STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/06/2013
NAME OF PROVIDER OR SUPPLIER SULLIVAN SURGICENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 320 N SECTION ST SULLIVAN, IN 47882	

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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: 02/06/13 Facility Number: 003633 Provider Number: 15C0001133 AIM Number: 200503030A Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Sullivan Surgicenter 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. This three story facility was determined to be of Type I (332) construction and partially sprinklered. The facility has a fire alarm system with smoke detection in corridors and hazardous areas. Sprinklers were located in the maintenance shop and rooms 101 and 309.	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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	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/12/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K010048	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 record review and interview, the facility failed to provide a written policy for the protection of all occupants containing procedures to be followed in the event the fire alarm system has to be placed out of services for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 which states the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. Furthermore, the facility failed to provide a written policy for the protection of all occupants 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, 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be	K010048	1. Policy 900.41 was located and revised to meet standards on 2/27/13.2. Update policies to meet standards. It outage occurs, follow policy according to guidelines.3. C. Lim, MD - Administrator and Maintenance Supervisor 4. 2/27/13	02/27/2013

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	notified. This deficient practice could affect all occupants in the facility. Findings include: Based on review of the facility's Fire Safety book and the Fire Watch folder on 02/06/13 at 10:30 a.m., the facility did not have a written policy and procedure for an impaired fire alarm system or sprinkler system. This was acknowledged by the Maintenance Supervisor at the time of record review.			

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K010050	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 Based on record review and interview, the facility failed to ensure fire drills were performed on each shift for 2 of 4 quarters. This deficient practice could affect all occupants in the facility. Findings include: Based on review of fire drill documentation in the Fire Safety book on 02/06/13 at 10:00 a.m. with the Maintenance Supervisor present, the facility lacked written documentation or other evidence fire drills were conducted during the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2012. During an interview at the time of record review, the Maintenance Supervisor indicated there was no other written documentation fire drills were conducted during the third and fourth quarters of 2012.	K010050	1. 2/27/13 Fire Drills will be performed quarterly throughout the year according to policy.2. Fire Drills will be performed quarterly throughout the year according to policy and documented to ensure they are done according to schedule.3. C. Lim, MD - Administrator and Maintenance Supervisor4. 2/27/13	02/27/2013

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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 1. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems was maintained for 10 of 12 months. 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 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 occupants in the facility. Findings include: Based on review of the facility's	K010144	1. We have ordered a battery powered annunciation panel and it will be installed by maintenance when it is delivered. 2. Maintenance department will ensure that the annunciation panel is working properly. 3. C. Lim, MD and Maintenance Dept. Supervisor 4. 3/01/13 Changed to: 1.We have ordered a battery powered annunciation panel and it will be installed by maintenance when it is delivered. 2. Maintenance department will ensure that the annunciation panel is working properly. Panel was ordered 3/14/13. The estimated date of delivery is 7-10 business days. Estimated date of installation and up and running is May 1st. Log book will be kept to record load testing. Load testing will be performed on a weekly bases. 3. C. Lim, MD and Maintenance Dept. Supervisor Reno Lim 4. 3/14/13	03/01/2013

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	Generator Log on 02/06/13 at 10:45 a.m. with the Maintenance Supervisor present, the generator log form was documented to be tested monthly under load, however, there were no monthly load tests documented during February, March, April, May, June, July, August, October, November, and December of 2012. This was acknowledged by the Maintenance Supervisor at the time of record review. 2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 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 follows: (a) Individual visual signals shall indicate: 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			

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	engine-generator alarm condition shall indicate: 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. Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all the patients as well as visitors and staff. Findings include: Based on observation on 02/06/13 between 11:15 a.m. to 12:30 p.m. during a tour of the facility with the Maintenance Supervisor, a remote alarm annunciator for the emergency generator was not provided at a location readily observed by operating personnel at all times. During an interview at 12:35 p.m., the Maintenance Supervisor confirmed the facility was not provided with a remote			

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	alarm annunciator for the emergency generator at a location readily observed by operating personnel at all times while facility was open.			

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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 record review, interview and observation; the facility failed to ensure 6 of 6 battery powered light sets were tested monthly for 30 seconds and annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all occupants in the facility. Findings include: Based on review of the Fire Safety book and the Generator Log book on 02/06/13	K010146	1. 2/27/13 The six battery back up light sets will be tested for a minimum of thirty seconds monthly and ninety minutes annually.2. The six battery back up light sets will be tested for a minimum of thirty seconds monthly and ninety minutes annually. Administrator will review log book to ensure that it is being done.3. C. Lim, MD - Administrator4. 2/27/13	02/27/2013

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	at 10:30 a.m. with the Maintenance Supervisor present, there was no documentation to show the six battery back up light sets, located throughout the facility, had been tested monthly for thirty seconds and a ninety minute annual test within the past twelve months. Based on interview at the time of record review, the Maintenance Supervisor said the two battery back up light sets at the generator were tested monthly, however, they were only tested for four to ten seconds once a month during a weekly generator test/inspection which was documented on the weekly Generator Log form, furthermore, the Maintenance Supervisor said there was no other documentation available to show a thirty second monthly test and a ninety minute annual test in the past twelve months for the six battery back up light sets.			