

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001012	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/26/2014
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NAME OF PROVIDER OR SUPPLIER THE EYE SURGICAL CENTER OF FORT WAYNE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 321 E WAYNE ST FORT WAYNE, IN 46802
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K010000	<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: 02/26/14</p> <p>Facility Number: 005393 Provider Number: 15C0001012 AIM Number: 100274140A</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code Recertification survey, The Eye Surgical Center of Fort Wayne 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>This one story facility with a basement was determined to be of Type V (111) construction and nonsprinklered. The facility has a fire alarm system with smoke detection in the corridors and in spaces open to the corridors.</p>	K010000		
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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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K010029	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/04/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems 38.3.2, 39.3.2</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 1 soiled linen rooms would close and latch into the door frame. This deficient practice could affect up to 3 patients evacuated through the rear exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Operating Room (OR) Manager on 02/26/14 at 12:15 p.m., the soiled linen room corridor door was equipped with a roller latch. Based on an interview with the</p>	K010029	On March 17,2014, a new door knob was installed. The new door knob latches into the door frame. The surgery manager will ensure that the knob continues to latch into door frame.	03/17/2014

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K010032	<p>OR Manager at the time of observation, this room was used for storage of soiled linen.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD At least two exits, located remote from each other, are provided for each floor or fire section of the building. 20.2.4.1, 21.2.4.1, 7.5.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 exits was readily accessible at all times. This deficient practice could affect up to 3 patients evacuated through the rear exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Operating Room (OR) Manager on 02/27/14 at 11:45 a.m., the door from the pre/post room to the rear exit corridor was equipped with a lock that could not be unlocked from the pre/post room without a key. Based on an interview with the OR Manager at the time of observation, she was unable to locate the key.</p>	K010032	The lock was removed from the door. The surgery manager will ensure that the door is readily accessible at all times.	02/27/2014

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K010051	<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 Based on observation and interview, the facility failed to ensure the trouble signal from 1 of 1 fire alarm systems was in a location where it is likely to be heard. NFPA Section 21.3.4.1 requires the fire alarm system be in accordance with Section 9.6. Section 9.6.1.4 requires the fire alarm system shall be installed, tested and maintenance in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with the Operating Room (OR) Manager on 02/26/14 at 1:32 p.m., the main fire alarm panel was located in the basement electrical room adjacent to the break room which was not continuously</p>	K010051	Koehlinger Kruse updated the current fire alarm panel located in the basement of the facility and installed a second panel in the surgical center. The trouble signals are located in an area where it will be heard and are distinctive and descriptively annunciated. The surgery manager will ensure that the panel is in tested per manufacturer guidelines to ensure it is kept in working order.	03/14/2014

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K010076	<p>occupied. At the time of observation, the OR Manager confirmed the basement electrical room area was not continuously occupied.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities, and NFPA 101.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside.</p> <p>4.3.1.1.2, 20.3.2.4, 21.3.2.4 Based on observation and interview, the facility failed to ensure 4 of 5 oxygen cylinders were restrained. NFPA 99, Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of Section 4-3.5.2.1(b) 27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice was not in a patient care area but could affect facility staff.</p> <p>Findings include:</p> <p>Based on an observation and interview with the Operating Room (OR) manager</p>	K010076	All freestanding oxygen cylinders are secured by a chain. The surgery manager will ensure that all freestanding oxygen cylinders are secured with a chain. All staff has been informed.	02/27/2014

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K010114	<p>on 02/26/14 at 11:50 a.m., she confirmed there were four unsupported "E" cylinders of compressed oxygen in the oxygen storage room.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1¾ inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors, are fixed fire window assemblies in accordance with 8.2.3.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire barrier walls provided a one hour fire resistant separation from other tenants. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Operating Room (OR) Manager on 02/26/14 at 11:41 a.m., a rug place on top of the carpet prevented the one hour fire barrier door from self closing completely and latching into the door frame. The fire barrier door was in the one hour fire barrier wall that separates the surgery center from an office occupancy. This</p>	K010114	The rug was removed from under the door frame so that the door can close completely and latch into the door frame. The surgery manager will ensure that the rug is not placed under the door frame. The surgery center staff has been notified.	02/26/2014			

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