STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 01/31/2012
NAME OF PROVIDER OR SUPPLIER SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8501 HARCOURT RD INDIANAPOLIS, IN 46260	

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K0000				
	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 01/31/12 Facility Number: 005400 Provider Number: 15C0001019 AIM Number: 200007580A Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, the 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 21, Existing Ambulatory Health Care Occupancies. The facility located on the first floor of a two story building was determined to be of Type II (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/03/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0046	Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1			
	Based on record review, observation and interview; the facility failed to ensure battery powered emergency lights were tested annually for 1 1/2 hours and the results of monthly testing was recorded for each light. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires requires a 30 second functional test to be conducted at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Individual results for all lights must be kept as part of the written record. This deficient practice could affect all occupants in the facility should the emergency generator fail. Findings include: Based on review of "PMRM Schedule" documentation with the Director of Nursing and the Maintenance Director from 10:05 a.m. to 12:45 p.m. on 01/31/12, the facility maintains a written	K0046	**K 046** A new entry in the maintenance log showing the location of the battery backup lights and a line item showing the results of each light tested. The maintenance supervisor will be responsible for the monitoring of the above task.	03/05/2012

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	record indicating a 30 second functional test at 30 day intervals and an annual 1 1/2 hour test for the battery operated emergency lighting, however, the record does not include the results for each individual light and does not provide documentation for the individual results of an annual test for each battery powered emergency light. Based on interview at the time of record review, the Maintenance Director stated he did not know how many battery powered emergency lights were in the facility and acknowledged the facility does not maintain a monthly written record of the individual results for 30 second functional tests and annual tests for each battery powered emergency lighting system. Based on observation with the Director of Nursing and the Maintenance Director during a tour of the facility from 12:45 p.m. to 1:35 p.m. on 01/31/12, two battery operated emergency lights in the operating room near the stairwell were observed.			

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K0048	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			
	1. Based on record review and interview, the facility failed to provide a written plan containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-2 states the building owner shall assign an impairment coordinator to comply with the requirements of Chapter 11. In the absence of a specific designee, the owner shall be considered the impairment coordinator. Exception: Where the lease, written use agreement, or management contract specifically grants the authority for inspection, testing, and maintenance of the fire protection system(s) to the tenant, management firm, or managing individual, the tenant, management firm, or managing individual shall assign a person as impairment coordinator. NFPA 25, 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner or manager and other authorities having jurisdiction also be	K0048	**K048** A policy addressing a fire watch procedure if the fire alarm system is down for more than 4 hours out of 24 hours will be developed. The Director of Nursing will be responsible for the development of this policy. This policy will be completed and presented to the Safety Committee and the Executive Board for approval at the March quarterly meeting.	03/05/2012

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	notified. This deficient practice could affect all occupants in the facility. Findings include: Based on review of "Emergency Management Plan: Fire Alarm Failure" documentation with the Director of Nursing during record review from 10:05 a.m. to 12:45 p.m. on 01/31/12, the facility does not have a written policy in the event the automatic sprinkler system is out of service for 4 hours or more in a 24 hour period. Based on interview at the time of record review, the Director of Nursing acknowledged the facility does not have a written policy in the event the automatic sprinkler system is out of service for four hours or more in a twenty four hour period. 2. Based on record review and interview, the facility failed to ensure its written fire watch plan addressed all procedures to be followed in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all occupants in the facility. Findings include: Based on review of "Emergency			

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	Management Plan: Fire Alarm Failure" documentation with the Director of Nursing and Maintenance Director during record review from 10:05 a.m. to 12:45 p.m. on 01/31/12, the facility's written policy in the event the fire alarm system is out of service did not include the following: a. a written statement indicating the facility's fire watch procedures will be instituted if the fire alarm system is out of service for four hours or more in a twenty four hour period. b. a written statement specifying the person assigned to conducting fire watch procedures would be dedicated only to the fire watch and would have no other duties. Based on interview at the time of record review, the Director of Nursing acknowledged the facility's written fire watch plan did not include a statement indicating when the fire watch procedures would be instituted and did not specify the person assigned to conducting fire watch procedures would have no other duties.			

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K0051	A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1			
	1. Based on record review and interview, the facility lacked documentation to show sensitivity testing for 30 of 30 smoke detectors was performed. LSC Section 21.3.4.1 requires ambulatory health care facilities to be in accordance with LSC Section 9.6. LSC Section 9.6.1.4 requires a fire alarm system to be maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72 at 7-3 requires smoke detector testing to be in accordance Section 7-3, Inspection and Testing Frequencies. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall	K0051	**K 051** The smoke alarm detectors had a sensitivity test done by Koorsen on 4-16-2011. The result of that test was in the maintenance log at the time of the inspection, the inspector could not read the pink copy left by Koorsen for the maintenance log book. A copy of that report has been made and replaces the pink copy in the log book. The battery in question which Koorsen showed as fail on the report was in the entry vestibule second fire and building alarm panel. This battery was replaced with a battery from maintenance stack on 4-16-2011. A log entry will be added to show this action. The maintenance supervisor will be responsible for the monitoring of the above task.	03/05/2012

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	be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods: (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. NOTE: The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice affects all occupants in the facility. Findings include: Based on record review with the Director of Nursing and the Maintenance Director from 10:05 a.m. to 12:45 p.m. on 01/31/12, documented smoke detector			

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	sensitivity testing was not available for review. Based on interview at the time of record review, the Director of Nursing and the Maintenance Director acknowledged there was no smoke detector sensitivity documentation available for review. 2. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 21.3.4.1 refers to LSC 9.6.2.10.1 which refers to NFPA 72, the National Fire Alarm Code. NFPA 72, 7-1.1.2 states system defects and malfunctions shall be corrected. This deficient practice affects all occupants in the facility. Findings include: Based on review of Koorsen Fire and Security "Service Inspection Report" documentation dated 04/16/11 with the Director of Nursing and the Maintenance Director from 10:05 a.m. to 12:45 p.m. on 01/31/12, the main fire alarm panel battery condition was listed as "Fail." Based on interview at the time of record review, the Maintenance Director stated there was a subsequent service call by Koorsen in which the batteries in the			

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	main fire alarm panel were replaced but the Maintenance Director acknowledged there was no documentation stating the batteries in the main fire alarm panel had been repaired or replaced.			

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K0067	Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2. 20.5.2.1, 21.5.2.1			
	Based on record review and interview, the facility failed to provide documentation to ensure 100% of fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, air conditioning, and ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all patients, staff and visitors. Findings include: Based on review of "PMRM Schedule" documentation with the Director of Nursing and the Maintenance Director from 10:05 a.m. to 12:45 p.m. on 01/31/12, fire damper inspections were documented as being conducted weekly from the period 01/03/11 to 12/26/11 but	K0067	**K067** A log entry has been added to the maintenance log book showing the location and results of each damper tested, the inspection schedule will be changed to follow the guidelines provided in NFPA 90A. The maintenance supervisor will be responsible for the monitoring of the above task.	03/05/2012

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	the documentation did not include a listing of each fire damper location and if each damper was verified to fully close. Based on interview at the time of observation, the Maintenance Director stated the PMRM Schedule documentation is a record of the visual inspection of fire dampers in the facility and acknowledged no documentation of an itemized listing of fire damper locations and verification they each fully close was available for review.			

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K0130	OTHER LSC DEFICIENCY NOT ON 2786			
	Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested quarterly for 1 of 4 quarters. LSC 21.7.6, Maintenance and Testing, refers to 4.6.12. LSC 4.6.12.2 requires existing life safety features obvious to the public shall be maintained. LSC 9.7.5 refers to NFPA 25, the Standard for Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, vane-type waterflow devices and pressure switches that provide audible or visual signals to be tested quarterly. This deficient practice affects all patients, staff and visitors in the facility. Findings include: Based on review of Koorsen Fire and Security "Service Inspection Documentation" sprinkler waterflow alarm device inspection records with the Director of Nursing and the Maintenance Director from 10:05 a.m. to 12:45 p.m. on 01/31/12, a quarterly sprinkler waterflow device inspection was not conducted during the first quarter of 2011. Based on interview at the time of record review, the	K0130	**K 130** Koorsen inspected the sprinkler system water flow device twice in the 4 th quarter of 2010 then not again until the 2 nd quarter of 2011 due to a scheduling conflict. Koorsen has been notified that inspection must be done quarterly based on the calendar year. The maintenance supervisor will be responsible for the monitoring of the above task.	03/05/2012

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	Director of Nursing stated Koorsen Fire and Security conducted the first quarter inspection for 2011 on 12/04/10 and acknowledged no first quarter 2011 quarterly sprinkler waterflow device inspection documentation conducted in the first quarter 2011 was available for review.			

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K0144	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 Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections in accordance with NFPA 110 and NFPA 99 for the emergency generator was maintained for 52 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical 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. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days and shall be maintained in full compliance with the manufacturer's specifications. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all patients, staff and visitors. Findings include: Based on review of "PMRM Schedule"	K0144	**K 144** A log entry has been added to the maintenance log book specified to the battery for the backup generator. The maintenance supervisor will be responsible for the monitoring of the above task.	03/05/2012

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	documentation with the Director of Nursing and the Maintenance Director from 10:05 a.m. to 12:45 p.m. on 01/31/12, weekly emergency generator inspection records for the period 01/03/11 through 12/26/11 do not document the results of the inspections of storage batteries used in connection with essential electrical systems. Based on interview at the time of record review, the Maintenance Director stated weekly visual inspections of the storage batteries are documented on the PMRM schedule but acknowledged the results of the weekly inspections of storage batteries used in connection with essential electrical systems are not documented.			