

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 01/19/2012
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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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 11/17/11 was conducted by the Indiana State Board of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 01/19/12</p> <p>Facility Number: 002746 Provider Number: 15C0001108 AIM Number: 200347650</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR 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.</p> <p>This facility was located on the</p>	K010000		

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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K010051	<p>second floor of a two story fully sprinklered building determined to be of Type V (000) construction. The facility has a fire alarm system with smoke detection in corridors and hazardous areas.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/25/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</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 a monitored area in accordance with NFPA 72. LSC 101, 21.3.4.1 requires fire alarm systems in Ambulatory</p>	K010051	<p>How USC will correct the deficiency: Unity Surgical Center installed will install a fire annunciator at the pre-operative nurse's station so that it is located in an area that can be monitored where it will likely be heard.</p> <p>How USC will prevent this</p>	02/04/2012			

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	<p>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 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 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 01/19/12 at 2:15 p.m., fire alarm panels were located in a second floor electrical room and in the 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. He said at the time of</p>		<p>deficiency from recurring in the future: 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. Who is responsible for the plan of action and completion of this deficiency? The Facility Maintenance Management group will oversee the installation of a fire annunciator within Unity Surgical Center as well as the preventive maintenance. The date the deficiency will be corrected: The fire annunciator was installed at the pre-operative nurse's station on February 4, 2012.</p>				

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K010105	<p>observation, installation of an annunciator at the nurses station was planned but the purchase order (PO) for the work had not been approved. He provided a copy of an e-mail dated 01/18/12 inquiring about the status of the PO which noted it had not been approved.</p> <p>This deficiency was cited on 11/17/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 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</p>	K010105	<p>How USC will correct the deficiency: Unity Surgical Center will relocate the generator alarm annunciator to the pre-operative nurse's station center so that it can be monitored where it will likely be heard.</p> <p>How USC will prevent this deficiency from recurring in the future: The Facility Maintenance Management group will perform</p>	02/04/2012			

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	<p>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"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <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"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel – when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously</p>		<p>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>Who is responsible for the plan of action and completion of this deficiency? 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>The date the deficiency will be corrected: The generator alarm annunciator was installed at the pre-operative nurse's station on February 4, 2012.</p>				

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	<p>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 01/19/12 at 2:20 p.m., a remote alarm annunciator for the emergency generator was provided in a first floor mechanical room. At the time of obseration, 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. He said at the time of observation, installation of an annunciator at the nurses station was planned but the purchase order (PO) for the work had not been approved. He provided a copy of an e-mail dated 01/18/12 inquiring about the status of the PO which noted it had not been approved.</p>						

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K010114	<p>This deficiency was cited on 11/17/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</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 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</p>	K010114	<p>How USC will correct the deficiency: Unity Surgical Center will repair the penetrations noted in the fire wall.</p> <p>How USC will prevent this deficiency from recurring in the future: 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</p>	02/28/2012			

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K010130	<p>maintenance director on 01/19/12 at 2:45 p.m., the fire wall above 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, a contractor was due to seal the penetrations but there had been a delay while it was decided who would pay for the work. He had no scheduled date for the work to be done.</p> <p>This deficiency was cited on 11/17/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 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</p>	K010130	<p>the new procedure by the Director of Nursing. Who is responsible for the plan of action and completion of this deficiency? The Facility Maintenance Management group will oversee the repair of the fire wall penetration. The date the deficiency will be corrected: Midwest Firestop. Inc. began repairing the penetrations in the fire wall on February 4, 2012. This work was completed February 28, 2012.</p> <p>How USC will correct the deficiency: Unity Surgical Center will install supervisory attachments to the automatic sprinkler system post indicator valve. How USC will prevent this deficiency from recurring in the future: The Facility Maintenance Management group</p>	02/04/2012			

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	<p>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 11/19/12 at 2:00 p.m. with the maintenance director, the post indicator valve (PIV), a control valve for the automatic sprinkler system was located in the front of the facility. The PIV was chained but there was no evidence of any electronic supervision. The maintenance director said at the time of observation, the installation of a tamper switch by the sprinkler contractor was planned but the purchase order (PO) for the work had not been approved. He provided a copy of</p>		<p>will test the post indicator valve attachments quarterly. Who is responsible for the plan of action and completion of this deficiency? The Facility Maintenance Management group will oversee the installation of the supervisory attachments to the automatic sprinkler system post indicator valve. The date the deficiency will be corrected: The supervisory attachments were installed to the post indicator valves on February 4, 2012.</p>		

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	<p>an e-mail dated 01/18/12 inquiring about the status of the PO which noted it had not been approved.</p> <p>This deficiency was cited on 11/17/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				