STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001149	A. BUILDING **01 - EAGLE HIGHLANDS SURGERY CENTER** B. WING _____	R **04/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE HIGHLANDS SURGERY CENTER	**6850 PARKDALE PLACE** **INDIANAPOLIS, IN 46254**

(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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 03/24/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 04/28/22 Facility Number: 004756 Provider Number: 15C0001149 AIM Number: 200848180A At this PSR survey, Eagle Highlands Surgery Center LLC was found 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 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. Quality Review completed on 05/02/22	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/02/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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