

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001143	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/11/2011
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NAME OF PROVIDER OR SUPPLIER INDIANA ENDOSCOPY CENTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 N RONALD REAGAN PKWY STE : AVON, IN46123
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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: 10/11/11</p> <p>Facility Number: 003796 Provider Number: 15C0001143 AIM Number: 100380920B</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Indiana Endoscopy Centers 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, located on the third floor of a three story building with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors.</p> <p>Quality Review by Robert Booher, REHS, Life</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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K0130	<p>Safety Code Specialist-Medical Surveyor on 10/13/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation, record review and interview; the facility failed to ensure 3 of 3 pressure gauges on the wet sprinkler system were continuously maintained in reliable operating condition and inspected and tested periodically. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. NFPA 25, Standard for the inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 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 could affect all patients, staff and visitors.</p> <p>Findings include:</p>	K0130	<p>On 10/19/2011, the Clinical Manager of Indiana Endoscopy Center Avon contacted the IUH West Hospital Facilities Supervisor regarding this deficiency. On 10/25/2011, the 3 wet sprinkler gauges were recalibrated by USAutomatic Fire and Security. IUH West facilities personnel will monitor this to be sure that they are replaced or re-calibrated every 5 years. Updates will be made available to the IEC Avon Clinical Manager for record-keeping purposes. This will be an on-going surveillance.</p>	10/25/2011			

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K0144	<p>Based on observation during a tour of the facility with the Clinical Operations Manager from 1:10 p.m. to 1:45 p.m. on 10/11/11, two of the three pressure gauges on the wet sprinkler system indicated the gauges were manufactured in 2003 and one of the three pressure gauges on the wet sprinkler system indicated the gauge was manufactured in 2002. Based on review of USAutomatic Sprinkler Corporation "Report of Inspection" documentation dated 09/21/11 during record review with the Clinical Operations Manager from 10:10 a.m. to 12:15 a.m. on 10/11/11, wet sprinkler system inspection documentation did not indicate when each of the three gauges were last recalibrated or replaced. Based on interview at the time of observation, the Clinical Operations Manager acknowledged each pressure gauge on the wet sprinkler system has not been replaced or recalibrated within the last five years.</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110 Based on observation and interview, the facility failed to ensure 2 of 2 emergency generators were equipped with a remote</p>	K0144	On 11/4/2011, the clinical manager notified the IUH West Facilities supervisor of the incomplete response received	12/06/2011	

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	<p>manual stop. 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 II 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. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Clinical Operations Manager from 1:10 p.m. to 1:45 p.m. on 10/11/11, a remote shut off device was not found for each of the two 1000 kilowatt diesel fired emergency generators which each had a manufacture date listed on the emergency generator label of 2004. Based on interview at the time of observation, the Clinical Operations Manager acknowledged there is no remote shut off device for each of the two emergency generators.</p>		<p>from the ISDH. A work order was issued by them to correct this deficiency. See attached.</p>		