

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001100	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
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NAME OF PROVIDER OR SUPPLIER APAC SURGERY CENTER II LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11460 S BROADWAY CROWN POINT, IN 46307
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Board of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 11/08/12</p> <p>Facility Number: 002683 Provider Number: 15C0001100 AIM Number: 200321120A</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, APAC Surgery Center II 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 nonsprinklered facility located on the south end of a one story office building was</p>	K0000		

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>determined to be of Type V (111) construction. The facility has a monitored fire alarm system with smoke detection in the HVAC ducts.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0048	<p>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 record review and interview the facility failed to include the use fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 20.7.2.2 requires a written fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice affects all occupants. Findings include: Based on review of the facility Fire Plan on 11/08/12 at 2:20 p.m. with the administrator, the plan did not include the available types and use of fire extinguishers in</p>	K0048	<p>1. How are you, the provider, going to correct the finding and/or deficiency? Policy EOC.LS.201.00 Fire Plan: Code Red has been updated for compliance to regulations. Under the PROCEDURE section of the policy, number five, and letter C the type of fire extinguisher and instrucion for use has been added. The addition is as follows: "c. The available types of fire extinguishers here at the surgical center are ABC dry chemical fire extinguishers. The instructions for use are on the extinguisher and are as follows: 1. Hold upright. Pull ring pin. 2. Start back 10 feet. Aim at base of fire. 3. Squeeze lever. Sweep side to side. This updated policy is attached as Exhibit "D".</p> <p>2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected? The updated policy will be presented to the Board of Directors on December the 4th. After the new policy has been approved by the Board of Directors, staff will be educated on the policy updates at the Staff Meeting December 5th. 3. Who is going to be responsible for numbers 1 and 2 above; i.e. administrator, director of nursing,</p>	12/05/2012	

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	the facility. The administrator acknowledged at the time of record review, there was nothing to identify the types of fire extinguisher available and any special instruction for their use if required.		head housekeeper, dietary supervisor, maintenance supervisor, etc.?The administrator will be responsible. 4. By what date are you, the provider, going to have the finding and/or deficiency corrected? Wednesday December 5th.		

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K0051	<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</p> <p>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 (NFPA), 1999 Edition. LSC 20.3.4.1 requires fire alarm systems in ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6. LSC 9.6.1.4 requires fire alarms systems shall be installed and maintained in accordance with 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.</p> <p>Findings include:</p>	K0051	<p>1. How are you, the provider, going to correct the finding and/or deficiency?The room with the circuit breaker has a locking door that was open. The door is now continuously closed with signage to keep the door closed, and that it is only accessible to authorized personnel. The signage is documented in Exhibit "C" attached. The circuit in the locked room is now labeled as "FIRE ALARM CIRCUIT CONTROL". This is documented as Exhibit "B". 2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected?The sign is in place to indicate the door remains closed at all times. Staff has been notified that the door is to remain closed at all times. The administrator will monitor daily that the door remains closed. 3. Who is going to be responsible for numbers 1 and 2 above; i.e. administrator, director of nursing, head housekeeper, dietary supervisor, maintenance supervisor, etc.?The administrator is responsible for ensuring the circuit panel is only</p>	11/21/2012			

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	Based on observation with the administrator on 11/08/12 at 12:45 p.m., the fire alarm system circuit breaker was located in the electrical room through an open door. The circuit had no red marking and access to the circuits in the emergency power breaker box was unlimited since the box was unlocked and the door to the room stood wide open. The administrator agreed at the time of observation, the circuit was accessible to anyone and she was unaware of the labeling requirements.		accessible to authorized personnel.4. By what date are you, the provider, going to have the finding and/or deficiency corrected?The deficiency was corrected November 21st, 2012.		

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K0113	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Designated aisles, corridors, passageways, and exitways are provided with illumination in accordance with section 7.8. 20.2.8, 21.2.8</p> <p>Based on record review and interview, the facility failed to ensure 6 of 6 battery powered emergency lighting fixtures were tested annually for 1 1/2 hours. LSC 7.8.2.2 allows the use of battery operated emergency lighting used as permitted under Section 7.9. 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. Written records of visual inspections and tests shall be kept. This deficiency affects all occupants.</p> <p>Findings include:</p> <p>Based on review of service, maintenance, inspection and test records with the administrator on 11/08/12 at 1:05 p.m., a record of an annual 1 1/2 hour test of the six battery powered emergency lighting fixtures located throughout the facility was not found. The facility manager</p>	K0113	<p>1. How are you, the provider, going to correct the finding/deficiency? All 6 emergency lights were tested continuously for 90 minutes each and were monitored by visual inspection for functionality. The test/on button was fixed in the on position. This was documented on a spreadsheet, and will be repeated annually. All 6 lights were finished testing by 11/16/2012. The documentation is attached and labeled as "Exhibit A", and is attached. 2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected? The emergency lights will be checked annually the first of November each year. The checklist for the annual 90 minute test is kept in the binder with the regular emergency light checks that are done consistently weekly. 3. Who is going to be responsible for numbers 1 and 2 above; i.e. administrator, director of nursing, head housekeeper, dietary supervisor, maintenance supervisor, etc.? The administrator is responsible for ensuring the annual 90 minute emergency light check is completed. 4. By what date are</p>	11/16/2012			

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	confirmed at the time of record review, evidence for the 1 1/2 hour testing of emergency lighting had not been found.		you, the provider, going to have the finding and/or deficiency corrected?The finding was corrected by November 16th, 2012.		

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K0144	<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</p> <p>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):</p> <p>a) Liquid petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas</p> <p>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</p>	K0144	<p>1. How are you, the provider, going to correct the finding and/or deficiency?NIPSCO, the natural gas provider was contacted and a letter of reliability was requested from Dean Garrett the Major Account Manager. The letter must be sent via United States Postal Service, and NIPSCO stated the letter would arrive by Friday December 7th. This letter will be posted in the surgical center office. Regarding the installation of a remote manual stop, Lionheart, our generator manufacturer and maintenance company was contacted. They are able to install a remote manual stop for the generator, and will have it installed by Friday December 7th. 2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected?Staff will be notified and educated regarding the installaion of the remote manual stop and the letter of necessity during December's staff meeting 12/5/2012. This will be docuemented in the meeting minutes. The installation of remote manual stop and requirement of letter of reliability will be communicated to the Board of Directors at the next</p>	12/07/2012	

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	<p>system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the</p>		<p>meeting December 4th, 2012. This notification will be documented in the meeting minutes. 3. Who is going to be responsible for numbers 1 and 2 above; i.e. administrator, director of nursing, head housekeeper, dietary supervisor, maintenance supervisor, etc.?The administrator.4. By what date are you, the provider, going to have the finding and/or deficiency corrected?12/7/2012 for the letter of reliability to be received, and manual remote stop to be completed.</p>		

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	<p>administrator on 11/08/12 at 1:25 p.m., the fuel source for the emergency generator was natural gas with no liquid fuel back up. The administrator reported on 11/08/12 at 2:00 p.m., she could not find a letter from their natural gas provider confirming the reliability of a natural gas fuel source for an emergency generator.</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 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</p>			

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	<p>practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the administrator on 11/08/12 at 1:25 p.m., a remote emergency shut off device was not found for the generator. The administrator said at the time of observation she did not know the horse power of the generator which was placed in service in 2006 and did not know of any remote mechanism for shutting down the generator in an emergency.</p>				