

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001140	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/01/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY DIGESTIVE CENTER ANDERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 MEDICAL ARTS BLVD STE 300 ANDERSON, IN 46011
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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: 12/01/15</p> <p>Facility Number: 004174 Provider Number: 15C0001140 AIM Number: 160041741</p> <p>At this Life Safety Code survey, Community Center for Digestive Care 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 third floor of a three 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 detectors in the corridors and common areas.</p> <p>Quality Review completed on 12/08/15 -</p>	K 0000		

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 0051 Bldg. 01	<p>DA</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system, not a pre-signal type, is provided in accordance with 9.6 to automatically warn the building occupants. Fire alarm system has initiation, notification and control functions. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 2 fire alarm control panels located in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 9.6.2.10 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect any patient as well as staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation on 12/01/15 at 1:45 p.m. with the Maintenance Supervisor, the Auxiliary fire alarm control panel located in the first floor lobby south was not electrically supervised by a smoke</p>	K 0051	<p>1. Smoke detector will be added to the foyer. Estimated install and programming date week of 1/04/16-1/08/16. Foyer will be monitored by Simplex Fire alarm.</p> <p>2. 1601 Fire Alarm panel will be connected viafiber to hospital proper fire alarm panel which will notify the PBX operator (24/7/365) and maintenance for any troubles or alarms. Estimated completion date week of 1/11/16 – 1/15/16. Staff responded within an hour when called. Alarm panel was never down and smoke detector was operating as required. The sensor was warning the head was getting dirty. Head was removed, cleaned, and re-installed sameday (12/01/2015)</p>	01/15/2016

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	<p>detector. Based on interview on 12/01/15 at 1:47 p.m. with the Maintenance Supervisor it was acknowledged the auxiliary fire alarm panel located in the first floor lobby south was not provided with smoke detector protection to provide an early warning signal of smoke in the area.</p> <p>3-1.19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure procedures were followed when 1 of 1 Fire Alarm Control Panels exhibited a trouble signal. NFPA 72 at Chapter 5-3.6.6.4 requires upon receipt of trouble signals or other signals pertaining solely to matters of equipment maintenance of the fire alarm system the proprietary supervising station operator shall initiate action to perform the following:</p> <ol style="list-style-type: none"> 1. Communicate immediately with the designated person (s) to ascertain reason for the signal. 2. Dispatch a maintenance person (travel time not to exceed 1 hour) to investigate. 3. Notify the fire department. 4. Notify the authority having jurisdiction when interruption of service exists for 4 hours or more. 5. Provide written notice to the authority having jurisdiction as to the nature of the signal, time of occurrence and restoration 			

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K 0105 Bldg. 01	<p>of service, when the equipment has been out of service for 8 hours or more. This deficient practice could affect any patient, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/01/15 at 2:20 p.m. with the Maintenance Supervisor the trouble indicator light on the Main Fire Alarm Panel located in the basement in the Electrical Vault room was on. Based on interview on 12/01/15 at 2:22 p.m. it was acknowledged by the Maintenance Supervisor items #2, #3, #4 and #5 above had not been done. Based on telephone interview on 12/01/15 at the time of observation seeking further information from staff it was acknowledged the fire alarm panels trouble light had been reported, but appropriate staff failed to investigate.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Where general anesthesia or life support equipment is used, an essential electric system is provided in accordance with NFPA 99. 20.2.9.2, 21.2.9.2</p> <p>Based on observation and interview, the facility failed to provide emergency lighting in 2 of 2 operating rooms where</p>	K 0105	Battery powered light to be installed. Estimated completion date week of 1/04/16-1/08/16. Battery powered light added to	01/08/2016

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	<p>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 NFPA 99. NFPA 99, 3-3.2.1.2(a)(5) (e) requires anesthetizing locations to be provided with battery-powered emergency lighting units. One or more battery-powered emergency lighting units shall be provided in accordance with NFPA 70, National Electrical Code, Section 700-12(e).</p> <p>NFPA 70, (e) Unit Equipment. Individual unit equipment for emergency illumination shall consist of the following:</p> <ol style="list-style-type: none"> 1. A rechargeable battery 2. A battery charging means 3. Provisions for one or more lamps mounted on the equipment, or shall be permitted to have terminals for remote lamps, or both, and 4. A relaying device arranged to energize the lamps automatically upon failure of the supply to the unit equipment <p>The batteries shall be of suitable rating and capacity to supply and maintain at not less than 87 percent of the nominal battery voltage for the total lamp load associated with the unit for a period of at least 1 hours, or the unit equipment shall</p>		monthly inspection done by CHA maintenance. Battery light added to annual inspection	

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	<p>supply and maintain not less than 60 percent of the initial emergency illumination for a period of at least 1 hours. Storage batteries, whether of the acid or alkali type, shall be designed and constructed to meet the requirements of emergency service</p> <p>Unit equipment shall be permanently fixed in place (i.e., not portable) and shall have all wiring to each unit installed in accordance with the requirements of any of the wiring methods in Chapter 3 of NFPA 70. Flexible cord and plug connection shall be permitted, provided that the cord does not exceed 3 ft (914 mm) in length. This deficient practice could any patient or staff in the operating room.</p> <p>Findings include:</p> <p>Based on observations on 12/01/15 at 1:20 p.m., there was no battery operated emergency lighting to provide continuous illumination in the operating rooms on the north end of the building. Based on interview on 12/01/15 concurrent with the observations the Maintenance Supervisor acknowledged an emergency generator is utilized to provide emergency lighting in the operating rooms, but there is no battery operated</p>			

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K 0144 Bldg. 01	<p>back up emergency lighting system to provide continuous illumination in the operating room during the time it takes for the generator to resume electrical service.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>1. Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be 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: a. Under operating temperature conditions or at not less than 30 percent</p>	K 0144	<p>1. Cummins Crosspoint to install gauge to read exhaust gas temperatures for future monthly tests by end of February 2016. Cummins Crosspoint to conduct load bank test by end of February 2016 2. Time, in seconds ,for generator to be up to full speed added to monthly testing document. Time, in seconds ,for generator to be up to full speed added to quarterly testing document. Generator tested on December 21, 2015. Time was 7.2 seconds 3. Remote shut off to be installed outside of room in corridor with a cover over stop button. Stop button does exist in generator panel room. Remote stop to be installed week of 1/11/16 – 1/15/16 4. Remote annunciator panel to be installed in Endoscopy check instation with signage to notify Maintenance if alarms are present. Generator panel to also be tied into fire alarm panel as a trouble. This will</p>	02/01/2016

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	<p>of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all patients as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Generator System Testing records and Maintenance logs on 12/01/15 at 3:34 p.m. with the Maintenance Supervisor, the amperage during load was verified to be less than thirty percent of the EPS nameplate rating for the past twelve months. An annual load bank test had been done in august of 2014, but was not valid since its annual test had expired. Based on interview on 12/01/15 concurrent with record review with the Maintenance Supervisor, it was acknowledged the facility had been running the generator monthly but could not reach 30 percent load and did not know the load bank had to be done within twelve months to substitute for not achieving thirty percent of the EPS nameplate rating.</p> <p>2. Based on record review and interview, the facility failed to document the</p>		<p>also go to hospital proper fire alarm panel, notifying PBX operator (24/7/365) and maintenance. Estimated completion date week of 1/11/16 – 1/15/16</p>				

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	<p>generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all patients in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 12/01/15 at 3:56 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview on 12/01/15 at 3:57 p.m. with the Maintenance Supervisor it was acknowledged the facility was unaware the time to transfer load had to be recorded.</p>			

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	<p>3. Based on observation and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a working remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 12/01/15 at 2:45 p.m. with the Maintenance Supervisor, a remote shut off device had not been installed and the 300 kw generator was calculated to be over 400 hp. Based on interview on 12/01/15 at 2:48 p.m. with the</p>						

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	<p>Maintenance Supervisor, it was acknowledged the facility was unaware the remote shut off for the generator was required.</p> <p>4. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator which would indicate generator function conditions during a test. 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:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 			

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	<p>4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply.</p> <p>5. Overcrank (failed to start).</p> <p>6. Overspeed.</p> <p>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 the patients as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/01/15 at 2:55 p.m. with the Maintenance Supervisor, the alarm annunciator panel for the generator located in the first floor Electrical Vault room by the north entrance could not be seen if any of the functions illuminated nor could it be easily heard by staff. During an interview on 12/01/15 at 2:56 p.m. with the Maintenance Supervisor, it was acknowledged the generator annunciator panel was not in a location which could be seen or heard in the event of a malfunction.</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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