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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001003 | X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____ | X3) DATE SURVEY COMPLETED 12/20/2012 |
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| NAME OF PROVIDER OR SUPPLIER PREMIER SURGERY CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 11141 PARKVIEW PLAZA DRIVE, SUITE 200 FORT WAYNE, IN 46845 |
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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: 12/20/12</p> <p>Facility Number: 005385 Provider Number: 15C0001003 AIM Number: 200349460A</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Premier 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 20, New Ambulatory Health Care Occupancies.</p> <p>This facility located on the second floor of a three story building was determined to be of Type II (111)</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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| | <p>construction and was fully sprinklered. The facility has a fire alarm system with duct detectors in the ventilation system and smoke detection in the mechanical rooms and the operating rooms.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/21/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | |

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| K0048 | <p>416.44(b)(1) LIFE SAFETY CODE STANDARD 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 Based on observation and interview, the facility failed to enforce the written fire safety plan for 1 of 3 exits. This deficient practice could affect a maximum of 5 patients.</p> <p>Findings include:</p> <p>Based on observation with the Director and the Business Office Manager on 12/20/12 at 1:00 p.m., the back exit double doors from the surgery area were obstructed by two patient transporting beds and three mobile carts. Based on an interview with the Director at 2:20 p.m., the transporting beds were obstructing the exits but to evacuate the patients in the event of an emergency, the patients would be transferred to the transporting beds and then evacuated.</p> | K0048 | <p>1. This deficiency was corrected on that date of the survey- all carts are now kept in an empty patient care room. No carts are left in the hallways which obstruct exits.2 & 3. The deficiency will be prevented in the future through staff education, monitoring of behaviors and enforcement by the Center Safety Officer, Andy Straub. The Director, Brandy Miller, MSN, RN, CNOR will be ultimately responsible for ensuring compliance.</p> | 12/20/2012 | | | |

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| K0050 | <p>416.44(b)(1) LIFE SAFETY CODE STANDARD 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 the fire drill included the transmission of the fire alarm signal for 3 of 4 quarters. LSC 20.7.1.2 requires fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement shall be permitted to be used instead of audible alarms. Inform 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 could affect all patients.</p> <p>Findings include:</p> <p>Based on review of the fire drill documentation with the Director and the OSC Maintenance Manager on 12/20/12 at 11:40 a.m., the fire drill form titled "Fire Drill</p> | K0050 | <p>1, 2. To correct the deficiency, the Safety Officer will now manually depress the fire alarm bases during all quarterly fire drills. The drill sheets now include confirmation of the alarm system functioning with manual depression of base; providing a prompt/reminder for the individual conducting the fire drill and permitting the transmission of the fire alarm signal for each drill conducted.3. The Safety Officer, Andy Struab, collaborating with Troy McBride, Building Maintenance personnel, will be responsible for the depression of the fire alarm system at the Center. The Director, Brandy Miller, MSN, RN, CNOR is ultimately responsible for ensuring compliance.</p> | 12/26/2012 | | | |

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| | Evaluation" indicated the fire drill did not include activation of the fire alarm system. Based on an interview with the OSC Maintenance Manager and the Director at the time of record review, the fire alarm system was only tested and sounded annually. The facility relied on their remote monitoring station to notify them of any trouble with the transmission of the fire alarm system. | | | |

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| K0051 | <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</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm panels in an area 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 20.3.4.1 requires requires ambulatory health care facilities to have fire alarm systems in accordance with Section 9.6. LSC 9.6.1.4 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.</p> <p>Findings include:</p> | K0051 | <p>1 & 2. The deficiency will be corrected through a) installing a smoke detector at the main panel and b) after professional review, it was determined that it can be moved to a location in our Center which will continuously be monitored while the Center is open/during hours of operation.3. Ann Jordan and Troy McBride from Duke Realty will be responsible for coordinating the quotations and install process for the above. Brandy Miller, Director of the Surgery Center, is ultimately responsible for ensuring it is completed appropriately.</p> | 02/15/2013 | | | |

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| | <p>Based on an observation with the OSC Maintenance Manager on 12/20/12 at 1:45 p.m., the fire alarm system panel located in the door 3 entrance vestibule was not provided with smoke detection. At the time of observation the OSC Maintenance Manager acknowledged a smoke detector was not provided at the fire alarm system panel.</p> <p>2. Based on observation and interview, the facility failed to provide annunciation for 1 of 1 fire alarm systems in a monitored area in accordance with NFPA 72. LSC 101, 20.3.4.1 requires fire alarm systems in Ambulatory Health Care Facilities shall be in accordance with section 9.6. LSC 9.6.1.4 requires compliance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> | | | | | | |

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| | <p>Findings include:</p> <p>Based on observation with the OSC Maintenance Manager on 12/20/12 at 12:45 p.m., a fire alarm panel was located in the door 3 entrance vestibule which was not continuously monitored by staff. The OSC Maintenance Manager said at the time of observation, the facility relied on their remote monitoring station to notify them of any trouble alert on the fire panel.</p> | | | | |

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| K0070 | <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C). 20.7.8, 21.7.8</p> <p>Based on observation and record review, the facility failed to enforce the policy for the use of 1 of 3 portable space heaters in the facility in accordance with NFPA 101, Section 20.7.8. This deficient practice could affect all patients and their guest in the front reception area which has a capacity of 35 occupants.</p> <p>Findings include:</p> <p>Based on observations with the Director and the OSC Maintenance Manager on 12/20/12 at 11:15 a.m., a space heater was in use near the desk of the front reception area which was open to the patient's waiting area. Based on a record review with the Director on 12/20/12 at 1:30 p.m., the policy stated the use of portable space heaters is allowed in the staff areas only.</p> | K0070 | 1, 2, & 3. This deficiency was corrected by the immediate removal of the device from the patient reception area. The front office staff have been notified of the expectation that portable heaters are only located in non-patient care areas. Candace Schweizer, Business Office Manager is responsible for education of staff, periodic monitoring, and enforcing of this rule. | 12/20/2012 | | | |

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| K0144 | <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</p> <p>Based on observation and interview, the facility failed to provide emergency task lighting in and around the generator set in accordance with NFPA 101, 2000 Edition, Life Safety Code. LSC Section 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110 Section 5-3.1 requires the EPS (Emergency Power Supply) equipment location shall be provided with battery powered emergency lighting. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the OSC Maintenance Manager on 12/20/12 at 1:55 p.m., the emergency generator was located in the outside in an block wall</p> | K0144 | <p>1 & 2. The deficiency will be corrected through the installation of battery powered emergency lighting to this area and including the testings of these lights with the regular generator testing. Having the lights installed and tested will prevent this deficiency from occurring again.3. Ann Jordan and Troy McBride from Duke Realty are responsible for providing the install quotes to the Surgery Center and installation for the lights.Brandy Miller, Director of the Surgery Center, is ultimately responsible for ensuring compliance.</p> | 02/15/2013 |

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| | enclosure that lacked battery powered emergency lighting. At the time of observation, the OSC Maintenance Manager confirmed the emergency generator enclosure area lacked a battery powered emergency light. | | | |