

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001033	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/02/2012
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NAME OF PROVIDER OR SUPPLIER INDIANA SURGERY CENTER NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8040 CLEARVISTA PKWY STE 150 INDIANAPOLIS, IN 46256
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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: 11/02/12</p> <p>Facility Number: 005973 Provider Number: 15C0001033 AIM Number: 100385760B</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Indiana Surgery Center North 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 21, Existing Ambulatory Health Care Occupancies.</p> <p>This facility located on the first floor, second floor and basement of a five story building with a basement was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in the basement, the corridor</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>in the PreOp area, the second floor and in the Sterile Process Room.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/08/12.</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</p> <p>1. Based on record review and interview, the facility failed to provide a complete written plan containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 which requires the authority having jurisdiction be notified and the building evacuated or an approved fire watch provided until the fire alarm system has been returned to service. This deficient practice could affect all patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of "Policy & Procedure: Safety-Fire Watch" documentation with the Executive Director during record review from 9:20 a.m. to 11:15 a.m. on 11/02/12, the facility's written policy in the event the fire alarm system is out of service for four hours or more in a twenty four hour period did not include notification of the Indiana State Department of Health which is the authority having jurisdiction. Based on interview at the time of record review, the Executive Director acknowledged the</p>	K0048	<p>The following statement has been added to the facility's Safety Fire Watch Policy. Upon notification of a system outage that is anticipated to last more than four hours in a 24 hour period, VEI Real Estate Services will initiate the following fire watch procedures:</p> <p>1. VEI Real Estate Services will contact and alert to the condition to following entities:</p> <p>(a) Indianapolis Fire Department (b) Indiana State Department of Health, the authority having jurisdiction (c) Community Health Network Security</p> <p>Education on this policy has been provided to all managers at the facility as well as to VEI Real Estate Services. Responsible Party: Shannon Arrendale</p>	11/20/2012			

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	<p>written fire watch policy did not include notification of the Indiana State Department of Health in the event the fire alarm system is out of service for four hours or more in a twenty four hour period.</p> <p>2. Based on record review and interview, the facility failed to provide a complete written plan 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 which requires the authority having jurisdiction be notified and the building evacuated or an approved fire watch provided until the sprinkler system has been returned to service. In addition, sprinkler impairment procedures shall comply with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. This deficient practice could affect all patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of "Policy & Procedure: Safety-Fire Watch" documentation with the Executive Director during record review from 9:20 a.m. to 11:15 a.m. on 11/02/12, the facility's written policy in the event the automatic sprinkler system</p>			

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	is out of service for four hours or more in a twenty four hour period did not include notification of the Indiana State Department of Health which is the authority having jurisdiction. Based on interview at the time of record review, the Executive Director acknowledged the written fire watch policy did not include notification of the Indiana State Department of Health in the event the automatic sprinkler system is out of service for four hours or more in a twenty four hour period.			

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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 Based on record review and interview, the facility failed to conduct quarterly fire drills on all shifts at unexpected times under varying conditions for 4 of 4 quarters which included the transmission of the alarm. LSC 21.7.1.2 requires fire drills in ambulatory health care facilities to include the transmission of the fire alarm signal. 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. Exception: Infirm 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 affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Indiana Surgery Center: Fire Drill" documentation with the Executive Director during record review from 9:20 a.m. to 11:15 a.m. on 11/02/12, the following was noted: a. all four quarterly fire drills conducted on the first shift on 03/19/12, 06/20/12, 08/21/12 and 10/26/12 were conducted at,</p>	K0050	To ensure completion and documentation of, fire drills will remain a standing agenda item on the every other month Safety Committee Meeting Agenda. The previously defined three work shifts will be re-defined inot two: days and nights. Documentaion from various day shift departemnts will be combined into one report. The same will be done for night shift. The result will be two reports (days and nights) for each quarter.The Safety Committee is the entity that schedules the quarterly fire drills. Times of the drills will not be allowed to be duplicated within the four quarters of any given calendar year and must vary a minimum of one hour.Responsible Party: Safety Committee	11/30/2012	

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	<p>respectively, 9:15 a.m., 9:15 a.m., 9:00 a.m. and 9:00 a.m.</p> <p>b. documentation of a fire drill being conducted on the second shift for the fourth quarter 2011 was not available for review.</p> <p>c. documentation for the first quarter 2012 second shift fire drill conducted on 03/19/12 did not include the time of day the drill was conducted and the transmission of the fire alarm signal. Based on interview at the time of record review, the Executive Director acknowledged first shift fire drills were not conducted at unexpected times under varying conditions, documentation of a second shift fourth quarter 2011 fire drill was not available for review and a second shift fourth quarter 2012 fire drill has yet to be conducted, and documentation for a second shift fire drill conducted on 03/19/12 did not include the time of day the drill was conducted and the transmission of the fire alarm signal.</p>			

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K0064	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided. 20.3.5.2, 21.3.5.2</p> <p>Based on observation and interview, the facility failed to inspect 1 of 13 portable fire extinguishers each month. LSC 21.3.5.2 requires fire extinguishers be provided in accordance with 9.7.4.1. LSC 9.7.4.1 requires portable fire extinguishers shall be installed, inspected and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. NFPA 10, Section 4-3.4.2 requires fire extinguisher inspections monthly with at least the date of inspection and the initials of the person performing being recorded. In addition, NFPA 10, Section 4-2.1 defines inspection as a "quick check" a fire extinguisher is available and will operate. It is intended to give reasonable assurance the fire extinguisher is fully charged and operable, verifying it is in its designated place, it has not been actuated or tampered with, and there is no obvious or physical damage or condition to prevent its operation. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and the Maintenance Director during a tour of the facility from 11:50</p>	K0064	The fire extinguisher in question was newly added within the last year. It was an oversight that it was not added to the Center list of extinguishers needing to be checked on a monthly basis. The fire extinguisher in question has been inspected and has been added to the list of extinguishers for the Center. Responsible Party: VEI Property Management	11/16/2012			

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	a.m. to 1:15 p.m. on 11/02/12, the monthly inspection tag attached to the portable fire extinguisher located at the emergency generator had no documentation of monthly inspections for May 2012 through October 2012. Based on interview at the time of observation, the Maintenance Director acknowledged monthly checks for the portable fire extinguisher located at the emergency generator were not documented for May 2012 through October 2012.			

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K0077	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA 99.</p> <p>Based on record review and interview, the facility failed to provide functional warning alarms for 1 of 1 medical vacuum system master alarm systems in accordance NFPA 99, Standard for Health Care Facilities, 1999 Edition. NFPA 99 at Chapter 4-3.2.2.8(a) states master alarm system signal panels shall be located in two separate warning locations to ensure continuous responsible observation. The master alarm signal panels shall be actuated by the vacuum switch described in 4-3.2.2.8(b) and shall provide a visual and audible signal. This deficient practice could affect all patients.</p> <p>Findings include:</p> <p>Based on review of Artec Environmental Monitoring "Medical Gas System of Indiana Surgery Center North" documentation dated 09/06/12 with the Executive Director during record review from 9:20 a.m. to 11:15 a.m. on 11/02/12, testing results for the master alarm system for the medical vacuum system signal panels in the OR Hallway and on the second floor were listed as "Fail" because "missing lag pump in use and/or malfunction signal." Based on interview at the time of record review, the</p>	K0077	The functional warning alarms for the medical vacuum system master alarm systems are scheduled for repair the week of 11/27. Documentation of the repair will be submitted once received. Responsible Party: Executive Director	11/30/2012	

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	Executive Director stated documentation of the repair or replacement of the master alarm system signal panels for the medical vacuum system was not available for review and acknowledged the master alarms for the medical vacuum system signal panels in the OR Hallway and on the second floor were listed as "Fail."			

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K0140	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Master alarm panels are in two separate locations and have audible and visible signals. There are high/low alarms for +/- 20% operating pressure. This section is in accordance with NFPA 99. 4.3.1.2.2 Based on record review and interview, the facility failed to provide functional warning alarms for 1 of 1 medical vacuum system master alarm systems in accordance NFPA 99, Standard for Health Care Facilities, 1999 Edition. NFPA 99 at Chapter 4-3.2.2.8(a) states master alarm system signal panels shall be located in two separate warning locations to ensure continuous responsible observation. The master alarm signal panels shall be actuated by the vacuum switch described in 4-3.2.2.8(b) and shall provide a visual and audible signal. This deficient practice could affect all patients.</p> <p>Findings include:</p> <p>Based on review of Artec Environmental Monitoring "Medical Gas System of Indiana Surgery Center North" documentation dated 09/06/12 with the Executive Director during record review from 9:20 a.m. to 11:15 a.m. on 11/02/12, testing results for the master alarm system for the medical vacuum system signal panels in the OR Hallway and on the second floor were listed as "Fail" because</p>	K0140	The functional warning alarms for the medical vacuum system master alarm systems are scheduled for repair the week of 11/27. Documentation of the repair will be submitted once received. Responsible Party: Executive Director	12/28/2012			

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	"missing lag pump in use and/or malfunction signal." Based on interview at the time of record review, the Executive Director stated documentation of the repair or replacement of the master alarm system signal panels for the medical vacuum system was not available for review and acknowledged the master alarms for the medical vacuum system signal panels in the OR Hallway and on the second floor were listed as "Fail."			

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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, 8.4.2</p> <p>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 requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level II 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. NFPA 110, 7-1 states NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, contains mandatory requirements for emergency generators and shall be considered part of the requirements of this standard. NFPA 37, 8-2.2(c) requires emergency generators of 100 horsepower or more have provisions for shutting down the engine at the engine and from a remote location. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include: Based on observation with the Executive</p>	K0144	A remote shut off device was installed for the generator in question. Documentation of the install is attached. Responsible Party: VEI Property Management	11/05/2012			

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	<p>Director and the Maintenance Director during a tour of the facility from 11:50 a.m. to 1:15 p.m. on 11/02/12, a remote shut off device was not found for the 300 kW diesel fired emergency generator. Based on interview at the time of observation, the Maintenance Director stated the emergency generator was installed prior to 2003 and acknowledged there is no remote emergency shut off device for the emergency generator.</p>			