

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY SURGERY CENTER NORTH		STREET ADDRESS, CITY, STATE, ZIP COD 8040 CLEARVISTA PKWY STE 150 INDIANAPOLIS, IN 46256		
(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
Q 0000 Bldg. 00	<p>This visit was for a recertification survey of an Ambulatory Surgery Center and Focused Infection Control survey.</p> <p>Facility Number: 005973</p> <p>Survey Date: 03/1-2/2021 and 03/08-09/2021</p> <p>Community Surgery Center North was in compliance with CMS Focused Infection Control Survey for Acute and Continuing Care.</p> <p>QA: 03/4/2021 and 03/18/2021</p>	Q 0000		
Q 0100 Bldg. 00	<p>416.44 ENVIRONMENT</p> <p>The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 1 occupancy separation fire barrier walls that separated the ASC from the other occupancies was properly installed (see tag K131), failed to ensure a complete automatic sprinkler system was provided for 1 of 3 Elevator machine rooms (see tag K351), failed to ensure a 1 of 1 complete automatic sprinkler system was installed in accordance with 19.3.5.1. NFPA 13, 2010 Edition (see tag K351), failed to ensure 2 of 3 elevator equipment rooms was provided with an electrical shunt trip when provided with sprinkler coverage (see tag K351), failed to ensure 1 of 1 first floor</p>	O 0100	<p>The perimeter of all floors within the Surgery Center have been assessed by a contracted company to ensure the rating of the wall is at least one hour and that they are properly installed; extend from the floor slab to the floor slab above. We have requested this company to come in and resolve this issue by filling the spaces with fire caulk, fire putty, or drywall. The work to begin correcting the firewalls will begin on Tuesday, March 30, 2021. It is estimated that this</p>	12/31/2021

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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	<p>one hour smoke barrier walls was properly installed (see tag K371), failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier (see tag K372), the MT visually confirmed each penetration mentioned in a through k (see tag K372), failed to ensure the fixed fire window assembly in the Surgery Scheduling office was protected with a one hour fire rating for 1 of 1 smoke barrier walls (see tag K372), and failed to install a Type I Essential Electrical System servicing the patients on general anesthesia in 9 of 9 operating rooms in accordance with the requirements NFPA 99, 2012 edition (see tag K915).</p> <p>The cumulative effect of these systemic problems resulted in the facility's inability to ensure that the location from which it provides services are constructed, arranged and maintained to ensure the provision of quality health care in a safe environment.</p>		<p>project will be completed in full by May 25, 2021. While the contractor will have a Project Manager assigned to this project, our Maintenance Technician for the Surgery Center will also be inspecting and evaluating the work for completeness with precision. (K-0131)</p> <p>The elevator machine room located just outside of the PACU was found to be without an automatic sprinkler will have a sprinkler head installed. The company that will be completing this work has already come to the facility to make an assessment and provide the quote. Work to install the sprinkler head to correct this deficiency will begin 4/10/21. This work will be completed in a single day and will be inspected for compliance by building Maintenance Technician.</p> <p>Upon survey it was found that all three (3) elevators need a shunt trip breaker installed. The quote has been obtained. Application to receive an elevator permit has already been submitted and will take approximately 1-2 weeks to receive. The patient room elevator machine room will have sprinkler head installed on 4/10/21, followed by heat detectors being installed in all 3 elevator machine rooms on 4/17/21, and lastly the electrical shunt trip breakers will be installed and tested on 4/24/21. Then Mid-America elevator Company</p>	

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			<p>will then be brought to the facility to inspect and test. Once inspection is completed by Mid-America elevator Company, the state inspector will be brought in to inspect and test this portion of the work being completed. We anticipate certification by the state inspector to occur on or before 4/30/21, depending on their schedule. (K-0351)</p> <p>Based on the architectural drawing and the assessment that was made upon survey, it was undetermined if the back wall of the Lab located on the first floor of the Surgery Center was part of the one hour smoke barrier wall. Architect was notified on 3/11/21 of the need to update/revise architectural drawings of the Surgery Center to accurately reveal the locations of all smoke barrier walls within the entire Surgery Center. The timeline for completion of this work will take approximately 2-3 weeks. (K-0371)</p> <p>Upon survey it was discovered that data wiring and electrical conduits penetrated through the firewall. This work is included in the Firewall project. This work is scheduled to begin on Tuesday, March 30, 2021. It is estimated that this project will be completed in full by May 25, 2021. (K-0372)</p> <p>The window in the Surgery Scheduling office disrupts the firewall and will be filled in with</p>	

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			<p>drywall. This work will be a part of the "firewall" project, and that work has begun on 3/30/21 and the entire scope of this project should be completed by 5/25/2021. (K-0372)</p> <p>The Surgery Center North failed to install a Type I Essential Electrical System servicing the patients on general anesthesia in 9 of 9 operating rooms in accordance with the requirements NFPA 99, 2012 edition, Section 6.4.2.2. (K0915). This deficient practice could affect all patients on general anesthesia. It is our understanding that there should be three (3) panels: 1.) Critical Equipment 2.) Life Safety Equipment 3.) Equipment. It is also our understanding that each panel should be separated and labeled or identified. This team understands the safety relevance and the importance of getting this corrected. Due to the monumental scope of this work, it is difficult to determine the exact timeline for completion. Our Facilities Manager and Maintenance Technician began reviewing all electrical panels (Type I Essential Electrical System) on 3/16/21 to verify and label what equipment is housed in each panel. It was then determined that an outside contractor would need to be brought in. The electrical contractor was here on 3/30/2021</p>	

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			<p>to begin the assessment in order to create a plan of correction. Until they can fully complete the assessment, it is difficult to estimate the exact timeline to completion. A tentative plan would be for the full scope of the project to be outlined by June 30, 2021, and work to begin immediately following once parts have arrived. Surgery Center leadership team will connect weekly for updates on progress. (K-0915)</p> <p>July 1- July 31, 2021- based on the work schedule that will be put together by the contractor outlining a timeline of work schedule we will be working with the contractor</p> <p>August 2nd - Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed on schedule or as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity.</p> <p>Sept 7th--Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed according to schedule as outlined by the general contractor. Any revisions</p>	

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			<p>to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity. In the month of September we will also assess the plan to completion to assure that it is still reasonable that the project can realistically be completed by the intended completion date of 12/31/2021.</p> <p>Oct 4th--Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed according to schedule as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity.</p> <p>Nov 8th--Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed according to schedule as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity. In the month of September we will also assess the plan to completion to assure that project is still slated to be completed by defined completion.</p> <p>Dec 6th--Executive Director,</p>	

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Q 0101 Bldg. 00	<p>416.44(a)(1) PHYSICAL ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.</p> <p>Based on observation and interview, the facility failed to install a Type I Essential Electrical System servicing the patients on general anesthesia in 9 of 9 operating rooms in accordance with the requirements NFPA 99, 2012 edition, Section 6.4.2.2. This deficient practice could affect all patients on general anesthesia.</p> <p>Findings include:</p> <p>Based on interview with the Maintenance Technician (MT) on 03/09/21 at 12:06 p.m., the emergency generator had been replaced with a new generator within the last 4 (?) years and another transfer switch had been added to the system. The MT was asked the location of the critical, life safety and the equipment branches of</p>	O 0101	<p>Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed according to schedule as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity.</p> <p>The Surgery Center North failed to install a Type I Essential Electrical System servicing the patients on general anesthesia in 9 of 9 operating rooms in accordance with the requirements NFPA 99, 2012 edition, Section 6.4.2.2. (K0915). This deficient practice could affect all patients on general anesthesia. It is our understanding that there should be three (3) panels: 1.) Critical Equipment 2.) Life Safety Equipment 3.) Equipment. It is also our understanding that each panel should be separated and labeled or identified. This team understands the safety relevance</p>	12/31/2021

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	<p>the essential electrical system and he was unaware of each separate branch locations. He stated he thought the transfer switches were separated by voltage. One transfer switch was used for 120 volts and the second was used for 220 volts. Based on observation with the MT on 03/09/21 at 12:15 p.m., an emergency panel in the waiting room electrical closet contained emergency lighting and various other items but was not labeled and could not be identified as a Life Safety Branch panel. This was reviewed with the Clinical Director, Administrative Coordinator, Executive Director of Surgical Services, and the Maintenance Technician during the exit conference.</p>			<p>and the importance of getting this corrected. Due to the monumental scope of this work, it is difficult to determine the exact timeline for completion until full assessment has been completed. Our Facilities Manager and Maintenance Technician began reviewing all electrical panels (Type I Essential Electrical System) on 3/16/21 to verify and label what equipment is housed in each panel. It was then determined that an outside contractor would need to be brought in. The electrical contractor was here on 3/30/2021 to begin the assessment in order to create a plan of correction. Until they can fully complete the assessment, it is difficult to estimate the exact timeline to completion as we are not sure exactly how much work will need to be done. A tentative plan would be for the full scope of the project to be outlined by June 30, 2021, and work to begin immediately following once parts have arrived. Our goal is to have the Type I essential Electrical system servicing the patients on general anesthesia in all 9 of our OR's completed by end of calendar year 12/31/2021. Surgery Center leadership team will connect weekly for updates on progress (K-0915). July 1- July 31, 2021- based on the finalized work schedule</p>	

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			<p>provided to us by the general contractor that specifies the scope of this project, the Executive Director, Building Maintenance Technician, and Clinical Director will validate the start of the physical work. Executive Director will then set up monthly meetings with general contractor, Executive Director, Clinical Director, and Building Maintenance Technician to assure project is progressing towards completion according to schedule provided to us by the general contractor.</p> <p>August 2nd - Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed on schedule or as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity.</p> <p>Sept 7th--Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed according to schedule as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity. In the</p>	

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			<p>month of September we will also assess the plan to completion to assure that it is still reasonable to project the project can realistically be completed by the intended completion date of 12/31/2021.</p> <p>Oct 4th--Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed according to schedule as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity.</p> <p>Nov 8th--Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work is being completed according to schedule as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity. In the month of September we will also assess the plan to completion to assure that project is still slated to be completed by defined completion.</p> <p>Dec 6th--Executive Director, Building Maintenance Supervisor, and Clinical Director will meet with the general contractor to validate that the work</p>	

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Q 0104 Bldg. 00	<p>416.44(b)(1)-(3) SAFETY FROM FIRE</p> <p>(b) Standard: Safety from fire. (1) Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served, and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4).</p> <p>(2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>(3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC.</p> <p>1. Based on review and interview, the facility failed to ensure 1 of 1 occupancy separation fire barrier walls that separated the ASC from the other occupancies was properly installed. NFPA 101, 2012 Edition section 21.3.7 states ambulatory</p>	O 0104	<p>is being completed according to schedule as outlined by the general contractor. Any revisions to the plan will be made at this time, and documentation of meeting minutes will be captured in order to detail activity.</p>	05/25/2021

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	<p>health care facilities shall be separated from other tenants and occupancies by a one hour fire resistance rating wall that extends from the floor slab below to the floor or roof slab above. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of Architect plans available on 03/09/21 at 10:50 a.m. with the Facilities Manager (FM) and Maintenance Technician (MT), it could not be determined if a one hour fire wall exists which separates the surgery center from the clinic. Based on interview concurrent with architectural plan review, the FM could not definitively conclude there was a one hour fire wall separation between the surgery center and the clinic since the plans did not show evidence of this. This was reviewed with the Clinical Director, Administrative Coordinator, Executive Director of Surgical Services, and the Maintenance Technician during 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 3 Elevator machine rooms. NFPA 8.15.5.3 requires Automatic sprinklers in elevator machine rooms shall be of ordinary- or intermediate temperature rating.</p> <p>A.8.15.5.3 ASME A17.1, Safety Code for Elevators and Escalators, requires the shutdown of power to the elevator upon or prior to the application of water in elevator machine rooms or hoistways. This shutdown can be accomplished by a detection system with sufficient sensitivity that operates prior to the activation of the sprinklers (see also NFPA72, National Fire Alarm and Signaling Code).</p> <p>As an alternative, the system can be arranged</p>		<p>extend from the floor slab to the floor slab above. We have requested this company to come in and resolve this issue by filling the spaces with fire caulk, fire putty, or drywall. The work to begin correcting the firewalls will begin on Tuesday, March 30, 2021. It is estimated that this project will be completed in full by May 25, 2021. While the contractor will have a Project Manager assigned to this project, our Maintenance Technician for the Surgery Center will also be inspecting and evaluating the work for completeness with precision. (K-0131)</p> <p>2.) The elevator machine room located just outside of the PACU was found to be without an automatic sprinkler will have a sprinkler head installed. The company that will be completing this work has already come to the facility to make an assessment and provide the quote. Work to install the sprinkler head to correct this deficiency will begin 4/10/21. This work will be completed in a single day. This work will be completed in a single day and will be inspected for compliance by building Maintenance Technician.</p> <p>3.) Based on observation and interview, the facility failed to ensure a 1 of 1 complete automatic sprinkler system was installed in accordance with</p>	

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	<p>using devices or sprinklers capable of effecting power shutdown immediately upon sprinkler activation, such as a waterflow switch without a time delay. This alternative arrangement is intended to interrupt power before significant sprinkler discharge. This deficient practice could affect any residents, as well as visitors and staff in the elevator if the sprinkler system was activated in the elevator equipment room.</p> <p>Findings include:</p> <p>Based on observation on 03/08/21 at 1:12 p.m. with the Maintenance Tech (MT), there was an elevator machine room on Patient hall which was not sprinklered. Based on interview with the MT, it was stated he thought all the elevator machine rooms were sprinklered, they must have missed this one. This was reviewed with the Clinical Director, Administrative Coordinator, Executive Director of Surgical Services, and the Maintenance Technician during the exit conference.</p> <p>3. Based on observation and interview, the facility failed to ensure a 1 of 1 complete automatic sprinkler system was installed in accordance with 19.3.5.1. NFPA 13, 2010 Edition, Standard for the Installation of Sprinkler Systems, Section 9.1.1.7, Support of Non-System Components, requires sprinkler piping or hangers shall not be used to support non-system components. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation on 03/08/21 at 1:21 p.m. with the Maintenance Technician (MT), in the Mechanical room on Connecting hall there were</p>		<p>19.3.5.1. NFPA 13, 2010 Edition, Standard for the Installation of Sprinkler Systems, Section 9.1.1.7, Support of Non-System Components, requires sprinkler piping or hangers shall not be used to support non-system components. This deficient practice could affect all residents, staff, and visitors. During the Surgery Center's survey in the Mechanical room of the connecting hallway there were four black cables strapped to the steel sprinkler pipe at ceiling level in the middle of the room. Those cables have been removed on April 2, 2021.</p> <p>4.) Upon survey it was found that all three (3) elevators need a shunt trip breaker installed. The quote has been obtained. Application to receive an elevator permit has already been submitted and will take approximately 1-2 weeks to receive. The patient room elevator machine room will have sprinkler head installed on 4/10/21, followed by heat detectors being installed in all 3 elevator machine rooms on 4/17/21, and lastly the electrical shunt trip breakers will be installed and tested on 4/24/21. Then Mid-America elevator Company will then be brought to the facility to inspect and test. Once inspection is completed by Mid-America elevator Company, the state inspector will be brought</p>	

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	<p>four black cables strapped to the steel sprinkler pipe at ceiling level in the middle of the room. Based on interview at the time of observation, the MT acknowledged non sprinkler components were attached to the steel sprinkler pipe and was unaware this condition existed. This was reviewed with the Clinical Director, Administrative Coordinator, Executive Director of Surgical Services, and the Maintenance Technician during the exit conference.</p> <p>4. Based on observation and interview; the facility failed to ensure 2 of 3 elevator equipment rooms was provided with an electrical shunt trip when provided with sprinkler coverage. NFPA 13, 8.15.5.3 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect any residents, as well as visitors and staff in the elevator if the sprinkler system was activated in the elevator equipment room.</p> <p>Findings include:</p> <p>Based on observations on 03/08/21 during the tour between 12:00 p.m. to 3:30 p.m. with the Maintenance Technician (MT), two elevator machine rooms in the basement were sprinklered, but there was no visual evidence the two elevator machine rooms were provided with an electrical shunt trip. Based on interview concurrent with the observation with the MT it was stated he did not know what an electrical shunt trip was and doubted the two elevator machine rooms were</p>			<p>in to inspect and test this portion of the work being completed. We anticipate certification by the state inspector to occur on or before 4/30/21, depending on their schedule(K-0351).</p> <p>5.) Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier. LSC Section 21.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect all occupants.</p> <p>Upon survey it was discovered that data wiring and electrical conduits penetrated through the firewall. This work is included in the Firewall project. The general contractor will remove and fill in all spaces where the wire and/or conduit penetrated the firewall.</p> <p>This work is scheduled to begin on Tuesday, March 30, 2021. It is estimated that this project will be completed in full by May 25, 2021. Upon completion of the project, the final work will be inspected by our building Maintenance Technician for compliance with code. In the future, anytime work is being completed around the Surgery Center that involves pulling data</p>

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	<p>equipped with them.</p> <p>5. Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier. LSC Section 21.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations on 03/09/21 between 10:00 a.m. to 12:30 p.m. with the Maintenance Technician (MT), the following areas in the smoke barrier wall had unsealed penetrations above the drop ceiling.</p> <ul style="list-style-type: none"> a. Smoke wall adjacent to fire door # 2461 had a plastic conduit penetrating the smokewall into which one low voltage wire entered and the opening of the conduit was not sealed. b. Above the ceiling of the north wall of the employee breakroom was one small gray wire penetrating the smoke wall which had a one inch opening around it and it was not sealed. c. Above the fire door, north wall of the employee breakroom there were two conduits penetrating the smoke wall and the opening around the conduits were not sealed. d. A black cable and yellow electrical wire penetrated the smoke wall above the ceiling in the corridor outside the breakroom and the hole was not sealed. e. Above television in the Anesthesia office there was a one inch diameter hole unseal. To the right of that was a one inch hole with white wire penetrating the smokewall which was unsealed 		<p>cables and electrical conduits, expectations of where it can and cannot go will be defined for the contracted service provider at the beginning of the project. Upon completion of the project, that work will be inspected by our building Maintenance Technician for completeness to assure all work is completed according to expectations and code.</p> <p>6.) The window in the Surgery Scheduling office disrupts the firewall and will be filled in with drywall. This work will be a part of the "firewall" project, and that work has begun on 3/30/21 and the entire scope of this project should be completed by 5/25/2021. Final work completed by the general contractor will be inspected for compliance by the building Maintenance Technician.</p>	

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	<p>and finally an eight inch diameter opening in the smoke wall was not sealed.</p> <p>f. In the Patient recovery area there was a one inch diameter opening above the entry doors with two wires penetrating the smoke wall which were not sealed.</p> <p>g. In the Stairwell hall there was a metal electrical conduit penetrating the smoke wall with a two inch hole around the conduit which was unsealed. Also, there was a green electrical conduit penetrating the smokewall with a two inch hole which was unsealed.</p> <p>h. Above the ceiling of the North stairwell wall in the elevator wall, fire caulk has pulled away from an opening in the smoke wall.</p> <p>i. Above the ceiling of the West stairwell wall was an eight inch diameter opening which was not sealed.</p> <p>j. Above the ceiling of the South stairwell wall was a one foot by 6 inch opening in the brick wall which was not sealed.</p> <p>k. Patient room # 128 had numerous unsealed openings:</p> <p>a. 2" by 2" hole into which a green conduit penetrated.</p> <p>b. 2" by 2" hole into which a green conduit penetrated.</p> <p>c. 2" by 3" hole into which a blue communications wire penetrated.</p> <p>6. Based on interview at the time of observations, the MT visually confirmed each penetration mentioned in a through k. This was reviewed with the Clinical Director, Administrative Coordinator, Executive Director of Surgical Services and the Maintenance Technician during the exit conference.</p> <p>6. Based on observation, record review and interview the facility failed to ensure the fixed fire</p>				

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Q 0108	<p>window assembly in the Surgery Scheduling office was protected with a one hour fire rating for 1 of 1 smoke barrier walls. Section 21.3.7.7 Windows in smoke barrier shall be of fixed fire window assemblies in accordance with Section 8.3. Section 8.3.3.1 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 Protective's, except as otherwise specified in this Code.</p> <p>Findings include:</p> <p>Based on observation on 03/09/21 at 11:01 a.m. with the Maintenance Technician (MT), the fixed fire window installed in the smokewall of the Surgery Scheduling office was not labeled with a fire rating. Based on record review on 03/09/21 at 11:51 a.m. with the Facilities Manager (FM) the architectural plans presented could not verify the fixed glass window in the smokewall in the Surgery Scheduling office was protected with a one hour fire rating. Based on interview concurrent with record review with the FM, it was stated he believed it was a fire rated window, but could not verify the fire rating on the architectural plans. The FM further stated the facility would do what was necessary to make it right. This was reviewed with the Clinical Director, Administrative Coordinator, Executive Director of Surgical Services and the Maintenance Technician during the exit conference.</p> <p>416.44(c) BUILDING SAFETY</p>			

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Bldg. 00	<p>(c) Standard: Building Safety. Except as otherwise provided in this section, the ASC must meet the applicable provisions and must proceed in accordance with the 2012 edition of the Health Care Facilities Code (NFPA 99, and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6).</p> <p>(1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to an ASC.</p> <p>(2) If application of the Health Care Facilities Code required under paragraph (c) of this section would result in unreasonable hardship for the ASC, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 first floor one hour smoke barrier walls was properly installed. NFPA 101, 2012 Edition section 21.3.2 states every story of an ambulatory health care facility shall be divided into not less than two smoke compartments. The deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of Architect plans available on 03/09/21 at 10.50 a.m., with the Facilities Manager (FM) and the Maintenance Technician the back wall of the lab was identified by the FM and MT as part of the one hour smoke barrier wall, but could not be verified on the architectural plans presented at the time. Based on interview concurrent with architectural plan review, the FM could not definitively conclude the back wall of</p>	Q 0108	<p>Based on the architectural drawing and the assessment that was made upon survey, it was undetermined if the back wall of the Lab located on the first floor of the Surgery Center was part of the one hour smoke barrier wall. Architect was notified on 3/11/21 of the need to update/revise architectural drawings of the Surgery Center to accurately reveal the locations of all smoke barrier walls within the entire Surgery Center. The timeline for completion of this work will take approximately 2-3 weeks. Executive Director and building Maintenance Technician are responsible for completing continuous follow up with architect</p>	04/08/2021

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Q 0241 Bldg. 00	<p>the lab was part of the one hour smoke barrier wall since the plans did not show evidence of this. This was reviewed with the Clinical Director, Administrative Coordinator, Executive Director of Surgical Services, and the Maintenance Technician during the exit conference.</p> <p>416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</p> <p>Based on observation and interview, the facility failed to ensure a clean environment in the pre and post operative area.</p> <p>Findings Include:</p> <p>1. Tour of facility on 03/02/21 at 9:03 am with S-1 (Clinical Director), this surveyor observed copious, visible and wipeable dust on:</p> <ul style="list-style-type: none"> a. Top of hand gel dispensers. b. Bottom of mobile computer stands. c. Top of blanket warmer in Clean Supply room. d. Top of refrigerator in Clean Supply room. e. In bins that hold clean supplies. <p>2. Interview on 03/02/21 at 10:40 am with S-1 confirmed copious, visible and wipeable dust on:</p> <ul style="list-style-type: none"> a. Top of hand gel dispensers. b. Bottom of mobile computer stands. c. Top of blanket warmer in Clean Supply room. d. Top of refrigerator in Clean Supply room. e. In bins that hold clean supplies. 		O 0241	<p>to do a progress check. If finished product has not been completed by 4/8/2021, the Executive Director will reach out and push project to completion.</p> <p>We've added some additional task to the schedules of our EVS caregivers to be specific to dusting; paying careful attention to hand sanitizer dispensers, computer stands, refrigerators, and blanket warmers. We've also added an additional resource/person to the team, so we will be able to focus on that work.</p> <p>Pre/Post team person that comes in the morning will begin damp dusting all flat surfaces upon opening the PACU area.</p> <p>Our OR charge nurses have also been tasked or assigned to daily dusting in the corridors of the restricted area back in the OR to keep area free of dust.</p> <p>Evening shift EVS supervisor will be responsible for checking these problematic areas to be certain that there is no dust accumulation and completing follow up with assigned EVS caregivers when</p>	03/15/2021

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S 0000 Bldg. 00	<p>This visit was for a licensure survey of an Ambulatory Surgery Center.</p> <p>Facility Number: 005973</p> <p>Survey Date: 03/1-2/2021</p> <p>QA: 3/4/21</p> <p>S 0000</p>	S 0000	<p>needed.</p> <p>To prevent recurrence, we have added monthly multidisciplinary rounds with Surgery Center Leadership along with EVS leadership to audit for continuous efforts and performance.</p>	
S 0428 Bldg. 00	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(i)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(i) Sanitation.</p> <p>Based on observation and interview, the facility failed to ensure a clean environment in the pre and</p>	S 0428	<p>We've added some additional task to the schedules of our EVS</p>	03/15/2021

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	<p>post operative area.</p> <p>Findings Include:</p> <p>1. Tour of facility on 03/02/21 at 9:03 am with S-1 (Clinical Director), this surveyor observed copious, visible and wipeable dust on:</p> <ul style="list-style-type: none"> a. Top of hand gel dispensers. b. Bottom of mobile computer stands. c. Top of blanket warmer in Clean Supply room. d. Top of refrigerator in Clean Supply room. e. In bins that hold clean supplies. <p>2. Interview on 03/02/21 at 10:40 am with S-1 confirmed copious, visible and wipeable dust on:</p> <ul style="list-style-type: none"> a. Top of hand gel dispensers. b. Bottom of mobile computer stands. c. Top of blanket warmer in Clean Supply room. d. Top of refrigerator in Clean Supply room. e. In bins that hold clean supplies. 		<p>caregivers to be specific to dusting; paying careful attention to hand sanitizer dispensers, computer stands, refrigerators, and blanket warmers. We've also added an additional resource/person to the team, so we will be able to focus on that work.</p> <p>Our OR charge nurses have also been tasked or assigned to daily dusting in the corridors of the restricted area back in the OR to keep area free of dust.</p> <p>Evening shift EVS supervisor will be responsible for checking these problematic areas to be certain that there is no dust accumulation and completing follow up with assigned EVS caregivers when needed.</p> <p>To prevent recurrence, we have added monthly multidisciplinary rounds with Surgery Center Leadership along with EVS leadership to audit for continuous efforts and performance.</p>	