

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001018	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2014
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NAME OF PROVIDER OR SUPPLIER GROSSNICKLE EYE CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 DUBOIS DR WARSAW, IN 46580
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.4(b).</p> <p>Survey Date: 08/21/14</p> <p>Facility Number: 005399 Provider Number: 15C0001018 AIM Number: 100274260A</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Grossnickle Eye Center Inc. 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 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 V (111) and was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</p> <p>Quality Review by Robert Booher, Life</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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K010050	<p>Safety Code Specialist-Medical Surveyor on 08/25/14.</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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2 Based on record review and interview, the facility failed to conduct 3 of 4 fire drills at unexpected times. This deficient practice affects all occupants in the facility including staff, visitors and patients.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Performance Report & Critique" documentation with the Surgery Manager at 10:15 a.m. on 08/21/14, fire drills were not conducted at unexpected times in that three of the four drills were conducted between 7:00 a.m. and 7:15 a.m. on 03/04/14, 05/06/14 and 09/10/13. Based on interview at the time of record review, the Surgery Manager acknowledged fire</p>	K010050	<p>Beginning with the fourth quarter fire drill, times for the drills will be spaced at different intervals throughout the day. There is only one shift so drills will not be conducted during evening or late night hours. The administrator will monitor the timing of the drills and educate the fire committee of these changes. These changes will be on going and should prevent this non compliance in the future.</p>	09/19/2014			

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K010144	<p>drills were typically conducted early in the morning before patients arrived to minimize interruption of surgical procedures.</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>1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator manual stop stations was remotely located from the generator. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level 1 and Level 2 installations shall have a remote manual stop station of a type similar to a break glass station located outside of the room where the prime mover is located. NFPA 110, A-3-5.5.6 states for Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p>	K010144	<p>A manual stop station was installed 8-29-14. The manual stop is in the mechanical room which is not located in the weatherproof enclosure. The administrator was in charge of coordinating the install and will monitor the maintenance of the stop button. This installation will ensure continual compliance with tag K144 On 8-29-14, NIPSCO was contacted. They will send a letter containing information to address all 5 points required to show the fuel supply to the generator is reliable. The administrator will ensure the letter arrives and is filed in the fire and disaster manual. The letter will be on file for future surveys.</p>	09/19/2014

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	<p>Based on observation with the Surgery Manager during the tour of the facility from 10:45 a.m. to 11:45 a.m. on 08/21/14, a manual stop station was installed on the generator which was located outside of the facility in a weatherproof enclosure. Based on interview at the time of observation, the Surgery Manager acknowledged the generator manual stop station was not located outside of the weatherproof enclosure.</p> <p>2. Based on record review and interview, the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1 Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> a) Liquid petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas <p>Exception: For Level 1 installations in locations where the probability of interruption of off-site fuel supplies is high (e.g., due to earthquake, flood</p>			

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	<p>damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.</p> <p>CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ol style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption, 5. The signature of a technical person from the natural gas provider. <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review and interview with the Surgery Manager on 08/21/14 at 10:30 a.m., the fuel source for the</p>			

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K010147	<p>emergency generator was natural gas and the facility did not have a letter from their natural gas provider stating the fuel source for the emergency generator was from a reliable source.</p> <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 Based on observation and interview, the facility failed to ensure 2 of 2 electrical outlets in the staff lounge were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, 517-20 requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice would not directly affect any patients but could affect staff in the staff lounge.</p> <p>Findings include:</p> <p>Based on observation with the Surgery Manager on 08/21/14 at 11:00 a.m., two electrical receptacles on the wall within three feet of the sink in the staff lounge were tested with a GFCI circuit tester and</p>	K010147	On 8-29-14, maintenance personnel changed the 2 electrical outlets in the staff lounge to GFCI outlets. This will be a permanent change that will ensure compliance with this rule. The Administrator was responsible to oversee this project.	08/29/2014

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	were not provided with GFCI protection to prevent electric shock. Based on interview at the time of observation, the Surgery Manager acknowledged the aforementioned condition.				