

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001108	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2015
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NAME OF PROVIDER OR SUPPLIER  UNITY SURGICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 S CREAMY LANE, SUITE 200 LAFAYETTE, IN 47905
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K 0000  Bldg. 01	<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: 12/10/15</p> <p>Facility Number: 002746 Provider Number: 15C0001108 AIM Number: 200347650A</p> <p>At this Life Safety Code survey, Unity Surgical Center 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 for the original structure. The 2005 addition consisting of two operating rooms and clean/soiled utility rooms located in the northwest side of the facility was surveyed with Chapter 20, New Ambulatory Health Care Occupancies.</p> <p>The facility, located on the second floor of a two story building, was determined to be of Type II (111) construction and</p>	K 0000		
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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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K 0046 Bldg. 01	<p>was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and hazardous areas.</p> <p>Quality Review on 12/16/15 by Lex Brashear, LSC Specialist</p> <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 record review and interview, the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 2 of 2 battery powered lights during the most recent 12 month period. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals for not less than 30 seconds and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ -hr duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect two patients and staff.</p> <p>Findings include:  Based on review of "Battery Powered</p>	K 0046	A new document was created for the testing of emergency lighting to reflect the duration of monthly testing and provide an itemize list of each light with the testing results for each location. (See attachment labeled, Unity Surgical Center Monthly Battery Powered Emergency Light Test).	01/11/2016

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K 0050  Bldg. 01	<p>Emergency Light Test" documentation with the Administrator and the Maintenance Tech during record review from 9:45 a.m. to 1:00 p.m. on 12/10/15, documentation of 30 second functional testing conducted at 30 day intervals for Operating Room 1 and Operating Room 2, which comprised the 2005 addition, for the most recent twelve month period was not available for review. The documentation did not state the duration of monthly testing and did not itemize light testing results by location. Based on interview at the time of record review, the Administrator stated Operating Rooms 1 and 2 are not available to observe because of surgeries at the time of the survey but acknowledged documentation of 30 second functional testing conducted at 30 day intervals for Operating Room 1 and Operating Room 2 for the most recent twelve month period was not available for review.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2 1. Based on record review and interview, the facility failed to document fire drills on the second shift for 4 of 4 quarters. This deficient practice affects all patients,</p>			K 0050	Finding #1: Unity Surgical Center's Policy EC 16 (Fire and Disaster Drills) was updated to reflect fire drills will be conducted quarterly on each shift. (See Attachment labeled Unity Surgical		01/14/2016

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	<p>staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Observation Evaluation" documentation with the Clinical Manager during record review from 9:45 a.m. to 1:00 p.m. on 12/10/15, documentation of a fire drill conducted on the second shift (7:00 p.m. to 7:00 a.m.) for the fourth quarter of 2014 (October, November, December), the first quarter (January, February, March), the second quarter (April, May, June) and the third quarter (July, August, September) of 2015 was not available for review. Based on interview at the time of record review, the Clinical Manager stated the facility operates two shifts per day and acknowledged documentation of fire drills conducted on the second shift for the aforementioned calendar quarters was not available for review.</p> <p>2. Based on record review and interview, the facility failed to document activation of the fire alarm system and transmission of the fire alarm signal for 4 of 4 first shift fire drills. LSC 21.7.1.2 requires fire drills in ambulatory health care facilities to include the transmission of the fire alarm signal. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement shall be</p>		<p>Center Policy and Procedure EC 16-Fire &amp; Disaster Drills). Finding #2: Unity Surgical Center's Fire Drill Observation Evaluation Form was updated to include documentation illustrating the activation of the fire alarm system and transmission of the fire alarm system. (See Attachment labeled Unity Surgical Center Fire Drill Observation Evaluation Form #10 and #11). Finding #3: Unity Surgical Center will conduct quarterly fire drills at unexpected times. UnitySurgical Center's Policy EC 16 (Fire and Disaster Drills) under the Procedure Section states "Quarterly, The Director of Nursing, Clinical Manager, or designee will, without advance notification, choose an area of the facility and announce to personnel in the area that a drill is to commence". The Clinical Manager is planning to initiate an announced drill on Thursday January 14, 2016 with the night shift.</p>				

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	<p>permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. This deficient practice affects all patients, staff and visitors.</p> <p>Findings include</p> <p>Based on review of "Fire Drill Observation Evaluation" documentation with the Clinical Manager during record review from 9:45 a.m. to 1:00 p.m. on 12/10/15, four of four fire drills conducted on the first shift (7:00 a.m. to 7:00 p.m.) did not include transmission of the fire alarm signal. First shift fire drills were conducted on 02/24/15, 06/26/15, 09/11/15 and 11/23/15 at, respectively, 7:07 a.m., 6:20 a.m., 7:35 a.m. and 7:13 a.m. Based on interview at the time of record review, the Clinical Manager stated the first shift is from 7:00 a.m. to 7:00 p.m., the 06/26/15 at 6:20 a.m. fire drill was conducted during a shift change and included first shift staff and acknowledged documentation for the aforementioned first shift fire drills did not include the transmission of the fire alarm signal.</p> <p>3. Based on record review and interview, the facility failed to conduct</p>						

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K 0105  Bldg. 01	<p>quarterly fire drills at unexpected times under varying conditions on the first shift for 4 of 4 quarters. This deficient practice affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Observation Evaluation" documentation with the Clinical Manager during record review from 9:45 a.m. to 1:00 p.m. on 12/10/15, four of four fire drills conducted on the first shift (7:00 a.m. to 7:00 p.m.) were not conducted at unexpected times under varying conditions. First shift fire drills conducted on 02/24/15, 06/26/15, 09/11/15 and 11/23/15 were conducted at 7:07 a.m., 6:20 a.m., 7:35 a.m. and 7:13 a.m. Based on interview at the time of record review, the Clinical Manager stated the first shift is from 7:00 a.m. to 7:00 p.m., the 06/26/15 fire drill was conducted during a shift change and included first shift staff and acknowledged the aforementioned first shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Where general anesthesia or life support equipment is used, an emergency power</p>				

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	<p>system is provided in accordance with NFPA 99. 20.2.9.2, 21.2.9.2</p> <p>Based on record review and interview, the facility failed to provide emergency lighting in 2 of 4 operating rooms where general anesthesia or life support equipment is used. LSC Section 21.2.9.2 requires ambulatory health care facilities to provide emergency lighting where general anesthesia or life support equipment is used to be in accordance with LSC Section 7.9. LSC Section 7.9.2.2 states an emergency lighting system shall be arranged to provide the required illumination automatically in the event of any of the following:</p> <ol style="list-style-type: none"> <li>(1) Interruption of normal lighting such as any failure of a public utility or other outside electrical power supply</li> <li>(2) Opening of a circuit breaker or fuse</li> <li>(3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities.</li> </ol> <p>LSC Section 7.9.2.5 requires the emergency lighting system to either be in continuous operation or be capable of repeated automatic operation without manual intervention. This deficient practice could affect two patients and staff in Operating Room 3 and Operating Room 4 where general anesthesia or life support equipment is used.</p> <p>Findings include:</p>	K 0105	Unity Surgical Center iw working with Long Electric to install appropriate battery operated emergency lighting system to provide the required illumination in accordance to LSC Section 7.9. The installation of the above lights will be completed by 01/29/16.	01/29/2016

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K 0130 Bldg. 01	Based on review of "Battery Powered Emergency Light Test" documentation with the Administrator and the Maintenance Tech during record review from 9:45 a.m. to 1:00 p.m. on 12/10/15, Operating Room 1 and Operating Room 2, which comprised the 2005 addition, are each provided with battery operated emergency lighting to provide continuous illumination where general anesthesia or life support equipment is used. Based on interview at the time of record review, the Administrator stated Operating Rooms 3 and 4 are not included in the aforementioned documentation and are not provided with battery operated emergency lighting to provide continuous illumination where general anesthesia or life support equipment is used. In addition, the Administrator stated Operating Rooms 3 and 4 are not available to observe because of surgeries at the time of the survey but acknowledged Operating Rooms 3 and 4 are not provided with battery operated emergency lighting to provide continuous illumination where general anesthesia or life support equipment is used.  NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, observation and	K 0130	On December 17, 2015, Chad Marshall (Koorsen Fire and	12/17/2015
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	<p>interview; the facility failed to ensure 1 of 4 backflow prevention devices was maintained. LSC 21.7.6, Maintenance and Testing, refers to 4.6.12. LSC 4.6.12.2 states life safety features obvious to the public, even if not required, shall be maintained or removed. Sprinkler systems shall be maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition. NFPA 25, 8-2.8 states backflow preventers that are installed in the water supply piping system shall be inspected and maintained so that they do not impede the flow of water and fire main pressure. NFPA 25, 9-6.3.1 states maintenance of all backflow prevention assemblies shall be conducted by a trained individual following the manufacturer's instructions in accordance with the procedure and policies of the authority having jurisdiction. NFPA 25, 9-6.3.2 states rubber parts shall be replaced in accordance with the frequency required by the authority having jurisdiction and the manufacturer's instructions. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire &amp;</p>		<p>Security Technician) installed a new rubber kit to the Febco Model 865 backflow prevention device. The Febco Model 865 backflow prevention device was re-tested on 12/17/15 and no issues noted. (See attached Koorsen Fire and Security document labeled Backflow Prevention Test Report)</p>				

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K 0144 Bldg. 01	<p>Security "Backflow Prevention Test Report" documentation dated 07/17/15 with the Administrator and the Maintenance Tech during record review from 9:45 a.m. to 1:00 p.m. on 12/10/15, the Febco Model 865 backflow prevention device was listed as "failed to test, need to order new rubber rebuild kit". Based on observation with the Maintenance Tech during a tour of the facility from 1:40 p.m. to 2:50 p.m. on 12/10/15, the 07/17/15 inspection tag affixed to the Febco Model 865 backflow prevention device at the sprinkler system riser indicated "failed" the most recent testing. Based on interview at the time of record review and of the observation, the Maintenance Tech stated repairs to the device have not been performed and acknowledged documentation of the repair or replacement of the aforementioned backflow prevention device on or after 07/17/15 was not available for review.</p> <p>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</p> <p>1. Based on record review and interview, the facility failed to ensure monthly load testing for the emergency generator was conducted for 12 of 12 months using one</p>	K 0144	Finding #1: On 12/23/15, MacAllister Generator Service Field Service Technician, Daniel Roberts adjusted the run time for the emergency generator	01/16/2016
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	<p>of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. LSC 21.5.1 states utilities shall comply with the provisions of Section 9.1. LSC 9.1.3 states emergency generators shall be tested and maintained in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>NFPA 110, 6-4.2.2 states diesel powered EPS installations which do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads for a total of two continuous hours.</p> <p>NFPA 110, 6-3.4 requires a written record of inspections, tests, exercising</p>		<p>to reflect a run time of 30 minutes for the monthly load testing and five minute cool down time. A monthly generator test was completed on 01/06/16 illustrating a 30 minute load test (0615-0645) with a 5 minute cool down time (0645-0650). (See attached document labeled "Cornerstone Companies Monthly Generator Load Test). Finding #2: A quote for the remote E-stop switch for the emergency generator was provided by McAllister Generator Services and approved on 12/30/15. The installation date is scheduled for Saturday, 01/16/2016.</p>	

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	<p>and repairs shall be regularly maintained on the premises. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Monthly Generator Load Test" documentation with the Maintenance Tech during record review from 9:45 a.m. to 1:00 p.m. on 12/10/15, monthly load testing documentation for the emergency generator for the twelve month period of 01/14/15 through 12/09/15 did not state the operating temperature, percentage of load capacity or minimum exhaust gas temperature for each monthly load test conducted. The aforementioned monthly load testing documentation stated each load test was conducted for a total of 30 minutes duration. Based on review of MacAllister Power Systems "Transfer Switch Inspection" dated 04/09/15, the emergency generator starts automatically for monthly load testing and runs for a total of 25 minutes plus a five minute cool down time frame. Based on interview at the time of record review, the Maintenance Tech stated MacAllister's load testing time frame of 25 minutes on the 04/09/15 transfer switch inspection documentation is the duration for documented monthly load tests conducted and acknowledged</p>			

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	<p>monthly load testing documentation did not record the generator running for at least thirty minutes plus any cool down time frame.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level 1 installations shall have a remote manual stop station of a type similar to a break glass station located outside of the room where the prime mover is located. NFPA 110, 7-1 states NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, contains mandatory requirements for emergency generators and shall be considered part of the requirements of this standard. NFPA 37, 8-2.2(c) requires emergency generators of 100 horsepower or more have provisions for shutting down the engine at the engine and from a remote location. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p>			

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NAME OF PROVIDER OR SUPPLIER  UNITY SURGICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1411 S CREAMY LANE, SUITE 200 LAFAYETTE, IN 47905		
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	Based on observation with the Maintenance Tech during a tour of the facility from 1:40 p.m. to 2:50 p.m. on 12/10/15, a remote shut off device was not found for the 300 kW diesel fired emergency generator. Based on interview at the time of observation, the Maintenance Tech acknowledged there is no remote emergency shut off device for the emergency generator.				