illuminated on the fire alarm control panel (FACP) located at the Front entrance. The FACP stated "First floor center core exam rm #3. During an interview at the time of observation, the MT did not know what this meant and stated he would call for assistance from their fire alarm inspection company. The yellow trouble light was still illuminated during the exit conference. This finding was discussed with the Executive Director during the exit conference.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation Sprinkler systems (if installed) are installed per NFPA 13. Where more than two sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room. 20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13</p> <p>1. Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 Biohazard rooms in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall</p>	K 0351	<p>indicator for nursing safety inspections. Nurses will be instructed by the Quality Manager to include this panel in their inspection and to report any alerts to the property manager immediately.</p> <p>Correction Escutcheons will be installed by Cornerstone Construction by 3/12/2021. Escutcheons are already an item on the OR log safety checklist. Nursing will be instructed by the Quality Manager to open all doors</p>	03/12/2021

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	<p>be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Tech (MT) on 02/15/21 at 1:05 p.m., the Biohazard room next to the East exit had one sprinkler head missing an escutcheon. Based on interview at the time of observation, the MT confirmed the escutcheon was missing, and indicated he may have a spare to replace the missing escutcheon. This finding was reviewed with the Executive Director at the exit conference.</p> <p>2. Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 1 Elevator machine rooms. NFPA 13 at 8.15.10.3 requires Elevator machine rooms to be sprinklered. Electrical equipment rooms not meeting requirements of 8.15.10.3 are required to be sprinklered.</p> <p>8.15.10.3 Sprinklers shall not be required in electrical equipment rooms where all of the following conditions are met:</p> <p>(1) The room is dedicated to electrical equipment only.</p> <p>(2) Only dry-type electrical equipment is used.</p> <p>(3) Equipment is installed in a 2-hour fire-rated enclosure including protection for penetrations.</p> <p>(4) No combustible storage is permitted to be stored in the room.</p> <p>Findings include:</p> <p>Based on observation on 02/15/21 at 2:20 p.m. with the Maintenance Tech, there was an elevator machine room adjacent to the Staff restroom</p>		<p>and inspect all areas when completing the checklist.</p> <p>Fire sprinkler and shunt trip will be added to elevator equipment room by Cornerstone Construction by 3/12/2021. As part of the sprinkler system, these sprinklers will become part of any sprinkler inspections and testing.</p>		

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K 0353 Bldg. 01	<p>which was not sprinklered. Based on interview with the Executive Director (ED), it was acknowledged she already surmised the elevator mechanical room would need to be sprinklered since she heard it happen at another facility. This finding was reviewed with the ED at the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing 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</p> <p>1. Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 IT rooms on Back hall. The 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. This deficient practice could affect staff only.</p>	K 0353	<p>A vent had been removed and will be replaced by Cornerstone Construction by 3/12/2021. This will not require monitoring once repaired.</p> <p>The log titled "CSS Sprinkler Gauges/Valve Log" was created in 06/2017, but was not replaced in the fire riser room after a flood in the facility. The</p>	03/12/2021	

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K 0531 Bldg. 01	<p>Findings include:</p> <p>Based on observation with the Maintenance Tech (MT) on 02/15/21 at 1:22 p.m. the IT room had a 10 inch by 10 inch opening in the ceiling next to the entrance door. Based on interview at the time of observation, the MT acknowledged the opening in the ceiling and did not know its purpose or its potential effect on sprinkler response. This finding was reviewed with the Executive Director at the exit conference.</p> <p>2. Based on record review and interview, the facility failed to completely maintain 1 of 1 sprinkler system in accordance with LSC 9.7.5. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 edition, Table 5.1.1.2 indicates the required frequency of inspection and testing. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Executive Director (ED), on 02/15/21 at 1:45 p.m., no documentation was available for the monthly gauges or control valves inspection. Based on interview at the time of record review, the ED acknowledged the sprinkler monthly valve and gauge inspections had not been done. This finding was reviewed with the Executive Director at the exit conference.</p> <p>NFPA 101 Elevators Elevators 2012 EXISTING</p>		<p>Quality Manager gave the log to the OR Manager who put it into the OR Log book on 2/15/2021 for the nurses to complete monthly. The OR Log Book is a part of the QA process and therefore is reviewed monthly by the Quality Manager, and any deficiencies are reported to the Governing Body. The OR Manager also, physically showed the nurses what they are to inspect. Staff verbalized understanding of what is required.</p>		

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	<p>Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record.</p> <p>Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.)</p> <p>21.5.3, 9.4.2, 9.4.3</p> <p>Based on record review and interview the facility failed to maintain testing of 1 of 1 elevator firefighter recall in accordance with LSC 9.4.6, Elevator Testing. LSC 9.4.6.2 states that all elevators equipped with fire fighters' emergency operations in accordance with LSC 9.4.3 shall be subject to a monthly operation with a written record of the findings made and kept on the premises as required by ASME A17.1/CSA B44, Safety Code for Elevators and Escalators. This deficient practice would affect staff only.</p> <p>Findings include:</p> <p>Based on record review with the Executive Director (ED) on 02/15/21 at 12:20 p.m., the last documentation for the monthly firefighter recall testing was 06/30/20. Based on interview at the time of record review, the ED acknowledged the</p>	K 0531	The property manager will have the firefighter recall tested by 3/12/2021, and monthly thereafter. Receipt of this testing will be added as an indicator to the QA Plan. The Administrator will ensure this is completed by the property manager and that this is added as an indicator to the QA plan.	03/12/2021

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K 0908 Bldg. 01	<p>lack of documentation. This finding was reviewed with the ED at the exit conference.</p> <p>NFPA 101 Gas and Vacuum Piped Systems - Inspection and Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) Based on record review and interview the facility failed to maintain testing of 1 of 1 central supply systems for nonflammable medical gases in accordance with NFPA 99, 2012 Edition. NFPA 5.1.14.4.4 states the following: 1. They shall be inspected annually. 2. They shall be maintained by a qualified representative of the equipment owner.. 3. A record of the annual inspection shall be available for review by the authority having jurisdiction. This deficient practice could affect all patients.</p> <p>Findings include: Based on record review on 02/15/21 at 11:22 a.m. with the Executive Director (ED), the last inspection of the central supply systems for nonflammable medical gases was on 05/01/2012. Based on interview concurrent with record review it was acknowledged, the ED was unsure of the testing frequencies of the central supply systems for nonflammable medical gases. This was discussed with the ED during the exit</p>	K 0908	<p>On 2-19-2021, a quote was requested from a vendor for annual inspection of our medical gas system. The service will include both an annual medical gas manifold PM and 6 months later medical gas evaluation testing to be done annually as well. The Quality Manager will ensure the PM is done by Friday, 03-12-2021. Receipt of PM's and medical gas evaluations will be added an indicator to the QA Plan.</p>	03/12/2021

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K 0918 Bldg. 01	<p>conference.</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste 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</p>			

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	<p>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)</p> <p>Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for the facility's 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 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 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. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the Executive Director (ED) on 02/15/21 at 11:45 a.m., 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 ED stated the facility does have a diesel generator but was unaware of the fuel quality testing requirements. This finding was reviewed with the ED during the exit conference</p>	K 0918	<p>On 2-19-2021 Generator Maintenance Provider was contacted by Quality Manager. Requested annual fluid analysis to be done on the generator. The fluid sampling including diesel fuel, engine oil, and engine coolant analysis will be done by a certified laboratory. The 2021 annual sample is to be obtained within 10 working days and no later than 03-05-2021 and annually with Preventive Maintenance Program thereafter. Reports will be kept in binder with other PM reports for record review in the future.</p>	03/05/2021