

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001156	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2013
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NAME OF PROVIDER OR SUPPLIER INDIANA SKIN CANCER AMBULATORY SURGICAL CENTER LL	STREET ADDRESS, CITY, STATE, ZIP CODE 701 E COUNTY LINE RD STE 208 GREENWOOD, IN 46143
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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: 11/06/13</p> <p>Facility Number: 005648 Provider Number: 15C0001156 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Indiana Skin Cancer Ambulatory Surgical Center, LLC 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 20, New Ambulatory Health Care Occupancies.</p> <p>The facility located on the second floor of a three story building determined to be of Type II (000) construction was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</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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K010051	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/13.</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 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 1. Based on record review and interview, the facility failed to ensure 33 of 33 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC Section 20.3.4.1 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, at 7-3 requires smoke detector testing to be in</p>	K010051	<p>This deficiency has been corrected. Mulhaupts Inc did Function and Sensitivity testing for all smoke detectors, duct detectors, and pull stations on 11.19.2013 and the location and results of all that testing is listed in their report. This deficiency will be prevented in the future by adding the specific inspection type needed annotated in our master ASC monitor book matrix. Dr. Michael Murphy is responsible for this correction. This deficiency was corrected on 11.19.2013</p>	11/19/2013			

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	<p>accordance Section 7-3, Inspection and Testing Frequencies. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and 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 						

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	<p>jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. NOTE: The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector.</p> <p>This deficient practice affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Mulhaupt's Inc. "Function and/or Sensitivity" documentation dated 12/28/10 with the Clinical Manager during record review from 10:45 a.m. to 12:15 p.m. on 11/06/13, it has been more than two years since the most recent documented sensitivity testing of facility smoke detectors was performed. Based on interview at the time of record review, the Clinical Director stated no other sensitivity testing documentation was available for review and acknowledged it has been more than two years since the most recent documented sensitivity testing of facility smoke detectors was performed.</p> <p>2. Based on record review and interview, the facility failed to ensure</p>						

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	<p>documentation for 1 of 1 facility fire alarm system's annual testing was in accordance with NFPA 72, National Fire Alarm Code. LSC 20.3.4.1 requires ambulatory health care facilities be provided with fire alarm systems in accordance with 9.6. LSC 9.6.1.4 states the fire alarm system shall be tested and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 7-5.2.2 refers to Figure 7-5.2.2 which requires fire alarm system initiating and supervisory device inspections to list the device location. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Mulhaupt's Inc. "Function and/or Sensitivity" documentation dated 12/21/12 with the Clinical Manager during record review from 10:45 a.m. to 12:15 p.m. on 11/06/13, the fire alarm system inspection report listed the total number of fire alarm system devices tested but did not list each device location and the result of individual testing. A total of 27 smoke detectors, 6 duct detectors and 9 fire alarm boxes were listed under the "Alarm Initiating Devices and Circuit Information" section of the aforementioned report but the location</p>			

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K010144	<p>and results of functional testing were listed for only 27 smoke detectors in the "Function and/or Sensitivity" section of the report. Based on interview at the time of record review, the Clinical Director stated no additional fire alarm system device inspection reports for the last year were available for review and acknowledged the 12/21/12 fire alarm system inspection report did not list each alarm initiating device location and the result of individual testing for duct detectors and manual pull stations in the facility.</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</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was maintained to ensure operation when needed as an alternate source of power. NFPA 99, Health Care Facilities, 1999</p>	K010144	<p>This deficiency will be adressed as follows.1. The generator will be exercised at least monthly for 30 minutes under operating temperature conditions. This will begin in December 2013.2. Annual load bank testing will be</p>	12/06/2013

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	<p>Edition, Chapter 3-4.1.1.4 states generator sets installed as an alternate source of power for essential electrical systems shall be designed to meet the requirements of such service and shall be in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 99, Chapter 3-4.4.2 states a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 110, 6-3.4 states a written record of Emergency Power Supply System (EPSS) inspections and repairs shall be maintained on the premises and shall include notation of any unsatisfactory condition and the corrective action taken, including parts replaced. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "MacAllister Power System Level 2 Inspection" documentation dated May 2013 with the Clinical Manager and the Building Engineer during record review from 10:45 a.m. to 12:15 p.m. on 11/06/13, the emergency generator "engine wiring and electrical connection" was checked as "Unsatisfactory." In addition, the</p>		<p>performed by Cummins on 11.26.13 and will continue annually after that time.3. The J-Box isolators will be replaced by McCallisters or Cummins by 12.6.20134. The remote manual stop will be placed by Cummins by 12.6.2013These deficiencies will be prevented in the future by monitoring these exact generator maintenance requirements in our ASC monitors matrix. Dr. Murphy is responsible for these corrections.As listed above some of these corrections will occur by 11.26.13 and some by 12.6.2013.</p>				

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	<p>aforementioned inspection report stated the engine wiring and electrical connections "Needs J-Box Isolators Replaced." Based on interview at the time of record review, the Building Engineer and the Clinical Manager stated subsequent repair or replacement documentation was not available for review and acknowledged documentation of J-Box Isolators being replaced was not available for review.</p> <p>2. Based on record review and interview, the facility failed to ensure monthly generator load testing for 12 of 12 months was performed using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. NFPA 99, the Standard for Health Care Facilities, Chapter 3-4.4.1.1 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature</p>			
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	<p>conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. Chapter 3-4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Weekly Generator Test Log Sheet" with the Clinical Manager and the Building Engineer during record review from 10:45 a.m. to 12:15 p.m. on 11/06/13, weekly load test documentation for the fifty two week period of 09/27/12 through 09/25/13 indicated the emergency generator was exercised for a period of 25 minutes or less and was not performed using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum</p>			

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	<p>exhaust gas temperatures as recommended by the manufacturer. In addition, documentation of annual load bank test conducted for the most recent twelve month period was not available for review. Based on interview at the time of record review, the Building Engineer stated the emergency generator is load tested on a weekly basis for twenty minutes and has a five minute cool down period for a total of 25 minutes. In addition, the Building Engineer and Clinical Director acknowledged documentation of an annual load bank test for the most recent twelve month period was not available for review and acknowledged the aforementioned documentation does not state load tests were performed using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the</p>			

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	<p>requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level 2 installations shall have a remote manual stop station of a type similar to a break glass station located outside of the room where the prime mover is located. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Clinical Manager and the Building Engineer during at 10:35 a.m. on 11/06/13, a remote shut off device was not found for the 200 kW diesel fired emergency generator. Based on interview at the time of observation, the Clinical Manager and the Building Engineer stated the emergency generator was manufactured after 2003 and acknowledged there is no remote emergency shut off device for the emergency generator.</p>						