STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001087	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY SURGERY CENTER EAST	5445 E 16TH ST , INDIANAPOLIS, Indiana, 46218

(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
K0000	INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date(s): 05/10/23 & 05/11/23 Facility Number: 010817 Provider Number: 15C0001087 AIM Number: NA At this Life Safety Code survey, Community Surgery Center East 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 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. This one story building was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors. Quality Review completed on 05/16/23	K0000		
K0211	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 20/21.2.2 through 20/21.2.11. 20.2.1, 21.2.1, 7.1.10.1 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed	K0211		

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

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

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K0211	Continued from page 1 to ensure 2 of 5 exit access corridors were continuously maintained free of all obstructions to full use in case of emergency. This deficient practice could affect all patients and staff. Findings include: Based on observations with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during a tour of the facility from 9:00 a.m. to 11:10 a.m. on 05/11/23, medical equipment and supplies were stored on both sides of the exit access corridor outside Operating Room 7 and in the west common hallway which restricted the width of the exit access corridors to 36 inches in both areas. Based on interview at the time of the observations, the Clinical Director and the Lead Maintenance Tech for VEI agreed the storage of medical equipment and supplies on both sides of the corridor did not ensure the two exit access corridors were continuously maintained free of all obstructions to full use in case of an emergency and had facility staff remove the equipment and supplies from the corridor at the time of the observations. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0211		
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 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 This STANDARD is NOT MET as evidenced by: Based on record review and interview, it could not be assured all facility fire alarm system duct detector initiating devices were functional tested annually. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition,	K0345		

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K0345	Continued from page 2 Section 14.4.5 states unless otherwise permitted by other sections of this code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. Table 14.4.5 Testing Frequencies states duct detector initiating devices shall be functional tested annually at 15(a). This deficient practice could affect all patients, staff and visitors. Findings include: Based on review of the fire alarm system inspection contractor's "System Record of Completion" documentation dated 01/25/20 with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during record review from 10:00 a.m. to 3:05 p.m. on 05/10/23, eleven duct detectors are installed in the facility and were functional tested at the time of fire alarm system installation. Based on review of the "Duct Detectors" section of the fire alarm system inspection contractor's "Inspection & Test Report" documentation dated 11/30/22, only 10 of the 11 duct detectors installed in the facility were functional tested within the most recent twelve-month period. The "Comments" section of the "Duct Detectors" report stated the duct detector identified as "Surgery Center Smoke Damper #11" location was "Not Tested" and was "Unable to locate". Based on interview at the time of record review, the Executive Director and the Facilities Manager for VEI stated a new fire alarm system was installed in the facility in 2020, additional fire alarm system duct detector testing documentation conducted within the most recent twelve month period was not available for review and agreed functional testing documentation for the duct detector identified as "Surgery Center Smoke Damper #11" within the most recent twelve month period was not available for review at the time of the survey. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0345		
K0351	Sprinkler System - Installation CFR(s): NFPA 101 Sprinkler System - Installation Sprinkler systems (if installed) are installed per NFPA 13.	K0351		

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K0351	Continued from page 3 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 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to maintain the ceiling construction for 1 of 1 ceilings 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 be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect patients, staff and visitors. Findings include: Based on observations with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during a tour of the facility from 9:00 a.m. to 11:10 a.m. on 05/11/23, the ceiling mounted sprinkler located in the Administrative Assistant's Office and in the Instrument Room (clean side) were each missing its escutcheon. In addition, the recessed sprinkler mounted on the ceiling of the Pain Management Room was missing its cover plate. Based on interview at the time of the observations, the Lead Maintenance Tech for VEI agreed the aforementioned sprinkler locations were either missing its escutcheon or cover plate. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0351		
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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	K0353		

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K0353	Continued from page 4 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 This STANDARD is NOT MET as evidenced by: Based on record review, observation and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. a. Section 5.1.1.1.3 states sprinklers manufactured using fast-response elements that have been in service for 20 years shall be replaced, or representative samples shall be tested and then retested at 10-year intervals. b. Section 14.2.1 states, “except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. c. Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. NFPA 25, Section 4.1.4.1 states the property owner or	K0353		

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K0353	Continued from page 5 designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, Section 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all patients, staff, and visitors in the facility. Findings include: Based on review of facility blueprint documentation dated 06/29/21 with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during record review from 10:00 a.m. to 3:05 p.m. on 05/10/23, the facility was constructed in 1998 and has quick response sprinklers installed throughout the building. Based on review of the sprinkler system contractor's "Inspection & Test Report" documentation dated 11/30/22 with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during record review from 10:00 a.m. to 3:05 p.m. on 05/11/23, the comments section of the 11/30/22 inspection report stated "2 different kinds of (QR) sprinklers are dated 1999 and are due for testing. (1) pendant sprinkler needs one more spare in sprinkler box. 5-year internal needs performed on system". Review of the comments section of the sprinkler system contractor's "Inspection & Test Report" documentation dated 02/09/23 indicated "5-year internal pipe inspection needs to be performed". Based on interview at the time of record review, the Lead Maintenance Tech for VEI stated the facility has quick response sprinklers installed throughout with testing or replacement past due after 2018 but he was not aware if testing or replacement documentation was available for review. Based on interview at the time of record review, the Executive Director and the Facilities Manager for VEI stated internal pipe inspection documentation within the most recent five-year period was not available for review. Based on observations with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during a tour of the facility from 9:00 a.m. to 11:10 a.m. on 05/11/23, the facility has a wet sprinkler system. The spare sprinkler cabinet in the sprinkler riser room contained a total of five recessed sprinklers and one pendant sprinkler. Based on interview at the time of the observations, the Lead Maintenance Tech for VEI agreed a minimum of two spare	K0353		

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K0353	Continued from page 6 pendant sprinklers was not maintained in the spare sprinkler cabinet in the sprinkler riser room or on the premises. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0353		
K0372	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2 hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 21.3.7.5, 21.3.7.6, 8.5 This STANDARD is NOT MET as evidenced by: Based on record review, observation and interview; the facility failed to ensure 1 of 1 smoke barriers which divide the suite into two separate smoke compartments was constructed in accordance with LSC Section 8.5 unless otherwise permitted by Section 21.3.7.6. LSC Section 8.5.6.2 states penetrations for cables, conduits, pipes and similar items that pass through a wall constructed as a smoke barrier shall be protected by a system or material capable of resisting the transfer of smoke. Where a smoke barrier is also constructed as a fire barrier, the penetrations shall be protected in accordance with the requirements of Section 8.3.5 to limit the spread of fire for a time period equal to the fire resistance of the assembly and Section 8.5.6. This deficient practice could affect all patients, staff and visitors if smoke from a fire were to infiltrate the protective barrier. Findings include: Based on review of facility blueprint documentation dated 06/29/21 with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI, during record review	K0372		

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K0372	Continued from page 7 from 10:00 a.m. to 3:05 p.m. on 05/10/23, the facility measures 24,698 square feet in size and has a one-hour rated smoke barrier wall from outside wall to outside wall to separate the facility's suite into two separate smoke compartments. Based on interview at the time of record review, the Facilities Manager for VEI stated there had been no new recent construction or reconstruction for the facility but wanted updated blueprints for the facility in 2021. Based on observations with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during a tour of the facility from 9:00 a.m. to 11:10 a.m. on 05/11/23, the annular space surrounding three separate six inch in diameter pipes which penetrated the smoke barrier wall above the suspended ceiling above the corridor door to Procedure Room 1 was not firestopped. In addition, a two inch in diameter hole for over 10 black data cables was noted in the smoke barrier wall above the suspended ceiling above the exit door in the smoke barrier wall by the Doctor's Lounge was also not firestopped. Based on interview at the time of the observations, the Lead Maintenance Tech for VEI agreed the aforementioned openings in the one-hour smoke barrier wall were not firestopped to maintain the fire resistance rating of the smoke barrier wall. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0372		
K0712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire 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. 21.7.1.4 through 21.7.1.7 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to document activation of the fire alarm system	K0712		

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K0712	Continued from page 8 and transmission of the fire alarm signal for 2 of 6 second shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 2 of 4 calendar quarters. LSC Section 21.7.1.4 states fire drills in ambulatory health care facilities shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. Section 21.7.1.7 states when drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all patients and staff in the facility. Findings include: Based on review of "Fire Drill" documentation with the Executive Director and the Clinical Director during record review from 10:00 a.m. to 3:05 p.m. on 05/10/23, second shift fire drills conducted within the most recent twelve month period on 12/14/22 at 6:05 p.m. and on 04/25/23 at 7:20 p.m. were conducted as a silent drill and did not document activation of the fire alarm system and transmission of the fire alarm signal. Based on interview at the time of record review, the Executive Director stated the facility operates two shifts per day, from 6:00 a.m. to 6:00 p.m. and from 6:00 p.m. to 6:00 a.m. and agreed fire drill documentation for the aforementioned two second shift fire drills conducted within the most recent twelve month period did not document activation of the fire alarm system and transmission of the fire alarm signal. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0712		
K0761	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to maintain 12 of 17 fire-rated door locations. LSC 8.3.3.1 states 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 Protectives,except as otherwise specified in this Code. This deficient practice could affect all patients,	K0761		

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K0761	Continued from page 9 staff and visitors. Findings include: Based on review of the fire door inspection contractor's "Annual Door Inspection" documentation dated 12/19/22 with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI, during record review from 10:00 a.m. to 3:05 p.m. on 05/10/23, 12 of 17 fire door locations in the facility failed annual inspection and testing. Deficiencies for "Door ID" locations listed as 1-002 through 1-005, 1-008, 1-013, 1-014, 1-016 and 1-017 include door rating labels missing or not legible, auxiliary hardware items are installed that interfere or prohibit operation of the door, door hardware missing or not functioning properly, holes or breaks in door frames and doors, door clearances are not within allowable limits, latching hardware did not secure the door in the closed position and improper signage affixed to a door. Based on interview at the time of record review, the Facilities Manager for VEI stated door repair or replacement documentation on or after 12/19/22 was not available for review and door replacement or repair is scheduled to by addressed by the contractor on 06/04/23. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0761		
K0914	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records	K0914		

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K0914	Continued from page 10 are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This STANDARD is NOT MET as evidenced by: Based on record review, observation and interview; the facility failed to ensure documentation of electrical outlet receptacle testing was complete in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.1 states hospital-grade receptacle testing shall be performed after initial installation, replacement or servicing of the device. Section 6.3.4.1.2 states additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data. Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). Section 6.3.4.2.1.2 states, at a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter. This deficient practice could affect all patients and staff in the facility. Findings include: Based on review of "Outlet Test" documentation dated 02/19/21 with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during record review from 10:00 a.m. to 3:05 p.m. on 05/10/23, not all receptacles in patient care rooms were inspected and tested during the most recent documented hospital-grade testing cycle. Select receptacle locations in Patient Care Rooms 7, 11, 18, 24, 25, 26 and Operating Rooms (OR's) 1, 2, 4, 5, 6 and 7 were not listed as being inspected or tested because "Items marked with an asterisk are either behind a TV mounted on the wall and not accessible unless the TV and framework are removed. In the case of the OR's the outlets are either behind a stationary cabinet mounted to the wall or an overhead TV. Based on interview at the time of record review, the Executive Director stated the facility is currently performing electrical receptacle testing. Based on	K0914		

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K0914	Continued from page 11 observations with the Clinical Director at 2:10 p.m. on 05/10/23, the facility has hospital-grade receptacles installed in OR 4. Based on observations with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during a tour of the facility from 9:00 a.m. to 11:10 a.m. on 05/11/23, the facility has hospital-grade receptacles installed in all patient care rooms. At the time of the observations, the Facilities Manager for VEI provided e-mail documentation dated 05/11/23 that the facility was currently performing the task of an annual "Electrical Outlet Tension Test". Based on interview at the time of review of the e-mail documentation, the Facilities Manager for VEI could not ensure the facility had a maintenance program which addressed all four inspection and testing parameters for hospital-grade receptacles. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0914		
K0918	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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 and readily available. EES electrical panels and circuits are	K0918		

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K0918	Continued from page 12 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) This STANDARD is NOT MET as evidenced by: Based on record review, observation, and interview; the facility failed to maintain a complete written record of monthly generator load testing for the most recent 12-month period. NFPA 99, Health Care Facilities Code, 2012 Edition, Chapter 6.4.4.1.1.4(A) requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110, 2010 Edition, Section 8.4.2 requires diesel generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30% of the nameplate kW rating. Section 8.4.2.3 requires diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. Section 6.4.4.1.1.1 states the generator set or other alternate power source and associated equipment, including all appurtenance parts shall be so maintained as to be capable of supplying service within the shortest time frame practicable and within the 10-second interval specified in 6.4.1.1.10 and 6.4.3.1. Section 6.4.4.1.1.2 states the 10-second criterion shall not apply during the monthly testing of an essential electrical system. If the 10-second criterion is not met during a monthly test, a process shall be provided to annually confirm the capability of the life safety and critical branches to comply with Section 6.4.3.1. NFPA 99, Section 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.	K0918		

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K0918	Continued from page 13 This deficient practice could affect all patients, staff, and visitors in the facility. Findings include: Based on review of "Generator Transfer Test Form" documentation with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI, during record review from 10:00 a.m. to 3:05 p.m. on 05/10/23, emergency generator load testing documentation for the most recent twelve-month period did not include the percent load achieved for the test. The aforementioned monthly generator testing documentation also did not include the loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. In addition, emergency generator transfer time from the normal source to the emergency generator exceeded 10 seconds for eight months of the most recent twelve-month period. Emergency generator monthly load testing transfer time for 03/31/22, 04/25/22, 05/20/22, 08/18/22, 09/23/22, 10/28/22, 11/18/22 and 02/28/23 was listed as, respectively, 40 seconds, 35 seconds, 1 minute, 45 seconds, 49 seconds, 35 seconds, 55 seconds and 30 seconds. Based on interview at the time of record review, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI, stated monthly load testing is performed for the facility and agreed the load achieved or the exhaust gas temperature for monthly load testing is not documented. The Facilities Manager for VEI stated the facility has a newer generator, the Hertz level of the normal power source fluctuates instantaneously which causes the automatic transfer switch to not transfer until the Hertz level can synchronize with the automatic transfer switch. The Facilities Manager for VEI stated NFPA generator testing requirements allows the facility to not meet the 10 second transfer time if they can demonstrate on an annual basis that it will transfer in less than 10 seconds during loss of the normal power source but agreed annual testing demonstration documentation for transfer time during a power loss was not documented for the most recent twelve month period. Based on observations with the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during a tour of the facility from 9:00 a.m. to 11:10 a.m. on 05/11/23, the facility has one diesel fired emergency generator located outside the building on the northwest side of the property. Manufacturer's nameplate documentation affixed to the generator indicated it was rated at 125 kW and was manufactured 02/17/14. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager	K0918		

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K0918	Continued from page 14 for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0918		
K0923 Bldg. 01	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage *Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. *Greater than 300 but less than 3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hour fire protection rating. *Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 2 cylinders of nonflammable gases such	K0923		

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K0923 Bldg. 01	Continued from page 15 as medical air were properly secured from falling in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition. NFPA 99, Section 11.3.2 states storage for nonflammable gases with a total volume greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 and 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect all patients, staff and visitors. Findings include: Based on observations with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during a tour of the facility from 9:00 a.m. to 11:10 a.m. on 05/11/23, two of two 'T' type medical air cylinders were unattended and were freestanding on the floor inside the facility's sprinkler riser room and were not supported in a proper cylinder stand or cart. Based on interview at the time of the observations, the Executive Director and the Clinical Director agreed the aforementioned medical air cylinders were not supported in a proper cylinder stand or cart and had facility staff remove the cylinders from the room at the time of the observations. These findings were reviewed with the Executive Director, the Clinical Director, the Facilities Manager for VEI and the Lead Maintenance Tech for VEI during the exit conference.	K0923		

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54. Survey Date(s): 05/10/23 & 05/11/23 Facility Number: 010817 Provider Number: 15C0001087 AIM Number: NA At this Emergency Preparedness survey, Community Surgery Center East was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54. The facility has 7 certified operating rooms and 2 procedure rooms. Quality Review completed on 05/16/23	E0000		

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

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