STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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 Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 10/29/13 Facility Number: 002658 Provider Number: 15C0001099 AIM Number: 200316890A Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Muncie Cataract & Laser Eye Center LLC 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 This one story facility was determined to be of Type II (000) construction and was not sprinklered. The facility has a fire alarm system with smoke detectors in the corridors and in common areas. 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 11/04/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010144	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 Based on observation and interview, the facility failed to provide a working alarm annunciator for 1 of 1 generator sets in accordance with NFPA 101, 2000 Edition, Life Safety Code. LSC Section 21.2.9.2 requires each ambulatory health care facility shall be provided with an essential electrical system in accordance with NFPA 99, Health Care Facilities. NFPA 99, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as	K010144	Annunciator Repaired. An electrician came and repaired the wiring. The annuciator board now works appropriately. When the load test button pushed all lights illuminate and alarm sounds. The annuciator board will be checked monthly and will be added to the monthly safety check. Administrator will be in charge of overseeing this safety check.	11/04/2013

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	follows: a. Individual visual signals shall indicate the following: 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning b. Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following: 1. Low lubricating oil pressure 2. Low water temperature 3. Excessive water temperature 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed This deficient practice could affect all patients, staff and visitors. Findings include: Based on observation on 10/29/13 at 12:45 p.m. with the Administrator, the facility did have a remote annunciator for the generator located at the Nursing station, but the supervisory functions did not illuminate when the test button was tested. Based on interview on 10/29/13 concurrent with the test, it was acknowledged by the Administrator the			

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	generator alarm annunciator had not been working for the last twelve months.			
K010146	416.44(b)(1) LIFE SAFETY CODE STANDARD The ASC with no life support equipment has an alternate source of power separate and independent from the normal source that will be effective for minimum of 1½ hour after loss of normal source in accordance with NFPA 99. 3.6.3.1.1 Based on observation and interview, the facility failed to provide emergency lighting in 2 of 2 operating rooms where general anesthesia or life support equipment is used. LSC Section 21.2.9.2 requires ambulatory health care facilities to provide emergency lighting where general anesthesia or life support equipment is used to be in accordance with LSC Section 7.9. LSC Section 7.9.2.2 states an emergency lighting system shall be arranged to provide the required illumination automatically in the event of any of the following: (1) Interruption of normal lighting such as any failure of a public utility or other outside electrical power supply (2) Opening of a circuit breaker or fuse (3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities. LSC Section 7.92.5 requires the emergency lighting system to either be	K010146	Battery operated emergency lighting was ordered for each OR and will be installed by correction date. Each light will be tested for 30 seconds every month and for 90 minutes annually.Administrator will be in charge of overseeing this safety check.	11/29/2013

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	in continuous operation or be capable of repeated automatic operation without manual intervention. This deficient practice could any client or staff in the operating room. Findings include: Based on observations on 10/29/13 from 11:45 a.m. to 12:10 p.m., there was no battery operated emergency lighting to provide continuous illumination in the two operating rooms in the facility. Based on interview on 10/29/13 concurrent with the observations, the Administrator acknowledged an emergency generator is utilized to provide emergency lighting in the operating room but there is no battery operated back up emergency lighting system to provide continuous illumination in the operating room during the time it takes for the generator to resume electrical service.			