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 06/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLI SURGERY CENTER	7747 W JEFFERSON BLVD STE B FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 04/15/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 06/06/14 Facility Number: 003375 Provider Number: 15C0001123 AIM Number: 20042161A Surveyor: Amy Kelley, Life Safety Code Specialist At this PSR 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 Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. 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 detection in the ventilation ducts. Quality Review by Robert Booher, Life	K010000		

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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	Safety Code Specialist-Medical Surveyor on 06/10/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to replace 6 of 6 corroded sprinkler heads in the front canopy. 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. Findings include: Based on observation with the Director of Nursing on 06/06/14 at 10:45 a.m., the six sprinkler heads in the front canopy were covered with a green substance.	K010130	**VFP FireProtection was notified on 06/06/14 that CLI Surgery Center needed to** ***needed to replace the sprinkler heads under the frontcanopy. Theinspection was scheduled and took place June 7th, 2014. Sprinkler heads were ordered and will be installedprior to July 4th, 2014. TheFacility Administrator will be responsible for ensuring this work is completed.***	07/04/2014

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	This was confirmed by the Director of Nursing at the time of observation. This deficiency was cited on 04/15/14. The facility failed to implement a systemic plan of correction to prevent recurrence.			
K010147	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 1 of 1 flexible cords, such as an extension cord was not used as a substitute for fixed wiring. LSC 20.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice was not in a patient	K010147	**On06/12/14 H&L Electric completed the necessary work to ensure 1 of 1flexible cords was not used as a substitute for fixed wiring.** **Non-compliance with this standard will beprevented in the future by adding the check for inappropriate use of extensioncords to the annual building inspection. The Maintenance supervisor was responsible for ensuring this work wascompleted.**	06/12/2014

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	area but could affect facility staff. Findings include: Based on an observation with the Director of Nursing on 06/06/14 at 11:10 a.m., a regular heavy weight extension cord was plugged in and providing power for the water treatment equipment in the boiler room. This was acknowledged by the Director of Nursing at the time of observation.			