

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

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43C0001024		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 06/19/2024	
NAME OF PROVIDER OR SUPPLIER USC AMBULATORY SURGICAL CENTER, PROF LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 W 69TH STREET , SIOUX FALLS, South Dakota, 57108			
(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 recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 9/16/24. USC Ambulatory Surgical Center, Prof LLC was found not in compliance with 42 CFR 416.44 (b)(1) requirements for Ambulatory Surgical Centers. The building will meet the requirements of the 2012 LSC for Existing Ambulatory Surgical Center Occupancies upon correction of the deficiency identified at K131 and K923 in conjunction with the provider's commitment to continued compliance with the fire safety standards.			K0000			
K0131	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Ambulatory Health Care Facilities Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following: * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access. * They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating. Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: * Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab. * Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches.			K0131			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0131	Continued from page 1 * Doors are self-closing and are kept in the closed position, except when in use. * Windows in the barriers are of fixed fire window assemblies per 8.3. Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1, 42 CFR 416.44 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the provider failed to maintain the fire rating at one randomly chosen location (above the door connecting the clinic waiting room and the lactation room) as required. Findings include: Observation on 6/19/24 at 11:19 a.m. revealed the required fire-rated wall above the door separating the ambulatory surgery from the clinic had two unsealed penetrations. That wall had a three-inch pipe with communication cables and a half-inch piece of flexible conduit that passed through it without being sealed. Those penetrations would not resist the passage of fire and smoke and degraded the fire rating of that wall. Interview with the information technology/maintenance person at the time of the observation confirmed that finding.	K0131	-- The USC Maintenance Director has confirmed that during a 2023 building renovation, a number of cat-6 cables were pulled through firewall pipe where the "Hilti Firestop Block" did not get reinstalled upon completion of the project. As of 6/20/24, the fire stop blocks have all been re-installed that were removed from the renovation project. -- The USC Maintenance Director will inspect fire caulk around and inside the wall penetrations as necessary on or before August 3, 2024. The USC Maintenance Director and ASC Director of nursing will conduct a walk-through following completion to evaluate all areas. Review of final report will be integrated into the ASC quality meeting in August 2024 with oversight by Director of Nursing and Medical Director for ASC. This will subsequently report through the Board of Directors as part of ASC QI. This will resolve the finding.				
K0923 Bldg. 01	Gas Equipment - Cylinder and Container Storage 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	K0923					

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K0923 Bldg. 01	Continued from page 2 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 protect medical gas storage as required. Combustible items were stored within five feet of the oxygen cylinders in one randomly observed location (director of nursing [DON] office). Findings include: At 12:31 p.m. on 6/19/24 combustible materials were found to be stored adjacent to and within five feet of oxygen cylinders in the DON's Office. The minimum 5 feet of separation between combustibles and oxygen storage was not maintained as required in this area. Interview with the information technology/maintenance person and the DON at the same time as the observation confirmed that finding.			K0923	--The ASC Director of nursing has evaluated existing space that meets the standard for gas storage. We have moved the gases PRIOR TO August 3, as well as, explained to staff to utilize the metal labeling rings around the cylinders to denote empty/fulls. The sign denoting oxidizing gases storage has been placed on the outside of the door alerting patients and staff to the presence of these gases. Review of final report will be integrated into the ASC quality meeting in August 2024 with oversight by Director of Nursing and Medical Director for ASC. This will subsequently report through the Board of Directors as part of ASC QI. This will resolve the finding. TAYLOR PFEIFLE, DON 7/12/2024		

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Q0000	INITIAL COMMENTS A recertification survey for compliance with 42 CFR Part 416, Subpart C, requirements for ambulatory surgical services, was conducted from 6/18/24 through 6/19/24. USC Ambulatory Surgical Center was found in compliance.			Q0000	Taylor Pfeifle, RN 7/12/2024		

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E0000	Initial Comments A recertification survey for compliance with 42 CFR Part 416, Subpart C, Subsection 416.54, Emergency Preparedness, requirements for ambulatory surgery centers, was conducted on 6/18/23. USC Ambulatory Surgical Center, Prof. LLC was found in compliance.			E0000			

TAYLOR PFEIFLE, DON
7/12/2024

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TAYLOR PFEIFLE, DON
7/12/2024

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