

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001102	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/28/2011
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NAME OF PROVIDER OR SUPPLIER VISION SURGICAL CENTER AT SPRINGHILL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 302 W 14TH ST STE 100 B JEFFERSONVILLE, IN47130
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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: 11/28/11</p> <p>Facility Number: 002769 Provider Number: 15C0001102 AIM Number: 200303160A</p> <p>Surveyor: Dennis Austill, Life Safety Code Survey Supervisor</p> <p>At this Life Safety Code Recertification survey, Vision Surgical Center at Springhill 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 Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies.</p> <p>The facility was located in the basement of a two story building of Type II (111) construction. The basement is the only portion of the building that is sprinklered. The facility has a fire alarm system with smoke detection in the corridors and</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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K0050	<p>spaces open to the corridors.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/30/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>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</p> <p>Based on record review and interview, the facility failed to ensure 4 of 4 fire drills included the transmission of a fire alarm signal. LSC 21.7.1.2 requires fire frills in ambulatory health care facilities to include the transmission of the fire alarm signal. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. This deficient practice affects all occupants in the facility including staff, visitors and patients.</p> <p>Findings include:</p> <p>Based on review of documentation titled "Fire Drill Report" on 11/28/11 from</p>	K0050	<p>Fire drills will include the transmission of a fire alarm signal. This transmission will be documented on the fire drill evaluation form.. The Safety Officer will be in-serviced 12/08/11. The next fire drill is scheduled to be held on or before 12/15/11. The Director of Nursing or designee will monitor quarterly times two.</p>	12/15/2011

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K0051	<p>10:45 a.m. to 12:30 p.m. with the Director of Nursing and an interview with the Safety Officer at 1:15 p.m., when the fire drills were conducted on 08/25/11, 04/28/11, 03/02/11 and 10/20/10, the fire alarm was not activated and did not include transmission of a fire alarm signal. Instead, a "Code Red" was announced and the activation of the fire alarm was simulated.</p> <p>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</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm panels located in an area that was not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 21.3.4.1 refers to LSC 9.6.2.10 which refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice affects all occupants in the facility including staff, visitors and patients.</p>	K0051	<p>1). A smoke detector was installed in the mechanical equipment room above the fire alarm panel on 12/07/11 by our alarm company. The fire alarm panel panel is now electronically supervised. The Director of Nursing was responsible for overseeing installation. 2). Smoke detector sensitivity testing will be performed on all smoke detectors as required. Smoke detector sensitivity testing is scheduled to be performed on all smoke detectors by our alarm company on 12/09/11. The Director of Nursing will be responsible to ensure testing is performed.</p>	12/09/2011

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	<p>Findings include:</p> <p>Based on observation on 11/28/11 during the tour from 12:30 p.m. to 1:10 p.m. with the Clinical Director, the main fire alarm panel was located in the basement mechanical equipment /sprinkler riser room and was not electrically supervised by a smoke detector. Based on interview during documentation review with the Director of Nursing from 10:45 a.m. to 12:30 p.m., the facility operates from 8:00 a.m. to 4:00 p.m., Monday through Thursday.</p> <p>2. Based on record review and interview, it could not be assured the facility was maintaining and inspecting 9 of 24 smoke detectors per the manufacturer's recommendations. 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, Section 7-5.2.2 requires a permanent record of all inspections, testing and maintenance shall be provided . Additionally, NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. To ensure each smoke detector is within its listed and</p>				

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	<p>marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (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. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>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 including staff, visitors and patients.</p> <p>Findings include:</p> <p>Based on review of fire alarm inspection documentation on 11/28/11 from 10:45 a.m. to 12:30 p.m. with the Director of Nursing, the facility has 24 smoke detectors with no documentation of</p>			

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K0067	<p>smoke detector sensitivity. Based on interview, the Director of Nursing acknowledged smoke detector sensitivity testing documentation was not available for review but indicated she had contacted the fire alarm contractor and was told the facility does not have a "Smart" system but they do have an addressable system. The contractor indicated the facility has multiple smoke detectors. Nine of the detectors did not require smoke sensitivity testing and the other smoke detectors have a built-in sensitivity test, are tested at the panel and report the results back to the panel. Based on NFPA 72, 7-3.2.1, all smoke detectors, whether addressable or not, are required to be sensitivity tested.</p> <p>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 observation and interview; the facility failed to ensure 30 of 30 fire dampers in the ductwork at smoke barriers were inspected and and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, 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</p>	K0067	<p>Fire dampers will be inspected every 4 years as required.A contract for inspection was signed on 12/7/11 with Life Safety Services. The date for inspection has been set for 12/09/11.The Director of Nursing is responsible to ensure the dampers are inspected.</p>	12/09/2011	

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K0077	<p>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.</p> <p>Findings include:</p> <p>Based on observation on 11/28/11 during the tour from 12:30 p.m. to 1:10 p.m. with the Clinical Director, fire dampers were observed in the HVAC supply and return vents throughout the facility. Based on interview with the Administrator during the exit conference at 1:30 p.m. on 11/28/11, there was no documentation available to show the fire dampers were inspected and provided the necessary maintenance at least every four years.</p> <p>Piped in medical gas systems comply with NFPA 99.</p> <p>Based on observation and interview, the facility failed to provide a certificate of inspection for 1 of 1 medical air compressors to ensure the compressor was in safe operating condition. NFPA 99, 1999 Edition, Health Care Facilities, Section 4-3.1.1.9(f) states the receiver</p>	K0077	12/27/11, Respectfully submitted Addendum to the Plan of Correction: The Indiana Department of Homeland Security, Boilers and Pressure Vessels Safety Section was contacted on 12/27/11. I spoke with Lewis Heideman, State Boiler Inspector. He gave me a	12/15/2011			

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K0130	<p>shall comply with Section VIII, Unfired Pressure Vessels, of the ASME <i>Boiler and Pressure Code</i>. Regulated pressure vessels are subject to periodic inspection by the Boiler and Pressure Vessel Safety Section of the Indiana Department of Homeland Security. This deficient practice could affect all patients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 11/28/11 during the tour from 12:30 p.m. to 1:10 p.m. with the Clinical Director, the medical air compressor in the south mechanical equipment room was not provided with a certificate of inspection for their medical air compressor. Based on interview at the time of observation, the Clinical Director had no evidence of a certificate of inspection and was not aware of the requirement.</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on observation and record review, the facility failed to ensure 2 of 2 sprinkler gauges were tested every five years. LSC 4.6.12.2 states life safety features, such as a sprinkler system, obvious to the public shall be maintained. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and</p>	K0130	<p>date of January 3, 2012 on which he will come and perform the required periodic inspection of our medical vacuum system. 1/10/12, Update to the addendum: Original response to K077 deleted along with IDR request. Per phone conversation with Mr. Austill on 1/9/12, Lewis Heideman, spoke with myself and Mr. Austill last week and indicated he will not make his visit to Vision Surgical Center until a safety valve is installed on the vacuum system. The parts have been ordered and should arrive this week. The VSC hopes to have the safety valve installed next week, January 16-20, 2012, and will then request Mr. Heideman to make his periodic visit.</p> <p>1). Sprinkler gauges will be replaced or calibrated as required every five years. A date has been set on 12/9/11 for our sprinkler company to replace both gauges.2). Sprinklers will be maintained. Sprinklers that are painted, corroded, damaged, or loaded will be replaced. A date has been set on 12/9/11 for our</p>	12/09/2011	

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	<p>maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation on 11/28/11 during the tour from 12:30 p.m. to 1:10 p.m. with the Clinical Director, the two sprinkler gauges on the sprinkler riser located in the basement mechanical equipment/sprinkler riser room were manufactured in 1996 and 2001. Based on review of sprinkler system documentation from 10:45 a.m. to 12:30 p.m. with the Director of Nursing, there was no indication of when the sprinkler gauges were last calibrated or replaced.</p> <p>2. Based on observation and interview, the facility failed to ensure 5 of 11 sprinklers were not painted or loaded with dry wall mud. LSC 4.6.12.2 states life safety features, such as a sprinkler system, obvious to the public shall be maintained. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25,</p>		<p>sprinkler company to inspect and change the sprinklers found to be in these conditions. 3). Sprinklers will be oriented to maintain an unobstructed spray pattern. A date has been set on 12/09/11 for our sprinkler company to lower the sprinklers in the sterile storage room and the clean work room. The Director of Nursing is responsible to ensure all work is completed timely.</p>				

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	<p>Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 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 any of the occupants.</p> <p>Findings include:</p> <p>Based on observation on 11/28/11 during the tour from 12:30 p.m. to 1:10 p.m. with the Clinical Director, the following was noted:</p> <p>a) 1 of 2 sprinklers in the south rear exit corridor had dry wall mud or paint on the deflector.</p> <p>b) 2 of 4 sprinklers in Operating Room 1 (OR1) had dry wall mud or paint on the deflectors.</p> <p>c) 1 of 4 sprinklers in OR 2 had dry wall mud or paint on the deflector.</p> <p>d) 1 of 1 sprinklers in the laundry had dry wall mud or paint on the deflector.</p> <p>The Clinical Director stated at the time of the observation, she was not aware of the problem.</p> <p>3. Based on observation and interview, the facility failed to ensure the spray pattern for 2 of 2 sprinkler heads within sterile storage room and the clean work room was unobstructed. LSC 4.6.12.2</p>				

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	<p>states life safety features, such as a sprinkler system, obvious to the public shall be maintained. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. NFPA 13, 1999 Edition Standard for the Installation of Sprinkler Systems, Section 5-8.5.1.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 5-8.5.2 and 5-8.5.3, or additional sprinklers shall be provided to ensure adequate coverage of the hazard. This deficient practice could affect any of the occupants.</p> <p>Findings include:</p> <p>Based on observation on 11/28/11 during the tour from 12:30 p.m. to 1:10 p.m. with the Clinical Director, the one sprinkler head in the sterile storage room and the one sprinkler head in the clean work room were obstructed by light fixtures in such a way the spray pattern of the sprinkler head would not provide adequate coverage of the rooms. Based on interview at the time of observation it was acknowledged by the Clinical Director, the spray pattern of</p>			

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	the sprinkler heads would not provide adequate coverage of the room.			