STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001059	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 11/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNSTER SAME DAY SURGERY CENTER	761 45TH ST STE 116 MUNSTER, IN 46321

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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: 11/20/12 Facility Number: 009232 Provider Number: 15C0001059 AIM Number: 200080670A Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code Survey, Munster Same Day Surgery 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. This facility located on the first floor of a two story building was determined to be of Type II (000)	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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	construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and hazardous areas. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/28/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0046	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 Based on record review and interview, the facility failed to ensure complete 30 second monthly test documentation for 6 of 6 battery powered emergency lighting fixtures was provided. LSC 7.9.3 requires an annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours and 30 seconds each month. Written records of visual inspections and tests shall be kept. This deficient practice affects all occupants. Findings include: Based on review of facility fire safety inspection and test records with the administrator on 11/20/12 at 1:15 p.m., the monthly 30 second test record for the battery powered emergency light fixtures was limited to a document with a check beside the "emergency light" entry. Each fixture and the results of the test were not entered. The	K0046	Munster Same Day Surgery has a tracer report identifying each of the emergency lights performed for the appropriate timeframe, however was not placed in the binder reviewed by both surveyor and adminstrator. The report reviewed had a general description of the testing. Munster Same Day Surgery will organize binder to identify clear identifications of each lights performed.The Safety Officer will be responsible to maintain the report and organize in the binder appropriately.	12/03/2012

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	administrator acknowledged at the time of record review, the documentation provided did not include evidence of the test and performance of each light tested.			

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K0050	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 Based on record review and interview, the facility failed to ensure fire drills were conducted on every shift during 1 of the past 4 quarters. LSC 21.7.1.2 requires fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice affects all occupants. Findings include: Based on a review of Fire Drill records provided for the past year with the administrator on 11/20/12 at 1:00 p.m., fire drill training records were not found for the second quarter of 2012. The administrator acknowledged	K0050	Munster Same Day Surgery will correct the deficiency by putting a dashboard to identify drills to be performed in a timely fashion. The 2nd quarter was performed on July 2, 2012, unfortunately, a couple days after the closure of 2nd quarter. The safety officer will continue to be accountable being responsible for our quaterly fire drills.	12/07/2012

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	at the time of record review, the documentation was not there.			

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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 observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. LSC 21.3.4.1 requires ambulatory health care facilities shall be provided with a fire alarm system in accordance with Section 9.6 LSC 9.6.1.4 requires a fire alarm system required for life safety shall be tested and maintained in NFPA 72, National Fire Alarm code. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all occupants. Findings include: Based on observation with the	K0051	Munster Same Day Surgery will label and lock the Fire Alarm Circuit.Building Maintenance will be responsible to label the box.	12/07/2012

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	administrator on 11/20/12 at 1:05 p.m., the fire alarm system circuit breaker breaker box lacked identification. It was necessary to look at breakers in every circuit breaker box and read the legend to find the circuit which was not identified in any other manner. In addition the breaker box was located in a personnel traffic area and was unlocked. The administrator said at the time of observation, she was not aware the fire alarm circuit breaker was to be identified and secured against tampering.			

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K0075	416.44(b)(1) LIFE SAFETY CODE STANDARD Solid linen or trash collection receptacles shall not exceed 32 gallons (121L) in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gal/ft2 (20.4L/m2). A capacity of 32 gal (121L) shall not be exceeded with any 64 ft2 (5.9m2) area. Mobile soiled linen or trash collection receptacles with capacity greater than 32 gallons (121L) shall be located in a room protected as a hazardous area when not attended. 20.7.5.3, 21.7.5.5 Based on observation and interview, the facility failed to ensure 1 of 3 trash receptacles exceeding 32 gallons was stored in an area protected as a hazardous area. This deficient practice affects all occupants. Findings include: Based on observation with the administrator on 11/20/12 at 11:30 a.m., a trash collection receptacle with a capacity for more than 50 gallons was located in an alcove in the southwest exit corridor. The administrator confirmed at the time of observation, the receptacle was larger than the 32 gallon capacity allowed in the open area.	K0075	Munster Same Day Surgery has replaced the 50 gallon garbage can in the hallway with a 32 gallon according the requirements.Building Maintanance has ordered and will replace garbage cans on 12/10/2012.	12/10/2012

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K0130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review and interview, the facility failed to ensure 37 of 37 smoke detectors had been sensitivity tested. LSC 21.3.4.1 requires Ambulatory Health Care faculties shall be provided with fire alarm systems in accordance with Section 9.6. LSC 9.6.1.4 requires fire alarm systems shall be in compliance with NFPA 72, the National Fire Alarm Code. NFPA 72 at 7-3.2.1 states detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.	K0130	Munster Same Day Surgery had the sensitivity testing performed January 2012. A fax copy of the sensitivity will be sent over along wtih the signature page for this report. Unfortunately, we were unable to locate at the time of the survey. Musnter Same Day Surgery will improve on the organization of the manuals that hold all reports.	12/07/2012

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	To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods: (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 acceptable sensitivity range. (5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. This deficient practice affects all occupants. Findings include: Based on a record review with the administrator on 11/20/12 at			

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	1:25 p.m., the last record of smoke detector sensitivity testing was dated 10/25/10. The administrator acknowledged at the time of record review, the test was not current and immediately looked for other testing records. She called the testing contractor but no current sensitivity test record was produced.			