

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001087	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/13/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY SURGERY CENTER EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5445 E 16TH ST INDIANAPOLIS, IN 46218
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(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
K 0000  Bldg. 01	<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: 07/13/15</p> <p>Facility Number: 010817 Provider Number: 15C0001087 AIM Number: NA</p> <p>At this Life Safety Code survey, Community Surgery Center East 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 one story building was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors.</p>	K 0000		
K 0050  Bldg. 01	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times</p>			

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>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</p> <p>1. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the second shift for 4 of 4 quarters. This deficient practice affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Executive Director from 9:45 a.m. to 11:40 a.m. on 07/13/15, four of five fire drills conducted on the second shift were not conducted at unexpected times under varying conditions. Second shift fire drills conducted on 08/01/14, 10/29/14, 03/05/15, 06/03/15 were conducted at 6:06 p.m., 6:37 p.m., 6:00 p.m. and 6:00 p.m. Based on interview at the time of record review, the Executive Director stated the second shift is from 6:00 p.m. to 6:00 a.m. and acknowledged the aforementioned second shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>2. Based on record review and interview, the facility failed to ensure documentation for 2 of 10 fire drills conducted in the most recent twelve</p>	K 0050	<p>1 All future quarterly fire drills will be conducted at varied times for the shift</p> <p>2 Quarterly audits will be conducted to monitor the varied times of the fire drill for the second shift</p> <p>3 The Administrator in conjunction with the Director of Nursing</p>	08/03/2015			

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K 0115  Bldg. 01	<p>month period included the time of day the fire drill was conducted. This deficient practice affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Executive Director from 9:45 a.m. to 11:40 a.m. on 07/13/15, 2 of 10 fire drills conducted in the most recent twelve month period did not include the time of day of the fire drill was conducted. Documentation for the fire drill conducted on 02/12/15 stated it was a "Day" shift fire drill but it did not include the time of day the fire drill was conducted. Documentation for the fire drill conducted on 11/12/14 stated it was an "Eve" shift fire drill but it did not include the time of day the fire drill was conducted. Based on interview at the time of record review, the Executive Director acknowledged documentation for the aforementioned fire drills did not include the time of day each fire drill was conducted.</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD Ambulatory health care facilities are divided into at least two smoke compartments with smoke barriers having at least 1 hour fire resistance rating. Doors in smoke barriers</p>			

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	<p>are equipped with positive latcher. Doors are constructed of not less than 1¾ inch thick solid bonded core wood or equivalent. Vision panels are provided and are of fixed wire glass limited to 1,296 sq. inch per panel. 20.3.7.1, 20.3.7.2, 20.3.7.3, 21.3.7.1, 21.3.7.2, 21.3.7.3</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 2 smoke barriers was protected to maintain the one hour fire resistance rating of the smoke barrier. This deficient practice could affect all patients and staff if smoke from a fire were to infiltrate the protective barrier.</p> <p>Findings include:</p> <p>Based on review of facility floor plan documentation with the Executive Director from 9:45 a.m. to 11:40 a.m. on 07/13/15, the facility measures greater than 10,000 square feet and Community Surgery Center East occupies the entire one story building. A one hour fire rated smoke barrier wall separates the facility into at least two smoke compartments at the east side of the nurses station. Based on observation with the Clinical Director and the VEI Facility Maintenance Manager during a tour of the facility from 1:50 p.m. to 3:20 p.m. on 07/13/15, a smoke barrier door set in the one hour fire rated smoke barrier wall separating the patient recovery area from the</p>	K 0115	<p>1 All future documentation around the quarterly fire drills will include the time of day the fire drill was conducted for the respective shift</p> <p>2 Quarterly documentation audits will be conducted to monitor the completion and the accuracy of the documentation to reflect the time of day the drill was conducted</p> <p>3 The Administrator in conjunction with the Director of Nursing</p>	08/03/2015

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	operating rooms smoke compartment at the east side of the nurses station was missing and not in place. Based on interview at the time of observation, the VEI Facility Maintenance Manager stated the former door set which was in place had been damaged, was taken out and needed to be replaced. The VEI Facility Maintenance Manager stated a new door set to replace the former door set was on order and acknowledged the aforementioned smoke barrier was not protected to maintain the one hour fire resistance rating of the smoke barrier at the east side of the nurses station.			