

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001081	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/17/2012
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NAME OF PROVIDER OR SUPPLIER  CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 W BETHEL AVENUE MUNCIE, IN 47304
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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: 10/17/12</p> <p>Facility Number: 010493 Provider Number: 15C0001081 AIM Number: 200220380A</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Central Indiana Orthopedics Surgery 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 21, Existing Ambulatory Health Care Occupancies</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detectors in the corridors and common areas.</p> <p>Quality Review by Robert Booher, Life Safety</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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	Code Specialist-Medical Surveyor on 10/22/12.  The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:				

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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 observation and interview, the facility failed to provide adequate emergency task lighting in and around the generator set in accordance with NFPA 101, 2000 Edition, Life Safety Code. LSC Section 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110 Section 5-3.1 requires the EPS (Emergency Power Supply) equipment location shall be provided with battery powered emergency lighting. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/17/12 at 2:00 p.m. with the Business Administrator, the generator was located at the northeast end of the building within a six foot high concrete block enclosure which lacked battery powered emergency lighting. Based on interview on 10/17/12 at 2:02 p.m. with the Business Administrator, it was acknowledged the generator lacked a battery powered emergency light.</p>	K0046	<p>1. Obtained quote for battery operated lights for the generator. Ordered Emergency Battery wall packs-Model: RAB #WP2CF42/E1/PC on 10-29-12. Delivery will be 4 or 5 days from order date. 2. Complete the newly developed checklist on a monthly basis. Made checklist for logbook to ensure lights are functioning properly on a monthly basis. Also, on the checklist is the date for documenting expiration date of battery annually and battery will be replaced before expiration date or as needed. 3. Dennis Newsome, Facility Manager, will be responsible for completing checklist on a monthly basis and replacing batteries annually or as needed. 4. Completion date: 11-09-12</p>	11/09/2012			



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K0105	<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 observations and interview, the facility failed to provide emergency lighting in 2 of 2 operating rooms where general anesthesia or life support equipment is used. LSC Section 21.2.9.2 requires ambulatory health care facilities to provide emergency lighting where general anesthesia or life support equipment is used to be in accordance with LSC Section 7.9. LSC Section 7.9.2.2 states an emergency lighting system shall be arranged to provide the required illumination automatically in the event of any of the following:</p> <p>(1) Interruption of normal lighting such as any failure of a public utility or other outside electrical power supply (2) Opening of a circuit breaker or fuse (3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities.</p> <p>LSC Section 7.92.5 requires the emergency lighting system to either be in continuous operation or be capable of repeated automatic operation without manual intervention. This deficient practice could any patient or staff in the operating room.</p>	K0105	<p>1. Installed battery operated lights Model #PS640, 6V 4.0 amp in each Operating Room on 10/24/2012. 2. Complete the newly developed checklist on a monthly basis. Made checklist for logbook to ensure lights are functioning properly on a monthly basis. Also, on the checklist is the date for documenting replacement of battery annually. 3. Dennis Newsome, Facility Manager, will be responsible for completing checklist on a monthly basis and replacing batteries annually or as needed. 4. Completion Date: 10-24-12</p>	10/24/2012			

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	<p>Findings include:</p> <p>Based on observations on 10/17/12 from 12:45 p.m. to 12:50 p.m., there was no battery operated emergency lighting to provide continuous illumination in the two operating rooms in the facility.</p> <p>Based on interview on 10/17/12 concurrent with the observations, the Business Administrator acknowledged an emergency generator is utilized to provide emergency lighting in the operating room where anesthesia is used on patients, but there is no battery operated back up emergency lighting system to provide continuous illumination in the operating room during the time it takes for the generator to resume electrical service.</p>				

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K0130	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview; the facility failed to ensure 1 of 1 pressure gauges on the sprinkler systems was calibrated or replaced every five years. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code shall be either maintained or removed. NFPA 25, Standard for the Maintenance of Water-Based Fire Protection Systems at 2-3.2 requires gauges shall be replaced every 5 years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all patients in the facility including staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/17/12 at 2:30 p.m. with the Business Administrator, the sprinkler pressure gauge had a manufacturer's date of 2005. Based on interview on 10/17/12 at 2:33 p.m., it was acknowledged by the Business Administrator the sprinkler pressure gauge was outdated and needed to be replaced since it had not been calibrated.</p>	K0130	<p>1. Contacted Koorsen Fire &amp; Security Company to come and replace the outdated gauge. Outdated gauge was replaced on the wet sprinkler system by Koorsen Fire &amp; Security Company on 10/17/2012. Material used was a TK03-11 BRSG320593.2. Koorsen will document and replace any deficiencies found upon their inspection by providing Dennis Newsome, Facility Manager, a summary page of deficiencies found. This summary will be discussed in detail following the inspection.3. Dennis will be responsible for monitoring results of Koorsen's inspection. Any deficiencies noted Dennis will followup within 7 days of the report to make sure the deficiency is corrected.4. Completion date: 10-17-12</p>	10/17/2012			

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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, 8.4.2</p> <p>1. Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all patients,</p>	K0144	<p>1. Load Bank Test completed 10/27/2012 by Buckeye Power &amp; Sales Co., Inc.2. Reviewed Generator checklist. Changes were made to the Emergency Generator spreadsheet to include the date when the annual Load Bank Test was completed.3. Dennis Newsome, Facility Manager, will be responsible for making sure the Load Bank Test is completed within 12 months.4. Completion date: 10-27-12</p>	10/27/2012			

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	<p>staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Generator System Testing records and Maintenance logs on 10/17/12 at 3:38 p.m. with the Business Administrator, there was no documentation which verified the amperage or the percentage of load capacity for the past twelve months. Based on interview on 10/17/12 at 3:40 p.m. with the Business Administrator, it was acknowledged the facility had no documentation to verify amperage or percentage of load capacity for the generator for the past twelve months.</p> <p>2. Based on record review and interview, the facility failed to document the alternate source of power from the generator was capable of automatically connecting to load within 10 seconds for the last 12 of 12 months. NFPA 99, 3-4.4.1.1(a) requires the emergency system to be arranged so, in the event of failure of the normal power source, the alternate source of power will automatically connect to load within 10 seconds. This deficient practice could affect all patients in the facility as well as visitors and staff.</p> <p>Findings include:</p>				

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	Based on review of Generator Log records on 10/17/12 at 3:30 p.m. with the Business Administrator, the number of seconds for the generator to transfer load was not documented. Based on interview on 10/17/12 at 3:33 p.m. with the Business Administrator, it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and the Business Administrator was unaware it needed to be documented.				