

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001151	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/22/2012
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NAME OF PROVIDER OR SUPPLIER BROADWEST SPECIALTY SURGICAL CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 315 W 89TH AVE MERRILLVILLE, IN 46410
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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: 03/22/12</p> <p>Facility Number: 011094 Provider Number: 15C0001151 AIM Number: 100274100A</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this LSC survey, Broadwest Specialty Surgical Center LLC 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 facility was located on the first and second floors of a two story fully sprinklered building</p>	K0000		

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>determined to be of Type V (111) 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 03/27/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0046	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1</p> <p>Based on record review and interview, the facility failed to ensure 3 of 3 battery powered emergency lighting fixtures were tested annually for 1 1/2 hours, and 30 seconds each month. LSC 7.9.3 requires an annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours, and 30 seconds each month. Written records of visual inspections and tests shall be kept. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of facility fire safety inspection and test records with the recovery room manager on 03/22/12 at 1:25 p.m., there was no record of monthly 30 second tests or annual 1 1/2 hour tests of the three battery powered emergency lighting fixtures. The recovery room manager said at the time of record review, she didn't know there were monthly</p>	K0046	The Life Safety Inspection spreadsheet will be revised to include the 30 second test each month for all 3 battery powered emergency lights. The spreadsheet will also include a yearly test column for the 1 1/2 hour test to be conducted on a yearly basis beginning July 1, 2012 on all 3 battered powered emergency lights. Patricia Beck will be performing the monthly test and Dave Streeter will be performing the yearly test. A. Leach will oversee the above listed tests are completed in a timely fashion.	05/01/2012			

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	and annual tests to be done and documented.			

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K0048	<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</p> <p>1. Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of occupants in the event 1 of 1 fire alarm systems is placed out of service for four hours or more in a 24 hour period. LSC, 20.7.1.1 requires every 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. LSC 9.6.1.8 requires where a fire alarm system is out of service for more than four hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. This deficient practice could affect all occupants.</p>	K0048	A Fire Watch Policy #324 has been established and will be presented to the Board of Directors on April 23, 2012 and incorporated into our Policies and Procedures under Section 8, Facilities and Environment, Policy #324.	04/01/2012			

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	<p>Findings include:</p> <p>Based on review of the documentation provided by the recovery room manager on 03/22/12 at 2:20 p.m., there was no procedure to be followed in the event the automatic fire alarm system was out of service for four hours or more in a 24 hour period. The recovery room manager said at the time of record review, a fire watch had been done in the past, but she could not locate the policy documentation.</p> <p>2. Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of occupants in the event 1 of 1 sprinkler systems is placed out of service for four hours or more in a 24 hour period. LSC, 20.7.1.1 requires every 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</p>				

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	<p>plan. LSC 9.7.6.1 requires where a required automatic sprinkler system is out of service for more than four hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the documentation provided by the recovery room manager on 03/22/12 at 2:15 p.m., there was no procedure to be followed in the event the automatic sprinkler system was out of service for four hours or more in a 24 hour period. The recovery room manager said at the time of record review, a fire watch had been done in the past, but she could not locate the policy documentation.</p>			

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K0130	<p>Based on observation, record review, and interview; the facility failed to ensure 1 of 1 service water heaters had a certificate of inspection. LSC 20.1.1.3 requires all ambulatory 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 occupants.</p> <p>Findings include:</p> <p>Based on observation with the recovery room manager on 03/22/12 at 2:15 p.m., the 100 gallon water heater located in the mechanical room near the scheduling office had no posted certificate of inspection. The recovery room manager said at the time of observation, she did not know anything about the certification documentation.</p>	K0130	The 100 gallon water heater in the mechanical room near the scheduling office will be certified by June 15, 2012 and each year thereafter as required with the appropriate sticker and documentation. Dave Streeter will supervise this inspection and A. Leach will verify its completion by June 15, 2012.	06/15/2012	

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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</p> <p>1. Based on interview and record review, the facility failed to provide complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems for 8 of 12 months. NFPA 110, the Standard for Emergency and Standby Power Systems, at 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 110, 6-3.6 requires storage batteries used for generator sets in Level 1 and 2 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. NFPA 99, 3-5.4.2 requires a written record of inspection, performance,</p>	K0144	A clipboard is located in the Electrical Room with all of the required documentation pertaining to the Generator and testing data is attached to that clipboard as well. Alternative Energy Solutions will install a remote manual stop pull station by June 15th 2012. Dave Streeter will supervise this requirement and A. Leach will verify its completion by June 15th 2012.	06/15/2012	

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	<p>exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>a. Based on review of the emergency generator maintenance and testing records with the recovery room manager and Nurse # 1 on 03/22/12 at 1:45 p.m., monthly emergency generator tests failed to include the percent of load carried by the generator when tested under load and the transfer time. No time for the transfer of power was documented. Nurse # 1, responsible for generator test documentation, said she was unaware more information was required. She could not say what the percent load was carried during a load test.</p> <p>b. Based on review of the emergency generator maintenance and testing records with the recovery room manager and Nurse # 1 on 03/22/12 at 2:00 p.m., weekly emergency generator</p>				

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	<p>checks were last documented 08/12/11 and no record was kept for weekly tests. Nurse # 1, responsible for generator test documentation, said she had not been documenting the weekly checks and never documented generator runs conducted without a load since it starts automatically.</p> <p>2. Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p>			

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	<p>Findings include:</p> <p>Based on observation with the recovery room manager on 03/22/12 at 3:10 p.m., a remote emergency shut off device was not found for the generator. The recovery room director said at the time of observation, she did not know the horse power of the generator. The maintenance man was interviewed on 03/22/12 at 1:40 p.m. and said he had nothing to do with the generator. The recovery room manager said she did not know of any remote mechanism for shutting down the generator in an emergency.</p>				

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K0147	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1</p> <p>Based on observation and interview, the facility failed to maintain electrical outlets in 1 of 1 lobby waiting areas. LSC 20.1.1.3 requires all ambulatory health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. NFPA 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice could any patient, staff and visitors in the lobby waiting area.</p> <p>Findings include:</p> <p>Based on observation with the recovery room manager on 03/22/12 at 2:40 p.m., the faceplate was missing from the electrical outlet providing power to two vending machines in the lobby, leaving the wiring exposed. The recovery room manager acknowledged at the time of observation, the outlet should</p>	K0147	The electrical outlets have been replaced in the lobby with the proper receptacles. The faceplate between the two vending machines in the lobby has been replaced as well.	04/01/2012			

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	have been covered.				