

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001147	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/14/2015
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NAME OF PROVIDER OR SUPPLIER  INVERNESS SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8004 CARNEGIE BOULEVARD FORT WAYNE, IN 46804
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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 42 CFR 416.44(b).</p> <p>Survey Date: 12/14/15</p> <p>Facility Number: 004581 Provider Number: 15C0001147 AIM Number: 200814740A</p> <p>At this Life Safety Code survey, Inverness 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 20, New Ambulatory Health Care Occupancies.</p> <p>This one story facility was determined to be of Type II (000) construction and was sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridor.</p> <p>Quality Review completed on 12/14/15 by Lex Brashear, LSC Specialist</p>	K 0000		
K 0029	416.44(b)(1)			

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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Bldg. 01	<p><b>LIFE SAFETY CODE STANDARD</b></p> <p>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 smoke 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. 8.4, 38.3.2, 39.3.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 hazardous area room doors was equipped with a self closing device causing the door to automatically latch into the frame. 20.3.2 refers to 38.3.2.1 requires hazardous shall be protected in accordance with Section 8.4. 8.4.1.3 refers to 7.2.1.8.1 requires hazardous area doors shall be self-closing or automatic closing. This deficient practice could affect all patients and staff.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Clinical Supervisor on 12/14/15 at 10:30 a.m., the Bio-Hazardous room door did self close but failed to latch into the frame. The Bio-Hazardous room contained bags of trash and hazardous waste. Based on interview, this was acknowledged by the Clinical Supervisor at the time of observation.</p>	K 0029	Plan of Correction: Tag K 029 – The door between the biohazard room and the Operating Corridor was repaired on December 15, 2015 by Parkview Facilities, work order # 798725. The door arm was adjusted to ensure that the door closes and securely latches to the frame. To ensure the door continues to function properly, the safety officer will check the door closure on her monthly rounds.	12/15/2015			
K 0115	416.44(b)(1) LIFE SAFETY CODE STANDARD						

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Bldg. 01	<p>Ambulatory health care facilities are divided into at least two smoke compartments with smoke barriers having at least 1 hour fire resistance rating. Doors in smoke barriers are equipped with positive latcher. Doors shall be constructed of not less than 1 3/4 inch thick solid bonded core wood or equivalent. Vision panels are provided and are of fixed wire glass limited to 1,296 sq. inch per panel. (Indicate N/A for facilities of less than 5,000 sq. ft. with an approved smoke detection system, and less than 10,000 sq. ft. with an approved supervised sprinkler system in accordance with 9.7.) 20.3.7.2, 20.3.7.3, 20.3.7.4, 20.3.7.6, 21.3.7.3, 21.3.7.2, 21.3.7.4, 21.3.7.6</p> <p>Based on observation and interview, the facility failed to maintain a 1 hour fire resistance rating for 1 of 1 smoke barrier walls. This deficient practice could affect all patients and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Clinical Supervisor on 12/14/15 at 11:05 a.m., the "OR" smoke wall contained the following unseal penetrations:</p> <p>a. a two inch by one inch hole was located above the ceiling tiles by the "PACV" door.</p> <p>b. a two inch by one hole hole was located above the ceiling tiles by the recovery door.</p> <p>Based on interview at the time of observation, the unsealed holes and the</p>	K 0115	<p>Plan of Correction: Tag K 115 – Parkview Facilities department repaired the unseal penetrations in the smoke walls above the PACU to OR door and above the Pre-Op to OR door, work order #798724. The work was completed on December 16, 2015 by Parkview Facilities. The penetrations are sealed. The facility director will monitor work on or near the smoke wall to prevent penetrations in future.</p>	12/16/2015

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K 0130 Bldg. 01	<p>sizes were acknowledge by the Clinical Supervisor.</p> <p>416.44(b)(1) MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 post indicator valves (PIV) was electronically supervised. NFPA 72, 9.7.2.1, Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Clinical Supervisor on 12/14/15 at 10:13 a.m., the PIV was locked in the open position with a pad lock. No electronic tamper device was observed on the PIV. Based on interview, this was acknowledged by the Clinical Supervisor at the time of observation.</p>	K 0130	<p>Informal Dispute Resolution – Tag K130 Regarding the post indicator valve – According to National Fire Protection Association (NPFA), 2016, regarding the installation of sprinkler systems, Section 8.16.1.1.2.1 states “Valves on connections to water supplies, sectional control and isolation valves, and other valves in supply pipes to sprinklers and other fixed water-based fire suppression systems shall be supervised by one of the following methods: (1) Central station, proprietary, or remote station signaling service (2) Local signaling service that will cause the sounding of an audible signal at a constantly attended point (3) Valves locked inthe correct position (4) Valves located within fenced enclosures under the control of the owner, sealed in the open position, and inspected weekly as part of an approved procedure. Inverness Surgery Center meets #3 of the NPFA criteria, and as only one criteria is specified, the Center meets the intent of the standard. We request that this citation be removed. The director will monitor the standard for further changes to the post indicator valve.</p>	12/18/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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