



Materials Inspection Report

1. Licensee/Location Inspected: Community Health Network, Inc. 1500 N. Ritter Ave. Indianapolis, IN 46219 Report Number(s) 2025-001	2. NRC/Regional Office Region III U. S. Nuclear Regulatory Commission 2056 Westings Avenue, Suite 400 Naperville, IL 60563-2657
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3. Docket Number(s) 030-01625	4. License Number(s) 13-06009-01	5. Date(s) of Inspection January 8, 2025
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LICENSEE:
 The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements, and were assessed at Severity Level IV, in accordance with the NRC Enforcement Policy.
 - A. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy were satisfied.
 (Non-cited violation(s) was/were discussed involving the following requirement(s))
 - B. The following violation(s) is/are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
 (Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE AND DATE
LICENSEE'S REPRESENTATIVE		
NRC INSPECTOR	D.A. Piskura, Senior Health Physicist	Deborah A. Piskura <small>Digitally signed by Deborah A. Piskura Date: 2025.01.23 16:26:50 -06'00'</small>
BRANCH CHIEF	Rhex A. Edwards, Chief, MIB	 <small>Digitally signed by RHEX EDWARDS Date: 2025.01.24 07:48:28 -06'00'</small>



Materials Inspection Record

1. Licensee Name: Community Health Network, Inc.		2. Docket Number(s): 030-01625		3. License Number(s) 13-06009-01	
4. Report Number(s): 2025-001			5. Date(s) of Inspection: January 8, 2025		
6. Inspector(s): D. A. Piskura		7. Program Code(s): 04822	8. Priority: 2	9. Inspection Guidance Used: 87130, 87132	
10. Licensee Contact Name(s): Erin Bell, RSO		11. Licensee E-mail Address: ebell2@community.com		12. Licensee Telephone Number(s): 317-355-5528	
13. Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Non-Routine <input checked="" type="checkbox"/> Unannounced		14. Locations Inspected: <input type="checkbox"/> Hybrid <input checked="" type="checkbox"/> Main Office <input type="checkbox"/> Field Office <input type="checkbox"/> Temporary Job Site <input type="checkbox"/> Remote		15. Next Inspection Date (MM/DD/YYYY): <input type="checkbox"/> Normal <input type="checkbox"/> Extended <input type="checkbox"/> Reduced <input checked="" type="checkbox"/> No change	
16. Location(s) Inspected List: Community Hospital East 1500 N. Ritter Ave. Indianapolis, Indiana					
17. Scope and Observations: This inspection was conducted to review the licensee's corrective actions taken in response to escalated enforcement action (EA-23-108). The NRC identified three violations during a routine inspection conducted on December 5-7, 2022, with continued in-office review through October 25, 2023. The violations were discussed during a PEC with the licensee on January 18, 2024. The violations were cited in a NOV dated March 25, 2024 as individual SL III violations: (1) 10 CFR 20.1802, failure to control and maintain constant surveillance of an Ir-192 source within an HDR treatment unit; (2) 10 CFR 35.40(a), failure to prepare seven written directives before the administration of seven NaI-131 patient treatments; and (3) 10 CFR 20.1502(a)(1), failure to monitor the extremity exposure of one individual. The NRC imposed a civil penalty of \$27,000, which the licensee paid. The inspector reviewed and discussed the licensee's corrective actions for each of the SL III violations. For Violation 1, 10 CFR 20.1802, the licensee provided training to the staff within the Radiation Oncology Department on the security requirements for its HDR unit. The licensee implemented a department practice requiring an authorized medical physicist to be physically present during HDR service by the vendor's engineer. The authorized medical physicist was responsible to lock/secure the HDR unit within the designated storage cabinet after servicing. For Violation 2, 10 CFR 35.40(a), the licensee developed a new written directive form specific to NaI-131 administrations for diagnostic studies (greater than 30 uCi). The license distributed this new form to all its locations that administer NaI-131, including diagnostic studies. The licensee provided training to its authorized physician users and nuclear medicine technologists on the required use of this new written directive form. The required use of this new written directive form was assessed during program audits by a consulting physicist (also a part-time employee of the licensee). For Violation 3, 10 CFR 20.1502(a)(1), the licensee provided training to the individual on the proper use of extremity					

Materials Inspection Record (Continued)

dosimeters. The licensee also conducted a training session for all interventional radiologist who administered Y-90 in the proper use and wear of dosimetry (collar, whole body, and extremity) with emphasis on the licensee's policy that dosimetry must be worn consistently during treatments involving radioactive materials and fluoroscopy.

The inspector reviewed the licensee's implementation of its corrective actions and confirmed that these actions, listed above, had been completed in accordance with it's commitments presented during the PEC and in its letter dated April 22, 2024.

During this follow up limited scope inspection, the inspector toured the selected areas within the hospital, reviewed selected records, and interviewed licensee personnel. No violations of NRC requirements were identified during this follow up inspection. The violations identified during the previous routine inspection (IR 03001625/2022001) are considered closed.

Signature and Date - Branch Chief



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Date: 2025.01.24 07:48:07 -06'00'