

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001015	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/28/2011
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NAME OF PROVIDER OR SUPPLIER INDIANA SURGERY CENTER-SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1550 E COUNTY LINE RD STE 100 INDIANAPOLIS, IN46227
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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: 005396 Provider Number: 15C0001015 AIM Number: 100274230A</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Indiana Surgery Center South 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>This facility located on the first floor of a three 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.</p>	K0000		
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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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K0048	<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>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</p> <p>1. Based on record review and interview, the facility failed to provide a complete 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</p>	K0048	The Center's "Fire Watch" policy was revised to include assignment of an impairment co-ordinator and requirement of notification of Indiana State Department of Health, insurance carrier and alarm company in the event that the automatic sprinkler system or the fire alarm system have been placed out of service for 4 hours or more in a 24 hour period. Responsible Person: Clinical Director	12/06/2011	

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	<p>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 notified. This deficient practice could affect all occupants of the facility including patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of "Policy and Procedure Manual: Fire Watch" documentation with the Clinical Director during record review from 9:20 a.m. to 11:25 a.m. on 11/28/11, the facility's written policy in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period did not assign an impairment coordinator and did not require notification of the Indiana State Department of Health, insurance carrier and alarm company. Based on interview at the time of record review, the Clinical Director acknowledged the written policy in the event the automatic sprinkler</p>				

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	<p>system has to be placed out of service for four hours or more in a twenty four hour period did not assign an impairment coordinator and did not require notification of the Indiana State Department of Health, the insurance carrier and the alarm company.</p> <p>2. Based on record review and interview, the facility failed to provide a complete written plan containing procedures to be followed in the event the fire alarm system has to be placed 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 of the facility including patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of "Policy and Procedure Manual: Fire Watch" documentation with the Clinical Director during record review from 9:20 a.m. to 11:25 a.m. on 11/28/11, the facility's written policy in the event the fire alarm system is out of service for four hours or more in a twenty four hour period did not include notifying the authority having jurisdiction. Based on interview at the time of record review, the Clinical Director acknowledged the written policy in the event the fire alarm system is out of service for four hours or</p>				

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K0050	<p>more in a twenty four hour period did not include notification of the Indiana State Department of Health.</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 conduct a fire drill on the first shift for 2 of 4 quarters and on the second shift for 3 of 4 quarters. This deficient practice affects all occupants in the facility including patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire and Evacuation Drill" documentation with the Clinical Director during record review from 9:20 a.m. to 11:25 a.m. on 11/28/11, there was no documentation available for review of a fire drill conducted on the first shift (6:00 a.m. to 6:00 p.m.) for the first and third quarter of 2011 or for the second shift (6:00 p.m. to 6:00 a.m.) for the second, third and fourth quarter. Based on interview at the time of record review, the Clinical Director acknowledged there</p>	K0050	<p>Fire drills will be conducted quarterly on each shift, equaling 2 drills per quarter; 8 drills per year. Responsible Person: Patient Rooms Team Leader/ Safety Co-ordinator Recurrence Prevention: Team Leader will select quarterly dates for fire drills and set alerts in the computer. Drills for both shifts will be conducted on the same day.</p>	12/15/2011	

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