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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001123 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 04/15/2014 |
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| NAME OF PROVIDER OR SUPPLIER CLI SURGERY CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 7747 W JEFFERSON BLVD STE B FORT WAYNE, IN 46804 |
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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 416.44(b).</p> <p>Survey Date: 04/15/14</p> <p>Facility Number: 003375 Provider Number: 15C0001123 AIM Number: 200421610A</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, CLI 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 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 a smoke detector at the fire alarm panel and duct detection in the ventilation ducts.</p> | K010000 | | |

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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| K010047 | <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/21/14.</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 Exits and ways of travel thereto are marked in accordance with section 7.10. 20.2.10, 21.2.10</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 paths in the means of egress from the main lobby was identified. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Administrator on 04/15/14 at 1:00 p.m., the lobby had only one illuminated exit sign above the main entrance door.</p> <p>Based on an interview with the Facilities Administrator at the time of observation, the secondary exit from the lobby is through the surgery center door then proceeding to an exterior exit door, but an illuminated exit sign was not provided above the door.</p> | K010047 | <p><i>Property Manager was notified on April 21, 2014 that an illuminated exit sign needed to be above the door. Quotes will be obtained by May 2, 2014 and work will be completed by May 19, 2014. The facility administrator will be responsible for to ensure this work has been completed.</i></p> | 05/19/2014 | | | |

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| K010051 | <p>416.44(b)(1) LIFE SAFETY CODE STANDARD 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 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 requires fire alarm systems to be in accordance with 9.6. LSC 9.6.1.4 requires fire alarm systems be installed, tested and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all occupants.</p> <p>Finding include:</p> <p>Based on record review with the Facilities Administrator on 04/15/14 at 11:52 a.m., the Guardian Protection</p> | K010051 | <p>VFP Fire Protection was notified on April 21, 2014 that CLI Surgery Center needed to perform the following testing annually on the eleven combination strobe/horns, nine strobes and five duct detectors as well as a sensitivity test on the smoke detectors in the building. On April 23, 2014 VFP called to schedule this inspection. The inspection will be completed by May 16, 2014 and the Facility Administrator will be responsible for ensuring this work is completed in 2014 and annually.</p> | 05/16/2014 | | | |

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| K010130 | <p>Service annual fire alarm inspection failed to include the following devices: eleven combination strobe/horns, nine strobes and one of the five duct detectors. Additionally, a sensitivity test was not conducted on the three smoke detectors in the building. Based on an interview with the Facilities Administrator after she contacted Guardian Protection Service, the previous items had not been tested.</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 1. Based on observation and interview, the facility failed to ensure 1 of 1 gas fueled boilers had a current inspection certificate to ensure the boiler was in safe operating condition. Section 4.6.12.1 requires any equipment required for compliance with the provisions of this Code such equipment shall be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 101, in 21.1.1.3 requires all ambulatory health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affect all patients evacuated through the exit corridor near the boiler room.</p> | K010130 | <p><i>Facility Administrator contacted Department of Homeland Security and they suggested that we call Cincinnati Insurance. Cincinnati Insurance was contacted on April 28, 2014 and Jim came and inspected the boiler. A certificate will be forthcoming. The facility administrator will be responsible for ensuring this certificate is in the facility by May 30, 2014. VFP Fire Protection was notified on April 21, 2014 that CLI Surgery Center needed to replace the sprinkler heads under the front canopy. On April 23, 2014 VFP called to schedule. During the inspection on May 16, 2014 the technician will look at all sprinkler heads and order the appropriate parts to replace all corroded sprinkler heads. The Facility Administrator will</i></p> | 05/30/2014 | | | |

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| | <p>Findings include:</p> <p>Based on record review with the Facilities Administrator on 04/15/14 at 12:25 p.m., the boiler Inspection Certificate had an expiration date of 02/19/14. Based on an interview with the Facilities Administrator at the time of record review, she was aware the certificate had expired and has contacted Homeland Security.</p> <p>2. Based on observation and interview, the facility failed to replace 6 of 6 corroded sprinkler heads in front canopy. LSC 4.6.12.2 requires any life safety features obvious to the public, even if not required by the Code, shall be maintained or removed. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all patients.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Administrator on 04/15/14 at 1:25 p.m.,</p> | | <p>beresponsible for ensuring this work is completed in by May 30, 2014.</p> | |

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| K010144 | <p>the six sprinkler heads in the front canopy were covered with a green substance. This was confirmed by the Facilities Administrator at the time of observation.</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 Based on record review and interview, the facility failed to provide complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.1.1.8 requires the generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. This deficient practice affects all occupants.</p> <p>Findings include:</p> | K010144 | <p><i>On April 21, 2014 the facility administrator added a transfer time to the emergency generator log. This time will be recorded weekly when the transfer of power occurs from the main source of the generator. The facility administrator will be responsible for this documentation.</i></p> | 04/21/2014 |

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| | Based on review of the emergency generator operating log titled "Generator Log" with the Facilities Administrator on 04/15/14 at 11:53 a.m., the emergency generator was tested monthly under load for at least 30 minutes, however, the monthly load test record did not include the time for the transfer of power from the main source to the generator. This was acknowledged by the Facilities Administrator at the time of record review. | | | |