STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15C0001158	A. BUILDING -- B. WING	02/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TERRE HAUTE SURGICAL CENTER LLC	227 MCCALLISTER DR TERRE HAUTE, IN 47802

(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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54. Survey Date: 02/15/21 Facility Number: 005650 Provider Number: 15C0001158 AIM Number: N/A At this Emergency Preparedness survey, Terre Haute Surgical Center LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54. Quality Review completed on 02/19/21	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 02/15/21 Facility Number: 005650 Provider Number: 15C0001158 AIM Number: NA At this Life Safety Code survey, Terre Haute Surgical 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	K 0000		

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

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	National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. This one-story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in all areas including patient care areas, the front lobby, storage rooms, and the duct work. Quality Review completed on 02/19/21			
K 0321 Bldg. 01	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 Janitors closet located in the PACU unit was protected in accordance with 21.3.2.1. LSC 21.3.2.1 requires doors to hazardous areas shall be self-closing. This deficient practice could affect staff only. Findings include: Based on observation with the building Administrator and the Materials Manager on 02/15/21 at 12:35 p.m. there were approximately 80 rolls of toilet paper, 15 stacks of paper towels, and	K 0321	Tag#K321 The Janitor's closet- automatic door closer was installed on March 2, 2021. The administrator secured an outside vendor to complete the installation. Actions taken as a result of the survey will be reported to the MAC and Governing Board at their next scheduled meetings.	03/02/2021

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	10 mop heads on shelving within the Janitors closet located within the PACU unit. The door to this Janitors closet did not contain a self-closing device and was considered a hazardous area due to the number of combustible items stored within. Based on interview at the time of observation, the building Administrator, and the Materials Manager both agreed that the room was a hazardous area due to the number of combustible items stored inside. The Materials Manager then stated that he would add a self-closing device to the door as soon as he could. During the exit conference with the building Administrator and the Materials Manager on 02/15/21 at 1:10 p.m., no additional information or evidence could be provided contrary to this deficient finding.			
K 0345 Bldg. 01	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 record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Section 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by Section 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semiannually:	K 0345	Tag#K345 A semi-annual visual inspection of the fire alarm system will be added to the schedule of contracted fire and security preventative maintenance. This additional inspection will occur on or before March 17, 2021 and semi-annually thereafter. The	03/17/2021

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	a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g., duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices This deficient practice could affect all occupants in the facility. Findings include: Based on record review on 02/15/21 at 11:06 a.m. with the Materials Manager, no documentation could be provided regarding a semi-annual visual inspection of the fire alarm system. The most recent two annual fire alarm inspections were performed on 09/28/20 and 09/14/19. There was no semiannual visual inspection documentation between the two annual inspection dates available for review. Based on interview at the time of record review, the Office Manager said that a visual inspection of the fire alarm system's devices was not performed on a semiannual basis. During the exit conference with the building Administrator and the Materials Manager on 02/15/21 at 1:10 p.m., no additional information or evidence could be provided contrary to this deficient finding.		Administrator will be responsible to ensure the initial semi-annual inspection is completed and the safety officer will be responsible to ensure they are completed thereafter. Actions taken as a result of the survey will be reported to the MAC and Governing Board at their next scheduled meetings.	
K 0351 Bldg. 01	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,			

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	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 Based on observation and interview, the facility failed to ensure that a complete automatic sprinkler system or documentation of fire-retardant material was provided for 1 of 1 canvas canopies. NFPA 13-2010 Edition, Section 8.15.7.1 states sprinklers shall be installed under exterior roofs, canopies, porte-cocheres, balconies, decks, or similar projections exceeding 4 ft. (1.2 m) in width. Section 8.15.7.2 states sprinklers shall be permitted to be omitted where the canopies, roofs, porte-cocheres, balconies, decks, or similar projections are constructed with materials that are noncombustible or limited combustible, or fire retardant. Textiles such as canvas used as an awning shall meet NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect at least 30 residents evacuating through main entrance. Findings include: Based on observations made during a tour of the facility on 02/15/21 at 11:56 a.m., there was a canvas canopy at the south end of the building that was not sprinkled and attached to the building. This canopy was approximately 50 feet in length and extended approximately 48 inches from the building to cover the existing sidewalk area. Based on record review with the Materials Manager on 02/15/21 between 9:20 a.m. and 12:20 p.m., no documentation could be provided to show the canvas was inherently flame retardant. Based on interview at the time of records review the Materials Manager acknowledged there was no sprinkler coverage for the canopy and confirmed there was no documentation to show	K 0351	Tag#K351 The Canvas canopy will be removed from the building by March 12, 2021. The old covering will be removed and the frame re-covered with flame retardant material. The re-installation of the new canopy system will be installed when ready. I am told from the Landlord's contracted awning company that may be as late as May 1, 2021 depending on special order fabric availability. The Administrator will be responsible to ensure this is completed. A copy of flame retardant material will be kept on file in the facility's safety binder. Actions taken as a result of the survey will be reported to the MAC and Governing Board at their next scheduled meetings.	03/12/2021

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	the canvas canopy was inherently fire retardant. During the exit conference with the building Administrator and the Materials Manager on 02/15/21 at 1:10 p.m., no additional information or evidence could be provided contrary to this deficient finding.			
K 0353 Bldg. 01	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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 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.	K 0353	Tag#K353 Monthly inspections of the 3 control valves and 1 gauge of the sprinkler system within the riser room will be performed. These checks will be documented beginning on March 4, 2021 and on a monthly basis going forward. The Safety Officer is responsible for these monthly checks. Actions taken as a result	03/04/2021

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	Findings include: Based on record review on 02/15/21 at 11:53 a.m. with the Materials Manager, the sprinkler system was inspected quarterly. No documentation was available for the monthly gauges or control valves inspections on the wet sprinkler system. During a tour of the facility at 12:47 p.m., it was observed that the sprinkler system contained three control valves and one system gauge. Based on interview at the time of observation, the Materials Manager stated that he was in the room every day but did not document the state of the control valves or gauge within the riser room. During the exit conference with the building Administrator and the Materials Manager on 02/15/21 at 1:10 p.m., no additional information or evidence could be provided contrary to this deficient finding.		of the survey will be reported to the MAC and Governing Board at their next scheduled meetings.	