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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15C0001036 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>01</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/02/2016 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>WILLIAMS EYE SURGERY CENTER - MERRILLVILLE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>8514 BROADWAY<br>MERRILLVILLE, IN 46410 |
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| K 0000<br><br>Bldg. 01 | <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: 02/02/16</p> <p>Facility Number: 005727<br/>Provider Number: 15C0001036<br/>AIM Number: 200428490A</p> <p>At this Life Safety Code Survey, Williams Eye 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.</p> <p>This facility, located on the first floor of a two story office building was determined to be of Type V (111) construction and unsprinklered. The facility has a fire alarm system with smoke detection in corridors and hazardous areas.</p> <p>Quality Reveiw completed on 02/09/16 - DA</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<br><br>Bldg. 01 | <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>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>1. Based on observation and interview, the facility failed to ensure 3 of 3 manual fire alarm boxes was mounted at the proper height. NFPA 72, The National Fire Alarm Code, 2-8.1 states the operable part of each manual fire alarm box shall be not less the forty two inches and not more than fifty four inches from the floor level. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview on 02/02/16 between 9:36 a.m. to 11:30 a.m., the Maintenance Assistant confirmed all three manual fire alarm boxes was mounted 69 inches from the floor.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 smoke detector in OR1, OR2, and Sterile Core room was not installed where air flow would adversely affect the operation. NFPA 72, 2-3.5.1 requires in spaces</p> | K 0051        | <p>1) Alert Alarm, Inc provided a proposal of work to be completed March 21st, 2016 The fire pull stations will be lowered to 48" on center The fire pull stations will not be lower than 42" and will not exceed 54" in height The Administrator will confirm the height of each fire pull stations</p> <p>2) Alert Alarm, Inc provided a proposal of work to be completed March 21st, 2016 The smoke detectors in OR#1, OR#2 and Sterile Core will be moved a minimum of 36" away from the HVAC vents The Administrator will confirm the distance of each smoke detector from the HVAC vents</p> | 03/21/2016           |

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| K 0130<br>Bldg. 01 | <p>served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect staff and 2 patients.</p> <p>Findings include:<br/>Based on observation with the Administrator on 02/02/16 between 10:10 a.m., the OR1, OR2, and Sterile Core rooms had smoke detectors located twelve inches from an HVAC vent.<br/>Based on interview at the time of each observation, the Administrator acknowledged the aforementioned condition and provided the measurements.</p> <p>NFPA 101<br/>MISCELLANEOUS<br/>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review and interview, the 1 of 1 facility failed to provide a complete written policy indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory</p> | K 0130        | Policy # 14/012 was revised to 2/5/2016 to include training the fire watch person and shall have no other duties during the fire watch The Administrator will ensure the fire watch person is trained and that no others duties are assigned to that person | 02/05/2016           |

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|                    | <p>personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan.</p> <p>The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Watch" with the Administrator on 02/02/16 at 9:05 a.m., the facility's documentation provided for a plan of action when the fire alarm system was out of service for more than four hours in a twenty four hour period but was not complete. The procedure did not include all elements required such as; the person conducting the fire watch shall be trained and the person conducting the fire watch shall have no other duties during that time. Based on an interview record review, the Administrator acknowledged the aforementioned condition.</p> |               |   |                      |

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| K 0147<br><br>Bldg. 01 | <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1<br/>Based on observation and interview, the facility failed to maintain an electrical outlet in 1 of 1 "Big Boiler Room." NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observations with the Administrator on 02/02/16 at 9:58 a.m., an outlet was missing a cover in the "Big Boiler Room." Based on interview at the time of observation, the Administrator acknowledged the aforementioned condition.</p> | K 0147        | The outlet cover has been replaced as is evidence in the attached photo The Administrator will ensure that regular monthly preventive maintenance checklist is performed Attached also is Policy # 13/02 which includes the preventive maintenance checklist | 02/05/2016           |