

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

PRINTED: 05/04/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15C0001149		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/24/2022	
NAME OF PROVIDER OR SUPPLIER EAGLE HIGHLANDS SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 6850 PARKDALE PLACE INDIANAPOLIS, IN 46254			
(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
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: 03/24/22</p> <p>Facility Number: 004756 Provider Number: 15C0001149 AIM Number: 200848180A</p> <p>At this Emergency Preparedness survey, Eagle Highlands Surgery Center 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 4 certified operating rooms and 2 certified procedure rooms.</p> <p>Quality Review completed on 03/28/22</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: 03/24/22</p> <p>Facility Number: 004756 Provider Number: 15C0001149 AIM Number: 200848180A</p> <p>At this LSC survey, Eagle Highlands Surgery Center LLC was found not in compliance with</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 that 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 disclosable 30 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 0321 Bldg. 01	<p>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.</p> <p>This one-story facility building was fully sprinklered and was determined to be of Type II (111) construction. This ASC, which measures greater than 10,000 square feet in size and is not constructed to have two or more smoke compartments within its suite, is using the adjoining occupancy as the second smoke compartment. The adjoining occupancy consists of the main entrance lobby, a therapy room, restrooms, and a records room for radiology which is open to the main entrance lobby. The facility has a fire alarm system with smoke detection in the four operating rooms and in the two procedure rooms.</p> <p>Quality Review completed on 03/28/22</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas must meet one of the following: *Contain 1 hour rated enclosure when non-sprinklered *Sprinkler protected with smoke resistive separation *Severe Hazard locations contain sprinkler protection and 1 hour separation with 3/4 hour rated self-closing doors 20.3.2, 21.3.2, 38.3.2, 38.3.2.2, 39.3.2.1, 39.3.2.2, 8.7 Based on observation and interview, the facility failed to ensure 1 of 1 Soiled Utility room was</p>			K 0321	Based on observation and interview, the facility failed to		03/25/2022

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K 0712 Bldg. 01	<p>protected in accordance with 21.7.5. LSC 21.7.5.5.1(3) requires mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. LSC 21.3.2.1 requires doors to hazardous areas shall be self-closing. This deficient practice could affect as many as 5 patients and 4 staff.</p> <p>Findings include:</p> <p>Based on observation with the Building Engineer on 03/24/22 at 12:06 p.m., there was a soiled utility room, also listed as Room #124, in the pre-operation / post-operation area. When the corridor door to this area was tested, it failed to fully close and self-latch into the doorframe on three separate occasions. Based on interview at the time of observation, the Building Engineer confirmed the hazardous area door to the soiled utility room failed to fully self-close and latch into the door frame adding that he would adjust the self-closing device and make sure the door would latch again as soon as possible.</p> <p>This finding was reviewed with the Clinical Director at the exit conference on 03/24/22 at 1:40 p.m.</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire</p>				<p>ensure 1 of 1 Soiled Utility room was protected in accordance with 21.7.5.5.1(3) requires mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. LSC 21.3.2.1 requires doors to hazardous areas shall be self-closing. This deficient practice could affect as many as 5 patients and 4 staff.</p> <p>1.How to correct the deficiency = The Building Engineer will repair the Soiled Utility door, listed as Room #124 to ensure the door is self-closing.</p> <p>2.How to prevent the deficiency from recurring in the future = The Clinical Manager and Facility Safety Officer will monthly monitor the Soiled Utility room door to assure the door is self-closing.</p> <p>3.Who is going to be responsible = The Clinical Manager is responsible for compliance and ongoing monitoring of the Soiled Utility door for ability to self-close.</p> <p>4.By what date is the deficiency corrected = 3.25.2022, See Exhibit A</p>		

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	<p>alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>21.7.1.4 through 21.7.1.7</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all patients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Clinical Director on 03/24/22 at 11:08 a.m. of the documents entitled "Eagle Highlands Surgery Center LLC Code Red Drill Evaluation Report", the following was noted:</p> <p>a) the drill conducted on 02/28/22 was documented as being held at 1:00 p.m.</p> <p>b) the drill conducted on 06/12/21 was documented as being held at 1:43 p.m.</p> <p>c) the drill conducted on 08/26/21 was documented as being held at 1:00 p.m.</p> <p>d) the drill conducted on 11/09/21 was documented as being held at 1:00 p.m.</p> <p>Based on interview at the time of record review, the Clinical Director acknowledged the aforementioned fire drills as all being conducted between the 1:00 p.m. and 1:43 p.m. hour and stated that she would have the drills held at more varied times in the future.</p> <p>This finding was reviewed with the Clinical Director at the exit conference on 03/24/22 at 1:40 p.m.</p>	K 0712	<p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all patients and staff.</p> <p>1. How to correct the deficiency = The Clinical Manager and facility Safety Officer will ensure all fire drills are conducted quarterly at unexpected times.</p> <p>1. How to prevent the deficiency from recurring in the future = The Clinical Manager and facility Safety Officer will review previous quarter time of fire drill to ensure the following quarter drill is conducted at an unexpected time in relation to the previous drill.</p> <p>3. Who is going to be responsible = The Clinical Manager is responsible for compliance and ongoing quarterly monitoring of unexpected times of all quarterly fire drill.</p> <p>1. By what date is the deficiency</p>		03/25/2022		

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