

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001108	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/17/2011
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NAME OF PROVIDER OR SUPPLIER  UNITY SURGICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 S CREASY LANE, SUITE 200 LAFAYETTE, IN 47905
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K010000	<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: 11/17/11</p> <p>Facility Number: 002746 Provider Number: 15C0001108 AIM Number: 200347650</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Unity Surgical 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 for the original structure. The 2005 addition consisting of two operating rooms and clean/soiled utility rooms located in the northwest side of</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>the facility was surveyed with Chapter 20, New Ambulatory Health Care Occupancies.</p> <p>This facility was located on the second floor of a two story facility, determined to be of Type V (111) construction, and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and hazardous areas.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/28/11.</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</p>	K010029	<p><b>How USC will correct the deficiency:</b> Unity Surgical Center will repair</p>	12/12/2011			

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	<p>ensure 1 of 5 doors protecting a sprinklered hazardous area would resist the passage of smoke. LSC 39.3.2.1 requires requires areas used for general storage shall be protected in accordance with Section 8.4. LSC 8.4.1.3 requires doors in smoke barriers shall automatically close. LSC 8.3.4 says doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch. This deficient practice could affect any occupant in the southeast exit corridor.</p> <p>Findings include:</p> <p>Based on observation on 11/17/11 at 1:50 p.m. with the maintenance director, the sky bridge between the southeast emergency exit corridor and another office occupancy was separated by a set of double doors which gapped one half inch between the closed doors. The sky bridge, approximately 16 by 10 feet, was being used as a storage area for combustible cardboard cartons, a copier and</p>		<p>the door that is between the southeast exit corridor and another office to meet the Life safety requirements. Unity Surgical center has secured additional storage space within the facility and will relocate items found on the skybridge.</p> <p><b>How USC will prevent this deficiency from recurring in the future:</b></p> <p>A preventive maintenance schedule will be initiated so the fire doors can be evaluated for appropriate measurements. The preventive maintenance will be completed by the Facility Maintenance Management group. Unity Surgical Center will utilize the new storage room to store equipment.</p> <p><b>Who is responsible for the plan of action and completion of this deficiency?</b></p> <p>The facility maintenance management group Bremner Duke will be responsible for the oversight and completion of the repair of the door. Tami Robinson, DON, will be responsible for the storage area compliance.</p> <p><b>The date the deficiency will be corrected:</b></p> <p>A quote was obtained on December 1, 2011. The door was repaired Monday December 12, 2011. Supplies will be relocated December 12, 2011.</p>		

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K010048	<p>adjacent trash bag for recycled paper, carts laden with supplies, an upholstered chair and miscellaneous items. The maintenance director agreed at the time of observation, the door set would not resist the passage of smoke into the exit corridor in the event of fire.</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 1. Based on record review and interview, the facility failed to include the use of 5 of 5 deionized fire extinguishers in the written plan for the protection of patients in the event of an emergency. LSC 21.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the</p>	K010048	<p><b>Tag K 048 #1:</b> <b>How USC will correct the deficiency:</b> Unity Surgical Center will revise the policy and procedure Fire-Announcement Code Red to address the use of deionized water fire extinguishers and all indicators according to LSC 21.7.2.2. <b>How USC will prevent this deficiency from recurring in the future:</b> The policy and procedure will be reviewed annually and changes made when the center has new equipment or procedures. <b>Who is responsible for the plan of</b></p>	01/11/2012

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	<p>fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice affects all patients in the facility.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire disaster plan, Fire-Announcement Code Red, on 11/17/11 at 12:45 p.m. with the maintenance director and facility director, the fire emergency plan did not address the use of the deionized water fire extinguishers located in the facility. Based on an interview with the facility director at the time of record review, the use and location of available fire extinguishers was reviewed during an annual training. Documentation of the 2011 training was provided with signatures of staff. The facility director agreed the use of fire extinguishers and their availability</p>		<p><b>action and completion of this deficiency?</b> The Director of Nursing will revise this policy and procedure. <b>The date the deficiency will be corrected:</b> Changes made to policy and procedure completed on December 6, 2011. Approval from the Medical Advisory Committee/Board will be completed at the next meeting which is scheduled for January 11, 2012.</p> <p><b>Tag K 048 #2:</b> <b>How USC will correct the deficiency:</b> Unity Surgical Center will revise the policy and procedure Fire-Announcement Code Red to include that evacuation will take place immediately and not after "extinguishing fire". In addition, the section related to the size of a fire (if small, no larger than a small wastebasket) will be eliminated. <b>How USC will prevent this deficiency from recurring in the future:</b> The policy and procedure will be reviewed annually and changes made when the center has a new procedure <b>Who is responsible for the plan of action and completion of this deficiency?</b> The Director of Nursing will revise this policy and procedure. <b>The date the deficiency will be corrected:</b> Changes made to policy and procedure completed on December 6, 2011. Approval from the Medical Advisory Committee/Board will be completed at the next meeting which is scheduled for January 11, 2012.</p>				

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	<p>should be included in the written fire plan.</p> <p>2. Based on record review and interview, the facility failed to ensure the facility fire plan provided effective staff training for the protection of 3 of 3 patients. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire disaster plan, Fire-Announcement Code Red, on 11/17/11 at 12:45 p.m. with the maintenance director and facility director, the fire emergency plan provided evidence for facility staff response to fire. The RACE procedure included direction to "Extinguish fire, if small (no larger than small wastebasket)" in the policy and procedure sections of the plan. The Procedure section of the policy noted "extinguish fire" should occur prior to evacuating the area (of fire). The facility director confirmed at the time of record review, fire size assessment was not part of staff training and a delay in evacuation</p>		<p><b>Tag K 048 #3:</b> <b>How USC will correct the deficiency:</b> Unity Surgical Center created a fire watch policy and procedure to include at a minimum the below details: 1.) The procedure for notification to the local fire department when the automatic sprinkler system is impaired. 2.) The local fire department telephone number to utilize when impairment is noted with the automatic sprinkler system. 3.) Documentation of education related to training for the fire watch plan. 4.) Documentation that rounds were completed every 15 minutes to the building. <b>How USC will prevent this deficiency from recurring in the future:</b> The new procedure will be initiated during the time the automatic sprinkler system is out of service. <b>Who is responsible for the plan of action and completion of this deficiency?</b> The Director of Nursing and Facility Maintenance Management group will create this policy and procedure. <b>The date the deficiency will be corrected:</b> Changes made to policy and procedure completed on December 6, 2011. Approval from the Medical Advisory Committee/Board will be completed at the next meeting which is scheduled for January 11, 2012.</p> <p><b>Tag K 048 #4:</b> <b>How USC will correct the</b></p>		

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	<p>might jeopardize occupants.</p> <p>3. Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed to protect 3 of 3 patients in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department to be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also to be notified. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's policy and procedures with the</p>		<p><b>deficiency:</b> Unity Surgical Center created a fire watch policy and procedure to include at a minimum the below details:</p> <ol style="list-style-type: none"> <li>1.) The procedure for notification to the local fire department when the fire alarm system has to be placed out of service.</li> <li>2.) The local fire department telephone number to utilize when the fire alarm system is temporarily out of service.</li> <li>3.) Documentation of education related to training for the fire watch plan.</li> <li>4.) Documentation that rounds were completed every 15 minutes to the building.</li> <li>5.) A code phrase to be used to assure the transmission of the alarm during a malfunction of the building fire alarm system.</li> </ol> <p><b>How USC will prevent this deficiency from recurring in the future:</b> The new procedure will be initiated during the time the fire alarm system has to be placed out of service.</p> <p><b>Who is responsible for the plan of action and completion of this deficiency?</b> The Director of Nursing and Facility Maintenance Management group will create this policy and procedure.</p> <p><b>The date the deficiency will be corrected:</b> Changes made to policy and procedure completed on December 6, 2011. Approval from the Medical Advisory Committee/Board will be completed at the next meeting which is scheduled for January 11, 2012.</p>		

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	<p>maintenance director and facility director on 11/17/11 at 12:45 p.m., the Policy and Procedure for a fire watch procedure was not complete. The procedure was limited to "In case of fire alarm system failure, a designated individual will walk the building once an hour to monitor for potential fire hazards." The procedure was vague in identifying for which fire system outage the procedure was to implemented for, did not include required agency notice and telephone numbers for the local fire department or the Indiana State Department of Health, and failed to incorporate documentation of the rounds made and the fifteen minute intervals for rounds. The procedure also did not contain statements that the facility's staff were to be trained and designated in regard to the fire watch plan. The maintenance director and facility director stated at the time of the record review, they were not aware of the specific requirements.</p> <p>4. Based on observation and</p>			

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	<p>interview, the facility failed to provide a complete written policy containing procedures to be followed to protect 3 of 3 patients in the event the fire alarm system has to be placed out of service for four hours within a 24 hour period in accordance with LSC, Section 9.6.1.8 LSC 21.7.1.1 requires every ambulatory health care occupancy to have in effect and available to all supervisory 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. The provisions of 21.7.1.2 through 21.7.2.3 shall apply. 21.7.2.2 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. 21.7.2.3 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 could affect all occupants.</p> <p>Findings include:</p>			

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	<p>Based on review of the facility's policy and procedures with the maintenance director and facility director on 11/17/11 at 12:45 p.m., the Policy and Procedure for a fire watch procedure was not complete. The procedure was limited to "In case of fire alarm system failure, a designated individual will walk the building once an hour to monitor for potential fire hazards." The procedure was vague in identifying for which fire system outage the procedure was to implemented, did not include required agency notice and telephone numbers for the local fire department or the Indiana State Department of Health, and failed to incorporate documentation of the rounds made and the fifteen minute intervals for rounds. The procedure also did not contain statements that the facility's staff were to be trained and designated in regard to the fire watch plan. The maintenance director and facility director stated at the time of the record review, they were not aware of the specific</p>			
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	<p>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>Based on observation and interview, the facility failed to provide annunciation for 1 of 1 fire alarm systems in a monitored area accordance with NFPA 72. LSC 101, 21.3.4.1 requires fire alarm systems in Ambulatory Health Care Facilities shall be in accordance with section 9.6. LSC 9.6.1.4 requires compliance with NFPA 72, the 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 observation with the maintenance director on 11/17/11 at 2:00 p.m., fire alarm panels were located in a second floor electrical room and in the</p>	K010051	<p><b>How USC will correct the deficiency:</b> Unity Surgical Center will install a fire annunciator within the surgical center so that it will be located in an area that can be monitored where it will likely be heard.</p> <p><b>How USC will prevent this deficiency from recurring in the future:</b> The Facility Maintenance Management group will perform preventive maintenance on this unit at a minimum quarterly. The fire annunciator will be checked to make sure that the audible of the alarm is working and employees can hear the alarm</p> <p><b>Who is responsible for the plan of action and completion of this deficiency?</b> The Facility Maintenance Management group will oversee the installation of a fire annunciator within Unity Surgical Center as well as the preventive maintenance.</p> <p><b>The date the deficiency will be corrected:</b> A meeting was scheduled for Thursday December 8, 2011 to evaluate the location of the annunciator and provide a quote for the installation. A quote will be obtained by</p>	01/16/2012	

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K010105	<p>first floor building entry, outside any area continuously monitored by staff. The maintenance director said at the time of observation, any audible trouble alarm could not be heard by staff who were not in the corridor outside the electrical room. The facility relied on their remote monitoring station to notify them of any trouble alert on the fire panel.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Where general anesthesia or life support equipment is used, an emergency power system is provided in accordance with NFPA 99. 20.2.9.2, 21.2.9.2</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating</p>	K010105	<p>December 16, 2011. Installation will occur by January 16, 2012.</p> <p><b>How USC will correct the deficiency:</b> Unity Surgical Center will relocate the generator alarm annunciator to an area within the surgical center so that it can be monitored where it will likely be heard.</p>	01/16/2012	

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	<p>personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> <li>1. When the emergency or auxiliary power source is operating to supply power to load.</li> <li>2. When the battery charger is malfunctioning.</li> </ol> <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> <li>1. Low lubricating oil pressure.</li> <li>2. Low water temperature.</li> <li>3. Excessive water temperature.</li> <li>4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply.</li> <li>5. Overcrank (failed to start).</li> <li>6. Overspeed.</li> </ol>		<p><b>How USC will prevent this deficiency from recurring in the future:</b> The Facility Maintenance Management group will perform preventive maintenance on this unit at a minimum quarterly. The generator annunciator will be checked to make sure that the audible of the alarm is working and employees can hear the alarm as well as the conditions indicated in NFPA 99, 3-4.1.1.15.</p> <p><b>Who is responsible for the plan of action and completion of this deficiency?</b> The Facility Maintenance Management group will oversee the relocation of the generator annunciator to Unity Surgical Center as well as the preventive maintenance.</p> <p><b>The date the deficiency will be corrected:</b> An initial meeting was scheduled Wednesday December 7, 2011 to evaluate the location of the annunciator and provide a quote for completion. A quote is to be provided by December 16, 2011. Installation will occur by January 16, 2012.</p>				

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	<p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all patients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/17/11 at 2:15 p.m., a remote alarm annunciator for the emergency generator was provided in a first floor mechanical room. The maintenance director agreed the area was not continuously occupied and nobody could hear an alarm annunciated from the panel in the second floor facility.</p>						

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K010130	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler system post indicator valves was supervised. LSC 4.6.12.2 requires existing life safety features obvious to the public shall be either maintained or removed. NFPA 101, 9.7.2.1 requires supervisory attachments shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system. Monitoring shall include control valves such as the post indicator valve. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation on 11/17/11 at 2:40 p.m., the post indicator valve (PIV), a control valve for the automatic sprinkler system was located in the front of</p>	K010130	<p><b>How USC will correct the deficiency:</b> Unity Surgical Center will install supervisory attachments to the automatic sprinkler system post indicator valve.</p> <p><b>How USC will prevent this deficiency from recurring in the future:</b> The Facility Maintenance Management group will test the supervisory attachments quarterly.</p> <p><b>Who is responsible for the plan of action and completion of this deficiency?</b> The Facility Maintenance Management group will oversee the installation of the supervisory attachments to the automatic sprinkler system post indicator valve.</p> <p><b>The date the deficiency will be corrected:</b> An initial meeting was scheduled for Thursday December 8, 2011 to discuss Unity Surgical Center's needs and provide a quote for completion A quote is to be obtained by December 16, 2011. Installation of the supervisory attachments will occur by January 16, 2012.</p>	01/16/2012	

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K010144	<p>the facility. The PIV was chained but there was no evidence of any electronic supervision. The maintenance director said at the time of observation, he thought the chain securing the valve met the requirements for protecting the valve.</p> <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 observation and interview, the facility failed to ensure 1 of 1 fire barrier walls separating the ambulatory health care from physicians offices on the second floor provided the protection needed for a one hour fire barrier. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/17/11 between at 1:35 p.m. and 1:40 p.m., the fire wall above</p>	K010144	<p><b>How USC will correct the deficiency:</b> Unity Surgical Center will repair the penetrations noted in the fire wall.</p> <p><b>How USC will prevent this deficiency from recurring in the future:</b> Any work that could impair the condition of the surgical center's fire walls of will be required to obtain approval from the Facility Maintenance Management group so that they can assess the fire wall condition prior to and after work has been completed. The Director of Information Services will receive education related to the new procedure by the Director of Nursing.</p> <p><b>Who is responsible for the plan of action and completion of</b></p>	01/12/2012			

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	the doors separating the post op and 23 hour hold areas from the corridor with adjoining physicians offices had three to four inch penetrations which had not been sealed. The maintenance director said at the time of observation, there had been recent contractor installation of computer cables through the walls. He was unaware the penetrations had not been sealed and he checked the integrity of the fire wall on an annual basis.		<b>this deficiency?</b> The Facility Maintenance Management group will oversee the repair of the fire wall penetration. <b>The date the deficiency will be corrected:</b> An initial meeting was scheduled for Thursday December 8, 2011 with Midwest Firestop, Inc. to assess the damage to the fire walls and provide a quote for repair. A quote was obtained on December 12, 2011 for the repair of the fire wall penetrations. Repair of the fire wall installation will occur no later than January 12, 2012 as there is a 2-3 week waiting time.		