

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2013
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NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591
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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: 11/18/13</p> <p>Facility Number: 002897 Provider Number: 15C0001111 AIM Number: 200363570A</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Wabash Valley Eye Surgery Center was found not in compliance with Requirements for Participation in Medicare, 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 one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in all areas.</p> <p>Quality Review by Robert Booher, Life</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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K010144	<p>Safety Code Specialist-Medical Surveyor on 11/20/13.</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 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</p> <p>1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections for 1 of 1 emergency generators was available. LSC 7.9.2.3 refers to NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly. NFPA 99, 3-4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all patients, as well as staff and visitors in the facility.</p> <p>Findings include:</p>	K010144	Cummins Crosspoint was contacted on 12-18-2013 and requested to perform an annual Load Bank Test on the facility generator. I will create a new Generator Log that will record all necessary information weekly. The generator will continue to be ran weekly for 30 minutes and this will be documented on the new generator log.	12/05/2013

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	<p>Based on review of the facility's Generator Log on 11/18/13 at 11:30 a.m. with the Nursing Coordinator present, there was documentation on the log sheet to show visual inspections of the generators appurtenant components, however, these items were only documented once during each month. The only item documented every week was a check mark for the battery check. Based on interview at the time of record review, the Nursing Coordinator acknowledged the inspection of all appurtenant components of the generator was not documented every week, but only once a month.</p> <p>2. Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate</p>						

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	<p>rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all patients, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Generator Log on 11/18/13 at 11:30 a.m. with the Nursing Coordinator present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months. During an interview at the time of record review, the Nursing Coordinator confirmed the monthly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes, however, after speaking with the generator service vendor, the</p>			

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	Nursing Coordinator stated she was told the generator carried one hundred percent of the facility load when tested under load conditions once per week.				