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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001165	A. BUILDING 00 B. WING	01/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOORESVILLE ENDOSCOPY CENTER LLC	1215 HADLEY RD STE 101 MOORESVILLE, IN 46158

(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
S 0000 Bldg. 00	This visit was for a state licensure survey. Facility Number: 012150 Survey Date: 01-02-2018 to 01-02-2018 QA: 03/08/2018	S 0000		
S 0024 Bldg. 00	410 IAC 15-2.2-2 SURVEY PROCEDURES 410 IAC 15-2.2-2 (a) Sec.2.(a) The center shall fully cooperate with licensure and complaint investigation inspections conducted by representatives of the department. Based on observation, document review and interview, the surgery center failed to be fully available during reported hours of operation in 1 instance. Findings include: 1. On 01-02-2018 at 9:15 am , it was observed that the door was locked and the lights were off at the surgery center, facility #1. Upon knocking on the door, no response was obtained. 2. Review of posted hours of operation on the door of the entrance indicated the hours of operation for facility #1 were: Mon-Fri 7:00 am - 5:00 pm. 3. On 01-02-2018 at 9:15 am, the phone number of facility #1 was called and no answer was received, only a response from a hospital, facility #2, to which facility #1 was physically attached. The recipient of the call indicated if facility #1	S 0024	1.A policy was written (Bad Weather, Closing the Center) regarding closing of the Center to include the Indiana State Department of Health including the phone number. 1.Policy approved 3/5/2018 by Professional Staff and Board of Managers 2.Staff has been educated to call the Indiana State Department of Health when the Center is not open and no one is there if closed during normal operating hours (i.e. inclement weather or rare occasions when there are no patients). 3.A phone call will be made to the Indiana State Department of Health when the Center will be closed. 4.Clinical Manager & Director (ultimately)	03/05/2018

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see 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.

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	was closed, it meant they had no patients scheduled that day. 4. On 01-02-2018 at approximately 9:20 am, the survey team's Supervisor, Supervisor #1, was notified by phone that no one was available at facility #1, either in person or by phone. Supervisor #1 indicated the reported hours of operation of facility #1, according to information available to Supervisor #1, were Mon-Fri 7:00 am - 5:00 pm. 5. On 01-02-2018 at 9:30 am, the survey team exited.			