

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001113	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2012
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NAME OF PROVIDER OR SUPPLIER CENTER FOR SPECIAL SURGERY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8805 N MERIDIAN ST INDIANAPOLIS, IN 46260
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K0000	<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: 11/13/12</p> <p>Facility Number: 003032 Provider Number: 15C0001113 AIM Number: 200365010A</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Center for Special Surgery 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 21, Existing Ambulatory Health Care Occupancies.</p> <p>The facility located on the first floor of a two story building 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.</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>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/15/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0012	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Buildings two or more stories in height and of Type II(000), III (200), or V (000) construction are equipped throughout with a supervised approved automatic sprinkler system in accordance with section 9.7. 20.1.6.3, 21.1.6.3</p> <p>Based on observation and interview, the facility failed to keep a supply of spare sprinkler heads which included at least two of each type of head used in the facility. LSC 9.7.5 requires automatic sprinkler systems to be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, in Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet for replacement purposes with the stock of spare sprinklers being proportionally representative of the types and temperature ratings of the system sprinklers including a minimum of two sprinklers of each type and temperature rating installed. This deficient practice could affect all patients in the facility.</p> <p>Findings include:</p> <p>Based on observations with the</p>	K0012	The property manager will insure that two sidewall sprinklers are in the cabinet by 12/07/2012.	12/07/2012

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	<p>Administrator and the Nurse Manager during a tour of the facility from 11:40 a.m. to 12:25 p.m. on 11/13/12, one sidewall sprinkler head was installed in the medical gas storage and supply room. This type of sprinkler head was not found elsewhere in the facility. The spare sprinkler cabinet in the sprinkler riser room did not contain any spare sidewall sprinkler heads. Based on interview at the time of the observations, the Administrator and the Nurse Manager acknowledged a supply of spare sidewall sprinkler heads was not provided in the spare sprinkler cabinet.</p>			
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K0046	<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 ensure an annual test of emergency lighting of at least 1½ hour duration was conducted in accordance with LSC 7.9 for one of one battery operated emergency lights. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test shall be conducted on every required battery powered emergency lighting system for not less than 1½ hour duration.</p> <p>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 one patient and staff in the facility operating room.</p> <p>Findings include:</p> <p>Based on review of "Battery Operated Emergency Lights - Test Log for (Year) 2011 and 2012" with the Administrator and the Nurse Manager during record review from 9:50 a.m. to 11:40 a.m. on 11/13/12, the most recent annual 1½ hour duration test of the battery operated emergency light in the facility operating room was conducted on 08/10/11. Based</p>	K0046	A 90 minute test will be conducted by nursing staff by 12/07/2012. A 90 minute test will be added to the safety checklist and conducted annually each December.	12/07/2012			

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	on interview at the time of record review, the Nurse Manager stated clients in the operating room can be completely sedated and rendered immobile using an intravenous injection of propofol. Based on interview at the time of record review, the Administrator and the Nurse Manager acknowledged it had been more than one year since the most recent annual 1½ hour duration test was conducted for the battery operated emergency light in the facility operating room.			

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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</p> <p>1. Based on record review and interview, the facility failed to provide a complete written plan containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 which requires the authority having jurisdiction be notified and the building evacuated or an approved fire watch provided until the fire alarm system has been returned to service. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Disaster Preparedness Plan: Fire Control Plan" with the Administrator and the Nurse Manager during record review from 9:50 a.m. to 11:40 a.m. on 11/13/12, the facility did not have a written policy in the event the fire alarm system is out of service for four hours or more in a twenty four hour period. Based on interview at the time of record review, the Administrator and the Nurse Manager acknowledged there is no written policy in the event the fire alarm system is out of</p>	K0048	The administrator will add a section to the Emergency Operations Plan which will include the procedures to be followed in the event that the fire alarm system and /or the automatic sprinkler system is out of service for 4 hours or more in a 24 period. This procedure will include the notification of the fire department and initiation of a fire watch. In the event of the sprinkler system out of service the insurance carrier, alarm company, and building owner will also be notified. These procedures will be written and approved by the Governing Body by 12/07/12.	12/07/2012			

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	<p>service for four hours or more in a twenty four hour period.</p> <p>2. Based on record review and interview, the facility failed to provide a written plan containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-2 states the building owner shall assign an impairment coordinator to comply with the requirements of Chapter 11. In the absence of a specific designee, the owner shall be considered the impairment coordinator. Exception: Where the lease, written use agreement, or management contract specifically grants the authority for inspection, testing, and maintenance of the fire protection system(s) to the tenant, management firm, or managing individual, the tenant, management firm, or managing individual shall assign a person as impairment coordinator. NFPA 25, 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner or manager and other authorities having jurisdiction also be</p>						

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	<p>notified. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Disaster Preparedness Plan: Fire Control Plan" with the Administrator and the Nurse Manager during record review from 9:50 a.m. to 11:40 a.m. on 11/13/12, the facility does not have a written policy in the event the automatic sprinkler system is out of service for 4 hours or more in a 24 hour period. Based on interview at the time of record review, the Administrator and the Nurse Manager acknowledged the facility does not have a written policy in the event the automatic sprinkler system is out of service for four hours or more in a twenty four hour period.</p>				

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K0050	<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 Based on record review and interview, the facility failed to document transmission of the fire alarm signal for 1 of 4 quarterly 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 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 Report" documentation with the Administrator and the Nurse Manager during record review from 9:50 a.m. to 11:40 a.m. on 11/13/12, documentation for the fire drill conducted on the first shift (7:00 a.m. to 5:00 p.m.) on 06/29/12 did not include the transmission of the fire alarm signal. Based on interview at the time of record review, the Administrator and the Nurse</p>	K0050	The deficiency on the 6/29/12 fire drill can not be corrected and was an isolated event. The process was compliant prior to that drill and after it, as evidenced by the documentation of signal transmission for the September 2012 drill. The fire drill record form includes documentation of receipt by the fire department of signal transmission. In the future the property manager and the administrator or designee will insure the process is followed and the signal is transmitted.	11/27/2012			

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	Manager acknowledged documentation for first shift fire drill conducted on 06/29/12 did not include the transmission of the fire alarm signal.			

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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, 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 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. NFPA 110,</p>	K0144	<p>Effective December 2012 (first test will be completed by 12/07/12) the monthly load test will run for at least 30 minutes. MacAllister Power Systems provided an equation $((1.732 \times \text{volts} \times \text{amps} \times .8) / 1000)$ to calculate % of load to insure that testing is conducted at not less than 30% of EPS nameplate rating (for our generator this would be $> \text{ or } =$ to 27KW). Nursing staff will conduct the testing and calculate % of load. Nurse Manager will update the Monthly Generator Test Log to reflect these changes. Also beginning with this test nursing staff will document that the transfer occurred in $< \text{ or } =$ 10 seconds. By 12/07/12 MacAllister Power Systems will install a remote shut off device.</p>	12/07/2012			

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	<p>6-3.4 requires a written record of inspections, tests, exercising 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 "Center For Special Surgery: Monthly Emergency Generator Transfer Switch Test/Year 2011 and 2012" documentation with the Administrator and the Nurse Manager during record review from 9:50 a.m. to 11:40 a.m. on 11/13/12, monthly load test documentation for the emergency generator for the period of 11/04/11 through 10/05/12 show the emergency generator ran for twenty minutes each month for the twelve month period and the operating temperature, percentage of load capacity or minimum exhaust gas temperature was not recorded when each monthly load test was conducted. Based on interview at the time of record review, the Administrator and the Nurse Manager stated no load bank testing is performed on the generator and acknowledged monthly load tests were not conducted for at least thirty minutes and the operating temperature, the percentage of load capacity or minimum exhaust gas temperature was not recorded for monthly generator load testing for the period of</p>						

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	<p>11/04/11 through 10/05/12.</p> <p>2. Based on record review and interview, the facility failed to ensure emergency power would be transferred to the emergency generator within 10 seconds of building power loss for 12 of 12 months. NFPA 99, 3-4.1.1.8 states generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. 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 could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Center For Special Surgery: Monthly Emergency Generator Transfer Switch Test/Year 2011 and 2012" documentation with the Administrator and the Nurse Manager during record review from 9:50 a.m. to 11:40 a.m. on 11/13/12, documentation of emergency power transfer time to the emergency generator during monthly load tests for the period of 11/04/11 through 10/05/12 was not available for review.</p>						

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	<p>Based on interview at the time of record review, the Administrator and the Nurse Manager acknowledged emergency power transfer time during monthly load testing for the aforementioned period was not available for review.</p> <p>3. 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 I and Level II 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>			

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	<p>Findings include:</p> <p>Based on observation with the Administrator and the Nurse Manager during a tour of the facility from 11:40 a.m. to 12:25 p.m. on 11/13/12, a remote shut off device was not found for the 90 kW diesel fired emergency generator. Based on interview at the time of observation, the Administrator and the Nurse Manager stated the emergency generator was installed prior to 2003 and acknowledged there is no remote emergency shut off device for the emergency generator.</p>						