

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001055	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2015
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NAME OF PROVIDER OR SUPPLIER CENTRAL INDIANA SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9002 N MERIDIAN LOWER LEVEL INDIANAPOLIS, IN 46260
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K 000 Bldg. 01	<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: 03/12/15</p> <p>Facility Number: 008655 Provider Number: 15C0001055 AIM Number: 200043530A</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Central Indiana 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>The facility, located on the lower level of a three story building, was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the ductwork and in the fire alarm panel</p>	K 000		
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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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K 012 Bldg. 01	<p>room.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/19/15.</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 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 record review, observation and interview; the facility failed to ensure 1 of 1 Post Indicator Valves (PIV) were maintained. LSC 4.6.12.2 states life safety features obvious to the public, even if not required, shall be maintained or removed. Sprinkler systems shall be maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition. NFPA 25, 9-3.4.1 states each control valve shall be operated annually through its full range and returned to its normal position. Post indicator valves shall be opened</p>	K 012	<p>RSQ Fire Protection returned on 3/27/15, lubricated the control valve. The PIV new is operational. The director of Nursing will be responsible for reviewing all inspection reports and assuring malfunctions are promptly corrected by the appropriate company. See Attached Work Order.</p>	03/27/2015			

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	<p>until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. Exception: This test shall be conducted every time the valve is closed. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security "Inspection & Test Report" documentation dated 07/02/14 and 12/20/14 with the Director of Nursing and the Building Maintenance Technician during record review from 9:15 a.m. to 11:40 a.m. on 03/12/15, the post indicator valve (PIV) was listed as "Fail" and "will not turn; Needs service" as the result of testing. Based on interview at the time of record review, the Director of Nursing and the Building Maintenance Technician stated no other documentation was available for review to show the PIV was repaired or replaced on or after 12/20/14 and acknowledged the PIV needed service to be maintained. Based on observation with the Director of Nursing</p>			

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K 051 Bldg. 01	<p>and the Building Maintenance Technician during a tour of the facility from 11:40 a.m. to 12:45 p.m. on 03/12/15, the PIV was observed locked in the open position at the outdoor location on the west side of the building.</p> <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 provide annunciation for 1 of 1 fire alarm systems in accordance with NFPA 72. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code, 1999 Edition. 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 patients, staff and visitors.</p> <p>Findings include: Based on observation with the Director of Nursing and the Building Maintenance</p>	K 051	Koorsen Fire and Security will be at Central Indiana Surgery Center on 4/7/15 to assess the equipment and supplies needed to install an enunciator at the Nurses Station located in the Pre-op/PACU area. Installation will be completed no later than 4/15/15. This delay is projected at the latest depending on availability of the supplies and equipment.	04/15/2015

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K 114 Bldg. 01	<p>Technician during a tour of the facility from 11:40 a.m. to 12:45 p.m. on 03/12/15, the fire alarm control panel (FACP) was located outside the surgery suite in the electrical room, an area remote from any area where continuous on site monitoring from the surgery suite could occur, such as the nurses' station. Based on interview at the time of observation, the Director of Nursing and the Building Maintenance Technician stated the FACP was monitored off site but was not provided with an onsite audible trouble alarm in the surgery suite.</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>1. Based on observation and interview, the facility failed to maintain 1 of 1 one hour fire barriers separating it from an adjoining tenant. LSC Section 21.3.7.1 requires ambulatory health care facilities to provide fire barriers with one hour fire</p>	K 114	All firewall breaches were patched with the appropriate materials to maintain the one hour barrier by Midwest Firestop on 4/2/15. See attached pictures of completed work. The Director of Nursing will inspect firewalls after potential future work that	04/02/2015

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	<p>resistance rating for tenant separation. LSC 21.3.7.3 requires any smoke barrier to be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than one hour. LSC Section 8.3.6.1 states annular spaces caused by penetrations in fire barriers from pipes and conduits shall be filled with a material capable of maintaining the fire resistance of the fire barrier or by an approved device designed for the specific purpose. This deficient practice could affect all patients, staff and visitors if smoke from a fire were to infiltrate the protective barrier.</p> <p>Findings include:</p> <p>Based on observations with the Director of Nursing and the Building Maintenance Technician during a tour of the facility from 11:40 a.m. to 12:45 p.m. on 03/12/15, the following was noted in the tenant separation fire wall:</p> <p>A. a two inch in diameter hole for the passage of cables was noted above the suspended ceiling in the back hallway behind Operating Room 2.</p> <p>B. a four inch in diameter hole for the passage of cables was noted above the suspended above the corridor door to the Electrical Room in the back hallway.</p> <p>C. an eight inch by ten inch square hole was noted above the suspended ceiling</p>		<p>has been completed that might compromise the firewall. https://www.dropbox.com/sc/s5o7urphx9kh8ng/AAAtGx3hGgKx7AtTrcdAACmPa A self enclosure was installed on the Bio hazard door. The Director of Nursing will have self closures installed in one becomes missing or malfunctions in the future if needed. See Attached picture.</p>				

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	<p>above the corridor entry door to the Oxygen Storage Room.</p> <p>Based on interview at the time of the observations, the Director of Nursing and the Building Maintenance Technician acknowledged the aforementioned openings in the tenant separation fire barrier had a fire resistance rating of less than one hour.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 10 doors in the tenant separation fire barrier wall was self closing. LSC Section 21.3.7.1 states doors in tenant separation fire barriers shall be constructed of not less than 1 3/4 inch solid bonded wood core or the equivalent and shall be equipped with positive latches. These doors shall be self closing and shall be kept in the closed position except when in use. This deficient practice could affect all patients, staff and visitors if smoke from a fire were to infiltrate the protective barrier.</p> <p>Findings include:</p> <p>Based on observation with the Director of Nursing and the Building Maintenance Technician during a tour of the facility from 11:40 a.m. to 12:45 p.m. on 03/12/15, the corridor entry door to the Biohazard Storage Room at the rear hallway in the tenant separation fire wall</p>			

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	was not equipped with a self closing device. Based on interview at the time of observation, the Director of Nursing and the Building Maintenance Technician acknowledged the corridor entry door to the Biohazard Storage Room at the rear hallway in the tenant separation fire wall was not equipped with a self closing device.			