

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001144	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/11/2016
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NAME OF PROVIDER OR SUPPLIER  COLUMBUS PAIN INSTITUTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 N PARK STE 20 COLUMBUS, IN 47203
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K 0000  Bldg. 01	<p>A Life Safety Code Recertification survey was conducted by the Indiana State Department of Health in accordance with Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 01/11/16</p> <p>Facility Number: 004546 Provider Number: 15C0001144 AIM Number: NA</p> <p>At this Life Safety Code Recertification survey, Columbus Pain Institute 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 20, New Ambulatory Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and not sprinkled. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors.</p> <p>Quality Review completed 01/19/19 -</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 0046  Bldg. 01	<p>DA</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Emergency illumination of at least 1 1/2 hour duration is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 18 of 18 battery backup lights were maintained in accordance with Section 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30-day intervals and an annual test to be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 -hour duration. 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 affects all patients in the facility.</p> <p>Findings include:</p> <p>Based on observations on 01/11/16 during a tour of the facility from 12:10 p.m. to 2:10 p.m. with the clinical manager, the facility had twelve battery backup double light fixtures/exit light fixtures and six battery backup double light fixtures. Based on an interview with the clinical director on 01/11/16 at</p>	K 0046	<p>The Clinical Manager met with the staff informing of the cited deficiency, and created a new monthly Battery-operated Emergency Lights Test log to begin immediately. Please see form below. <b>Columbus Pain Institute/Wellspring Battery-operated Emergency Lights – Test Log for (Year):</b></p> <p>_____ A 30-second monthly functional test and a 90-minute annual test must be performed on each of the facility's battery-operated emergency lights. Indicate the type of test conducted and initial each monthly entry. M = 30-second test A = 90-minute test</p> <p>Unit Location Date Installed JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC</p> <p>Battery Replaced</p> <p><b>Steve/Sarah Office</b> Exit Sign &amp; Double Light Fixture</p> <p><b>Lobby</b> Exit Signs X 4 &amp; Double Light Fixture</p> <p><b>Kitchen</b> Exit Signs X 2 &amp; Double Light Fixture</p> <p><b>Exam Room Hall</b> Exit Sign &amp; Double Light Fixture</p> <p><b>Employee Restroom</b> Exit Sign &amp; Double Light Fixture</p> <p><b>Office Main Entrance</b> Exit Sign</p>	01/27/2016

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K 0047 Bldg. 01	<p>1:20 p.m., the facility did not maintain a monthly test log for each battery backup light fixture and contracted an annual ninety minute test conducted by Koorsen Fire &amp; Security on 07/27/15. The lack of monthly testing for eighteen battery backup lights was verified by the clinical director at the time of interview and acknowledged at the exit conference on 01/11/16 at 2:15 p.m.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in marked in accordance with section 7.10 with continuous illumination served by the emergency lighting system. 20.2.10, 21.2.10 Based on observation and interview, the facility failed to ensure 1 of 12 exit signs indicated the direction of travel to the exit. LSC 7.10.2 requires an exit sign with a directional indicator showing the direction of travel when the direction of travel is not apparent. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observation on 01/11/16 at 12:30 p.m. with the clinical manager, the staff changing room corridor illuminated</p>	K 0047	<p>&amp; Double Light Fixture <b>Procedure Room</b> Exit Sign <b>Pacu</b> Exit Sign _____ <b>Vestibule</b> Exit Sign _____</p> <p>The Practice Manager &amp; Clinical Manager immediately corrected the exit sign in the staff changing room corridor to indicate a left turn direction of travel from the changing room corridor to the north staff exit.</p>	01/27/2016

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K 0048 Bldg. 01	<p>exit sign failed to indicate a left turn direction of travel from the changing room corridor to the north staff exit. This was verified by the clinical manager at the time of observation and acknowledged at the exit conference on 01/11/16 at 2:15 p.m.</p> <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 Based on record review and interview, the facility failed to have a written fire safety plan for the protection of all patients and for their evacuation in the event of an emergency that incorporated all items listed in NFPA 101, Section 20.7.2.2.</p> <ol style="list-style-type: none"> <li>1. Use of alarms.</li> <li>2. Transmission of alarms to fire department.</li> <li>3. Response to alarms.</li> <li>4. Isolation of fire.</li> <li>5. Evacuation of immediate area.</li> <li>6. Evacuation of smoke compartment.</li> <li>7. Preparation of floors and building for evacuation.</li> <li>8. Extinguishment of fire.</li> </ol> <p>This deficient practice affects all patients in the facility.</p> <p>Findings include:</p>	K 0048	<p>The Clinical Manager and Practice Manager created a written fire plan following our inspection that contains all 8 of the following: 1. Use of alarms, 2. Transmission of alarms to fire department, 3. Response to alarms, 4. Isolation of fire, 5. Evacuation of immediate area, 6. Evacuation of smoke compartment, 7. Preparation of floors &amp; building for evacuation, 8. Extinguishment of fire; as advised. Columbus Pain Institute/ Wellspring Pain Solutions 2400 Northpark Drive, Ste 20 Columbus, IN 47203 <b>IN CASE OF AN EMERGENCY DIAL 911 "Working Smoke Alarms Save Lives"</b> NAME OF PERSON WHO COMPLETED THIS PLAN: Sarah Ramey  ____ (SIGNATURE) DATE PLAN WAS COMPLETED: DATE PLAN WAS REVISED (if</p>	01/27/2016

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	Based on record review on 01/11/16 at 11:40 a.m. with the clinical manager, the facility lacked a fire safety plan incorporating the use of the alarm, the transmission of the fire alarm to the fire department, the response to the alarm, the evacuation of the immediate area, the evacuation of the smoke compartment, the preparation of the building for evacuation and extinguishment of a fire. This was verified by the clinical manager at the time of record review and acknowledged at the exit conference on 01/11/16 at 2:15 p.m.		applicable): This Fire Safety Plan is only approved if the section below is completed by the Chief Fire Official. THIS FIRE SAFETY PLAN FOR Columbus Pain Institute/ Wellspring Pain Solutions HAS BEEN APPROVED BY THE CHIEF FIRE OFFICIAL ON (DATE)  _____ CHIEF FIRE OFFICIAL'S SIGNATURE <b>1. Purpose</b> The purpose of this Fire Safety Plan is to establish procedures for identifying fire hazards and preventing fires. All employees, supervisors, and managers are expected to follow the procedures outlined in this plan to ensure that employees and consumers are protected. <b>2. Responsibility Person(s) responsible for maintenance of equipment and systems installed to prevent or control ignitions of fires (Ex. Fire Extinguishers, fire hoses, etc.).</b> Sarah Ramey, Clinical Director – Cell: 812-592-5990 Monte Devening, Safety Committee – Cell: 812-521-2231 Steve Jascewsky, Practice Manager – Cell: 812-360-0818 Koorsen Fire –812-390-2648 <b>3. Maintenance and Inspection Program</b> The periodic maintenance and inspection frequencies for fire control measures areas follows: <b><u>Fire Control Measures</u></b> <b><u>Inspection Frequency</u></b> <b><u>Service Firm</u></b> Fire Alarm System Annual	

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			<p>Koorsen Fire Extinguishers Annual Koorsen Exit Signs/ Battery operated Emergency lights Monthly Safety Committee</p> <p><b>4. Emergency Procedures for Supervisory Staff</b> <u>Upon Discovery of Fire</u></p> <ul style="list-style-type: none"> <li>·Leave fire area immediately and close doors. Alert occupants.</li> <li>·Ensure that the Fire Alarm has been activated.</li> <li>·Call 9-1-1 from a safe location.</li> <li>·Exit the building via nearest Exit</li> <li>·Await the arrival of the Fire Department at the main entrance.</li> </ul> <p><u>Upon Hearing of a Fire Condition</u></p> <ul style="list-style-type: none"> <li>·Ensure that the other occupants have been notified of the emergency conditions.</li> <li>·Call 9-1-1</li> <li>·If it is safe to do so, supervise the evacuation of all occupants, including those requiring assistance.</li> <li>·Upon the arrival of the firefighters, inform the fire officer of the conditions in the building and co-ordinate the efforts of the Supervisory staff with those of the Fire Department.</li> <li>·Provide access and vital information to the firefighters as to location of persons, master keys for this occupancy and service rooms, etc.</li> </ul> <p><b>Related Duties In general:</b></p> <ul style="list-style-type: none"> <li>·Keep the doors closed at all times.</li> <li>·Keep access to exits and EXITS, inside and outside, clear</li> </ul>	

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			<p>of any obstructions at all times.</p> <ul style="list-style-type: none"> <li>·Do not permit combustible materials to accumulate in quantities or locations that would constitute a fire hazard.</li> <li>·Promptly remove all combustible waste from areas where waste is placed for disposal, if applicable.</li> <li>·Keep access roadways, fire routes and fire department connections clear and accessible for fire department use.</li> <li>·Maintain the fire protection equipment in good operating condition at all times.</li> <li>·Participate in fire drills. Occupants' participation should be encouraged.</li> <li>·Have a working knowledge of the building fire and life safety systems.</li> <li>·Ensure the building fire and life safety systems are in operating condition.</li> <li>·Arrange for a substitute in your absence.</li> <li>·Comply with the Fire Code.</li> <li>·In the event of any shutdown of fire and life safety systems, notify the Columbus Fire Department and initiate alternative measures.</li> </ul> <p><b>5. Emergency Procedures for Occupants</b> <u>Upon Discovery of Fire:</u> · Remain Calm! · Leave fire area immediately while shouting to alert people in your area. Initiate fire alarm system. · Close all doors behind you to confine the fire · Leave via nearest exit and activate the nearest fire alarm pull station</p>	

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			<ul style="list-style-type: none"> <li>· Call the Fire Department by dialing 911 from a safe location</li> <li>· Meet at the designated meeting location, if applicable</li> <li>· Do not return to the building until declared safe to do so by the Fire Dept. <u>Upon Hearing the Fire Alarm:</u></li> <li>· Remain Calm</li> <li>· Before opening doors feel doors for heat</li> <li>· If door is hot stay in room, seal cracks around door and any vents, call 911 and proceed to a window to be seen</li> <li>· If door is not hot, open slowly, and if safe to do so leave building via nearest exit</li> <li>· If smoke is encountered upon exiting, stay low, use alternate exit, and if escape is not possible seek refuge in smoke free room, close the door, seal cracks around doors and vents and proceed to window to be seen.</li> <li>· Call the Fire Department by dialing 911 from a safe location</li> <li>· Proceed to designated meeting area</li> <li>· Do not return to the building until declared safe to by the Fire Dept.</li> </ul> <p><b>6. Fire Extinguishment, Control or Confinement</b> In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard for the operator, the door to the area should be closed to confine and contain the fire. Leave the fire area. <u>Ensure that the Fire Alarm System has been activated and that the Fire Department has been notified prior to an attempt to</u></p>	

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			<p><b>extinguish the fire.</b> Only those persons who are trained and familiar with extinguisher operation may attempt to fight the fire. _ Portable extinguishers can be a lifesaving tool and prevent the spread of fire, saving lives and property. It is important to know the proper type of extinguisher to use and how to use it in an emergency situation.</p> <p><b><u>THERE ARE FOUR CLASSES OF FIRE:</u></b> <b>A</b> – Ordinary combustibles (wood, paper,plastics, etc) <b>B</b> – Combustible liquids (oils, gas,cooking oil, etc) <b>C</b> – Electrical (energized equipment –appliances, wiring, etc) <b>D</b> – Combustible metals (aluminum, magnesium, zinc, etc) It is extremely important to choose the proper rated fire extinguisher for the class of fire that is burning.</p> <p><b><u>BASIC OPERATION (PASS) P</u></b>  - <b>PULL</b> the safety pin (usually a twist-pull action) <b>A</b> - <b>AIM</b> the nozzle, horn or hose at the base of the fire <b>S</b> - <b>SQUEEZE</b> the trigger handle <b>S</b> - <b>SWEEP</b> from side to side (watch and ensure the fire will not re-ignite) When the fire has been extinguished, back away from the area carefully. Always watch the fire in case it re-ignites. Never turn your back to the fire area. Call the Fire Department to have them check where the fire was burning to ensure that the fire is totally extinguished. <b>NEVER</b> re-hang an extinguisher once it has been</p>		

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K 0051 Bldg. 01	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD A manual fire alarm system, not a pre-signal type, is provided in accordance with 9.6 to automatically warn the building occupants. Fire alarm system has initiation, notification and control functions. 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 record review and interview, the facility failed to ensure 8 photoelectric smoke detectors, 4 audible/visual devices, 1 fire alarm panel, and 3 manual pull station boxes, which were all fire alarm system components were functional tested annually and the results of such testing listed clearly on inspection reports to identify all devices had been tested. LSC 21.3.4.1 requires ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6. LSC</p>	K 0051	<p>discharged (even if it is only used for a few seconds). Have it recharged by a service company. <b>**ALWAYS KEEP AN EXIT AT YOUR BACK. DO NOT GET TRAPPED!**</b> 7. Training Employees shall be apprised of the fire hazards of the materials and processes they are exposed to. Upon initial assignment, employees should be made aware of those parts of this fire prevention plan which they must know to protect them in the event of an emergency.</p> <p>The Clinical Manager called our contracted Koorsen Fire &amp; Security following our inspection. They came 1/14/16 and inspected all equipment, and provided us with a report of the findings. Koorsen verbalized they will test the eight photoelectric smoke detectors throughout the facility for sensitivity at least every two years and provide us with test records.</p>	01/14/2016

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	<p>9.6.1.3 indicates provisions of Section 9.6 cover the basic functions of the fire alarm system, including fire detection system components. LSC 9.6.1.4 refers to NFPA 72, The National Fire Alarm Code. NFPA 72, at 7-3.2 requires testing in accordance with Table 7-3.2, Testing Frequencies. Table 7-3.2.15(f) and (h) requires photoelectric smoke detectors, combined heat/smoke detectors, combined audible/visual devices, separate visual devices, door magnets, and manual pull station fire alarm boxes to be functional tested annually. This deficient practice affects all patients in the facility.</p> <p>Findings include:</p> <p>Based on record review on 01/11/16 at 11:50 a.m. with the clinical manager, there was no annual fire alarm system inspection records to review to indicate all fire alarm system devices and components had been annually functional tested for the past year. Based on an interview with the administrator on 01/11/16 at 12:15 p.m., the facility is contracted to have an annual fire alarm system inspection conducted with Koorsen Fire &amp; Security but the annual fire alarm system inspection was not conducted for the year 2015. This was verified by the clinical manager at the</p>			

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	<p>time of record review and acknowledged at the exit conference on 01/11/16 at 2:15 p.m.</p> <p>2. Based on record review and interview, the facility failed to ensure 8 of 8 smoke detectors were tested for sensitivity every two years in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 20.3.4.1 requires ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6. LSC 9.6.1.3 indicates provisions of Section 9.6 cover the basic functions of the fire alarm system, including fire detection system components. LSC 9.6.1.4 refers to NFPA 72, The National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke</p>			

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	<p>detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> <li>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.</li> <li>(5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</li> </ol> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction.</p> <p>This deficient practice affects all patients, staff and all visitors in the facility.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001144	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/11/2016
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NAME OF PROVIDER OR SUPPLIER  COLUMBUS PAIN INSTITUTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 N PARK STE 20 COLUMBUS, IN 47203
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K 0130 Bldg. 01	<p>Findings include:</p> <p>Based on record review on 01/11/16 at 12:10 p.m. with the clinical manager, there was no records available for review to indicate the eight photoelectric smoke detectors throughout the facility had been tested for sensitivity over the past two years. Based on an interview with the clinical manager on 01/11/16 at 12:15 p.m., there is no smoke detector sensitivity test records available for review. This was verified by the clinical manager at the time of record review and acknowledged at the exit conference on 01/11/16 at 2:15 p.m.</p> <p>416.44(b)(1) MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility 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. LSC 20.3.4.1 requires ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6. This deficient practice could affect all patients</p>	K 0130	<p>The Clinical Manager met with staff to discuss the cited lack of Fire Alarm Fire Watch Policy. We created a new Fire Alarm Fire Watch Policy as well as log. See below. <b><u>FIRE ALARM FIRE WATCH POLICY</u></b> In the event the fire system is out of service for 4 or morehours in a 24 hour period, our facility will post a fire watch until the systemis back up and running. One staff member will be designated as the fire watch,and log on the fire watch tracking log form every 15</p>	01/27/2016
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	<p>in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Disaster Plan on 01/11/16 at 11:50 a.m. with the clinical manager, there was no written fire watch policy in the event the fire alarm system had to be placed out of service for four hours or more in a twenty four hour period. This was verified by the clinical manager at the time of record review and acknowledged at the exit conference on 01/11/16 at 2:15 p.m.</p> <p>2. Based on observation, record review and interview, the facility failed to ensure 3 of 3 boilers had an inspection certificate that was current to ensure the boilers was in safe operating condition. NFPA 101, in 20.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all patients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the clinical manager on 01/11/16 at 1:30 p.m. , the American model boiler located in the mechanical room with tagged boiler #324915 lacked an inspection certificate</p>		<p>minutes. We will notify: State 317-233-7442 Fire Department 812-376-2679</p> <p>Shepherd Insurance 812-379-1360 <b>Columbus Pain Institute/Wellspring</b> FIREWATCH LOG ASSIGNED AREA: _____</p> <p>DATE: _____ FIRE-WATCHER: _____</p> <p>_____ INITIALS: _____ FIRE WATCHTIMES: STARTED _____</p> <p>ENDED _____</p> <p>_____ Fire watchpersonnel must perform continuous tours such that each room in their assigned area is checked at not less than 30-minute intervals. The first entry in this log must be made within 30 minutes of the start of the fire watch and every 30minutes thereafter. Times must be recorded using the 24-hour clock and initialed. Any problems found during the fire watch must be documented (along with the time found and initialed) and reported to the head of maintenance for immediate correction.</p> <p>I certify (by my initials below) that I completed a tour of my entire assigned area at the following times:</p> <p>Time Tour Completed Initials Time Tour Completed Initials Time Tour Completed Initials</p>	



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	<p>Based on record review, the facility failed to ensure a written record of weekly inspections of the starting batteries for the generator was maintained for 52 of 52 weeks over the past year. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days and shall be maintained in full compliance with the manufacturer's specifications. 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 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 the emergency generator Monthly Generator Log with the clinical manager on 01/11/16 at 11:30 a.m., there was no weekly inspections of</p>	K 0144	<p>The Clinical Manager met with Sheryl, our current facility generator person, to create a new Weekly Inspection Checklist as well as an Emergency Generator Monthly Test Log. <b>Columbus Pain Institute/Wellspring Emergency Generator – Weekly Inspection Checklist</b></p> <p>Comments/Corrective Actions</p> <p>Date of inspection</p> <p>Inspection performed by</p> <p>General condition of prime mover/generator</p> <p>Condition of belts &amp; hoses</p> <p>Engine oil level</p> <p>Lube oil heater</p> <p>Coolant level</p> <p>Water pump</p> <p>Jacket water heater</p> <p>Radiator</p> <p>Electrical/Generator breaker closed</p> <p>Battery system:</p> <p>Electrolyte level</p> <p>Charger</p> <p>Exhaust system</p> <p>Fuel system:</p> <p>Fuel supply level</p> <p>Tank vent(s)</p> <p><b>Columbus Pain Institute/Wellspring Emergency Generator – Monthly Test Log</b> Generator Model: _____</p> <p>Engine Model: _____</p>	01/27/2016

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	the emergency generator over the past year. Based on an interview with the clinical manager on 01/11/16 at 11:35 a.m., weekly emergency generator inspections are not conducted, and the load tests are conducted monthly and documented on the Monthly Generator Log. The lack of weekly inspections for the emergency generator over the past year was verified by the clinical manager at the time of record review and acknowledged at the exit conference on 01/11/16 at 2:15 p.m.		Date installed: _____ Standby kW nameplate rating: _____ 30% of standby rating = _____ Fuel type: _____ Normaloperating temp: _____ Month Test Date Time Meter Reading Transfer Switch Battery Specific Gravity Oil Pressure Operating Temp. Load kW Tested By Comments Start End Inspection Test January February March April May June July August		