

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001025	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2012
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NAME OF PROVIDER OR SUPPLIER MERIDIAN PLASTIC SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 170 W 106TH ST INDIANAPOLIS, IN 46290
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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: 01/23/12</p> <p>Facility Number: 005406 Provider Number: 15C0001025 AIM Number: 100274380A</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meridian Plastic 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 building determined to be of Type II (000) construction with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and hazardous areas.</p>	K0000		
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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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	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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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>Based on record review and interview, the facility failed to exercise the generator under load for 10 of 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to 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 a review of the generator log book on 01/23/12 at 2:55 p.m. with the Business Administrator, the generator test log showed a weekly test for the past</p>	K0144	K 0144 Director Responsible - I have called the company and the service man from the company who services our generator. He came out and showed me how to do the monthly load tests. I now know how to do them and will be responsible for running the monthly testing loads. Attached is the form I will use to document the monthly load test.	01/31/2012			

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	<p>twelve months but did not document amperage and percent of load capacity for ten of the past twelve monthly generator load tests. Based on an interview on 01/23/12 at 2:57 p.m., it was acknowledged by the Business Administrator the amperage and percent of load capacity were not documented in the generator test log book, and further acknowledged the generator had not been exercised under load for ten of the last twelve months.</p>			