

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001131	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2013
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NAME OF PROVIDER OR SUPPLIER  ELKHART CLINIC ENDOSCOPY AND SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2117 W LEXINGTON AVE ELKHART, IN 46514
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 02/11/13</p> <p>Surveyor: Joe L. Brown, Jr., Life Safety Code Specialist</p> <p>Facility Number: 003903 Provider Number: 15C0001131 AIM Number: 200263270A</p> <p>At this Life Safety Code survey, Elkhart Clinic Endoscopy and Surgery 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 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies.</p> <p>This facility located on the south side of a one story building with a basement 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 and most rooms.</p>	K010000	3/13/13	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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 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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	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/20/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010046	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 battery operated emergency lights worked for at least 1½ hours in accordance with LSC 7.9. LSC 7.9.2.5 says the emergency lighting system shall either be continuously in operation or shall be capable of repeated automatic operation without manual intervention. This deficient practice could affect maintenance staff if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation on 02/11/13 between 12:18 p.m. and 1:00 p.m. with the Executive Director and the Maintenance Director during a tour of the facility, the battery operated emergency light in the penthouse did not light when tested by the Maintenance Director.</p> <p>Based on interview at the time of observation with the Executive Director and the Maintenance Director, both acknowledged the battery operated emergency light in the penthouse was not</p>	K010046	<p>K00461. A battery operated emergency light inside the penthouse was inadvertently left off of the test log; this light was not operational when tested. The battery was replaced on 2/12/13; this light is now operational. This penthouse light was added to the checklist to ensure it is tested each month and annually. A record of the testing is maintained on the form "Battery-operated Emergency Lights - Test Log."2. The administrator will audit the log to ensure appropriate testing has been completed in a timely manner and recorded as instructed. The administrator will follow up with the maintenance manager if corrections are needed.3. The maintenance manager is responsible for #1, ensuring he or his staff performs the monthly and annual testing, replaces batteries as needed, and records the checks on the appropriate form. The administrator is responsible for #2, ensuring that maintenance has performed and recorded the checks as instructed.4. The deficiency was corrected on 2/12/13.</p>	02/12/2013			

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	operable when tested.			

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K010051	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1 Based on record review and interview, the facility failed to ensure 2 of 10 smoke detectors were maintained and inspected. LSC Section 21.3.4.1 requires ambulatory health care facilities to be in accordance with LSC Section 9.6. LSC Section 9.6.1.4 requires a fire alarm system to be maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72 at 7-3 requires smoke detector testing to be in accordance Section 7-3, Inspection and Testing Frequencies. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall</p>	K010051	<p>K0051 1. The deficiency is being corrected by having Approved Fire Protection Systems test smoke detectors M1-61 and M1-62 for sensitivity. A technician was at the facility on 2/28/12, 3/1/13, and will be at the facility on 3/7/13 to finish the annual testing and inspection of the fire alarm system, which includes the sensitivity testing of all smoke detectors, including M1-61 and M1-62. 2. We will ensure that all smoke detectors are sensitivity tested as required to be in compliance with code. In the future, annual testing and inspection of the fire alarm system will be supervised by the manager of maintenance to ensure all testing meets Life Safety code. The Maintenance Manager and ASC Administrator will ensure that the report of the annual testing reflects sensitivity testing on all applicable smoke detectors; if the report reveals testing that has been missed, the testing company will be contacted immediately to arrange for complete testing of the missed items.</p>	03/13/2013			

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	<p>be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>NOTE: The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice affects all occupants in the facility including staff, visitors and patients.</p> <p>Findings include:</p> <p>Based on record review on 02/11/13 at 8:25 a.m. with the Executive Director and</p>		<p>3. The maintenance manager and administrator are responsible for #1 and #2. 4. The deficiency will be corrected by 3/13/13.</p>				

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	the Maintenance Director, smoke detectors M1-61 and M1-62 showed "N/A" in the documentation for sensitivity testing. Based on interview at the time of record review, the Executive Director and the Maintenance Director acknowledged there was no documented smoke detector sensitivity test for the M1-61 and M1-62 smoke detectors available for review.			

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K010067	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2. 20,5.2.1, 21.5.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire dampers observed in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects staff in the basement.</p> <p>Findings include:</p> <p>Based on observation on 02/11/13 at 12:30 p.m. with the Executive Director and the Maintenance Director during a tour of the facility, one fire damper was observed in the wall of the elevator machine room located in the basement.</p>	K010067	<p>K0067 1. The deficiency is being corrected by having Approved Fire Protection Systems test the facility's fire dampers on 3/7/13. 2. The ASC Administrator will ensure the fire damper inspection report is kept on file at the Center and made available at future Life Safety surveys. The ASC Administrator will keep track of the date the next inspection is required, and will notify the Maintenance Manager in advance of the due date. The Maintenance Manager will schedule an appropriate testing company to perform the testing and inspection of the fire dampers at that time. 3. The ASC supervisor and Maintenance Manager are responsible for #1 and #2. 4. The deficiency will be corrected by 3/13/13.</p>	03/13/2013			

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	Based on interview at the time of observation on 02/11/13 at 12:30 p.m., the Executive Director and the Maintenance Director acknowledged documentation of fire damper testing of the aforementioned fire damper within the last four years was not available for review.			