STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMA ENDOSCOPY SURGICENTER PC	8895 BROADWAY MERRILLVILLE, IN 46410

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K0000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 02/27/12 Facility Number: 006124 Provider Number: 15C0001038 AIM Number: 100274530A Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, IMA Endoscopy Surgicenter PC 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 21, Existing Ambulatory Health Care Occupancies. This two story building was determined to be of Type II (222) construction and was not	K0000		

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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	sprinklered. The facility has a fire alarm system with smoke detection in the corridors. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/02/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0017	416.44(b)(1) LIFE SAFETY CODE STANDARD Corridors used as access to exits are separated from use areas by partitions with a fire resistance rating of at least one hour. Fire resistance rating is not required if building fully sprinklered. Doors have at least one 20 minute fire protection rating and are equipped with a positive latch and closing device. Vision panels, if provided, in partitions or doors therein do not exceed 20 inches and install at or below half the distance from the floor to the room ceiling. 20.3.6.2, 38.3.6.1 Based on observation and interview, the facility failed to ensure 1 of 1 soiled utility room corridor doors was smoke resistive. This deficient practice affects all occupants near the soiled utility room. Findings include: Based on observation with the Administrator on 02/27/12 at 12:45 p.m., the soiled utility room corridor door had a hole near the door handle. Based on an interview with the Administrator at the time of observation, the hole was the size of a pencil.	K0017	The pencil sized hole noted around the door knob to the soiled utility room has been filled so that smoke will not escape the room from around the doorknob.	03/03/2012

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K0048	416.44(b)(1) LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 20.7.1.1, 21.7.1.1 Based on interview and record review, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period to protect all occupants in accordance with LSC, Section 9.6.1.8 which requires the authority having jurisdiction shall be notified and the building shall be evacuated or an approved fire watch shall be provided. This deficient practice affect all occupants. Findings include: Based on record review with the Administrator on 02/27/12 at 12:19 p.m., the facility was unable to provide a written fire watch policy for the fire alarm system. Based on an interview with the Administrator at the time of record review, she was not aware of this requirement and therefore the facility did not have a written	K0048	A policy has been written to address Fire Alarm System malfunction. Policy #EC - 6.02 is as follows:Whenever there is a malfunction of the fire alarm panel potentially leaving the building vulnerable to a fire, the alarm maintenance service will be notified to repair the system. If the system remains out of service for more than four hours, the building will be evacuated until the fire alarm system has been repaired. The local fire department will be notified @ 219-769-8739 and the Indiana State Department of Health will be notified @ 317-233-7471 when the situation requires a building evacuation.This policy will be presented to the Gov. Body on March 21, 2012 for approval.	03/21/2012

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	policy and procedure for an impaired fire alarm system.			

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K0051	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 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 21.3.4.1 requires fire alarm systems to be in accordance with 9.6. LSC 9.6.1.4 requires fire alarm systems be installed, tested and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all occupants. Findings include:	K0051	Previously used Fire Alarm Inspection Company no longer in business. Another company contacted to perform preventive maintenance and inspection of smoke detectors and fire alarm system; unable to schedule until March 8, 2012 @ 1:00 p.m.The fire alarm system preventive maintenance and inspection performed on 3/8/12.	03/08/2012

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	Based on record review with the Administrator on 02/27/12 at 11:50 a.m., the only fire alarm system inspection available for review was an annual inspection of all devices from Interstate Alarm Inc. dated 02/18/11. Based on an interview with the Administrator at the time of record review, she was aware a fire alarm system inspection was due and has an inspection scheduled for March.			

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K0072	416.44(b)(1) LIFE SAFETY CODE STANDARD Draperies, curtains and other loosely hanging fabrics and films serving as furnishing, except curtains at showers, are in accordance with NFPA 701. 20.7.5.1, 21.7.5.1 Based on observation and interview, the facility failed to ensure 3 of 3 privacy curtains were flame retardant. This deficient practice could affect all patients. Finding include: Based on observations with the Administrator on 02/27/12 at 1:00 p.m., three privacy curtains were separating the beds in the patient recovery area. The privacy curtains lacked attached documentation confirming they were inherently flame retardant. Based on an interview with the Administrator at 1:15 p.m., there was no documentation regarding flame retardancy for these privacy curtains.	K0072	Flame retardant information for cubicle/privacy curtains is on file in Clinical Director/Administrator's office.	03/07/2012

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K0144	416.44(b)(1) LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110, 8.4.2 1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows: (a) Individual visual signals shall indicate: 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. (b) Individual visual signals plus a common audible signal to warn of	K0144	1. The generator company was contacted regarding an annunciator panel on 2-28-12. The generator company notified the Clinical Director/Administrator that there is no annunciator panel for the generator model at this SC. An appointment has been made for a representative from the generator company to meet with the Clinical Director/Administrator to discuss alternatives on March 14, 2012. Any further plan of correction will be based on the options presented.3/14/12 A representative from the generator company met with Clinical Director. There is no annunciator panel for the model of generator present. Representative is looking into other alternatives and will contact Clinical Director after investigation. 3/15/12 Representative from generator company does not have an answer for the lack of an annunciator panel. It is expected that this deficiency will be corrected by May 21, 2012 or before.4/3/12 A copy of the ISDH letter dated April 2, 2012 was faxed to the generator company representative. Due to the fact that there is not a solution for this deficiency at this time, a	05/31/2012

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	an engine-generator alarm condition shall indicate: 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all occupants. Findings include: Based on an observation with Administrator on 02/27/12 at 1:20 p.m., the emergency generator did not have a remote annunciator panel. Based on an interview with the Administrator at the time of observation, she was not aware of this requirement.		temporary LSC waiver request will be submitted.4/4/12 The generator service representative received information from the generator manufacturer regarding necessary changes to generator for completeion of correction. Required parts will be ordered when the physician owners sign off on the repair quotation.5/1/12 Part will be ordered. Generator service rep. is allowing 4-6 weeks for delivery of the parts.7/1/12 The parts will be installed and the generator will be functioning with an annunciator panel. Evidence of completion of the correction will be sent to ISDH LSC Supervisor.Estimated costs for parts and labor and testing of the system: $3,188.66 plus the costs oof cancelling procedures for the day(s) necessary for the correction of the deficiency.2. An updated letter dated March 5, 2012 was received from NIPSCO addressing the reliability of the fuel source for the generator.3. Documentation of the transfer time from main power to generator power was discussed with representative from Alternative Energy Solutions. The generator preventive maintenance performed 3/17/12 included documentation of the load transfer time (8 seconds). Will continute to monitor preventive maintenance docuementation monthly for completion.	

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	2. Based on interview and record review, the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1 Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS): a) Liquid petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas Exception: For Level 1 installations in locations where the probability of interruption of off-site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the			

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	primary energy source to the alternate energy source. CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following: 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption, 5. The signature of a technical person from the natural gas provider. This deficient practice could affect all occupants. Findings include: Based on interview with the Administrator on 02/27/12 at 11:55 a.m. , the fuel source for the emergency generator was natural gas. Additionally, based			

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	on record review, the facility did have a letter from their natural gas provider (NIPSCO) dated November 13, 2009 but the letter did not include all the items above required for a letter confirming the reliability of a natural gas fuel source for an emergency generator. The letter lacked supporting statements of reliability of natural gas, low probability of interruption of the natural gas service and a brief description that supports the statement. Based on an interview with the Administrator at the time of record review, she was not aware her current letter did not meet all of the requirements. 3. Based on record review and interview, the facility failed to provide the complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA			

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	110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all occupants. Findings include: Based on review of the untitled generator log from Alternative Energy Solution with the Administrator on 02/27/12 at 11:55 a.m., the emergency generator was tested monthly under load for at least 30 minutes, however, the monthly load test record did not include the time for the transfer of power from the main source to the generator. This was acknowledged by the Administrator at the time of record review			

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