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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15C0001070 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/16/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ADVANCED SURGERY CENTER LLC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1400 TEAL RD STE 7<br>LAFAYETTE, IN 47905 |
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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: 12/16/13</p> <p>Facility Number: 009776<br/>Provider Number: 15C0001070<br/>AIM Number: 200147980A</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Advanced Surgery 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 21, Existing Ambulatory Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in hazardous areas.</p> | K010000 |  |  |
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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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| K010029            | <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/06/14.</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)<br/>LIFE SAFETY CODE STANDARD<br/>Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems 38.3.2, 39.3.2</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 openings in mechanical room ceiling and/or wall smoke barriers were sealed to maintain the smoke resistance of the walls and ceilings. LSC 8.3.2 requires smoke barriers to extend from an outside wall to an outside wall. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the director of nurses on 12/16/13 at 12:25 p.m., six</p> | K010029       | <p>All openings were filled with "Flame Seal" fire, smoke &amp; draft stop sealant that is 1,2 3, &amp; 4 hour fire resistant rated on 1/10/14. The Director inspected the openings again on Tuesday Feb 4, 2014 and found two openings that still contained a foam type sealant in the mechanical room. The ASC's maintenance technician was notified and will remove the foam and fill the openings with the same Flame Seal as stated above. This will be completed on Friday, Feb 7, 2014. (cancelled from Feb 5 due to weather conditions).</p> | 01/10/2014           |

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| K010051   | <p>mechanical room ceiling and wall penetrations by cable and pipe were unsealed leaving gaps of one half to one inch. The director of nurses acknowledged at the time of observation, the gaps were unsealed and opened into the exit corridor above the lay in ceiling.</p> <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>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<br/>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. LSC 21.3.4.1 refers to 9.6. LSC 9.6.1.4 requires installation of the fire alarm system in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient</p> | K010051   | Currently, the panel is labeled in red reading " Fire alarm panel" until the ordered sign for the door arrives. This writing is at eye level next to the handle to open the panel for easy viewing. | 01/30/2014   |  |   |  |

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| K010064            | <p>practice could affect all patients as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the director of nurses on 12/16/13 at 1:10 p.m., the fire alarm system circuit breaker located in the mechanical room circuit breaker box lacked the red marking to identify it. The director of nurses said at the time of observation, she was not aware the fire alarm circuit breaker was to be identified in a specific way.</p> <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>Portable fire extinguishers are provided.<br/>20.3.5.2, 21.3.5.2</p> <p>Based on observation and interview, the facility failed to provide 2 of 2 portable fire extinguishers with a verification of service collar. LSC 21.5.2 refers to LSC 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, 4-4.4.2 requires each extinguisher that has undergone maintenance which includes</p> | K010064       | <p>Simplex grinell was called. A fire extinguisher service man came to the ASC on Friday Jan 31, 2014 to verify that the extinguishers were manufactured in 2009. The imprint was found on the bottom of each extinguisher. A label was placed reading "2009" on each. A service collar or service tag was present on all extinguishers. An extra collar would need placed if extinguisher is more than 6 years old, which these are not per Simplex. in 2015, Simplex will</p> | 01/31/2014           |

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|   | <p>internal examination or has been recharged (see 4-5.5) shall have a "Verification of Service" collar located around the neck of the container. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the container unless the valve is completely removed. The collar shall not interfere with the operation of the fire extinguisher. The "Verification of Service" collar shall include the month and year the service was performed, indicated by a perforation such as is done by a hand punch. Each extinguisher that has undergone the six year maintenance procedure shall have a "Verification of Service Collar" around the neck of the extinguisher indicating date of 6 year maintenance. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the director of nurses on 12/16/13 between 12:10 p.m. and 3:00 p.m., portable fire extinguishers in the surgery suite and recovery room each lacked a stamp or other evidence of their manufacture date, or a verification of service collar. The director of nurses acknowledged at</p> |   | replace with new extinguishers.   |  |  |   |  |

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| K010076            | <p>the time of observations, there was nothing to identify the date of manufacture or a six year service date.</p> <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities, and NFPA 101.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside.</p> <p>4.3.1.1.2, 20.3.2.4, 21.3.2.4<br/>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen supply storage rooms provided at least a one hour fire-resistance rating. NFPA 99, 8-3.1.11.1 requires that storage for nonflammable gases shall comply with 4-3.1.1.2. NFPA 99, 4-3.1.1.2(a)2 requires at least one hour fire resistant enclosures shall be provided for the storage of oxidizing agents such as oxygen. This deficient practice could affect 2 or more occupants in the exit corridor adjacent to the medical gas</p> | K010076       | The openings were sealed with "Flame Seal: fire, smoke and draft stop sealant. 1, 2,3, & 4 hour fire resistance rated. | 01/10/2014           |

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| K010077 | <p>supply room.</p> <p>Findings include:</p> <p>Based on observation with the director of nurses on 12/16/13 at 1:45 p.m., the medical gas supply storage room had oxygen manifold wiring penetrating two walls of the room. The penetrations were unsealed leaving half inch gaps. The director of nurses agreed at the time of observation, the walls could not provide the one hour fire resistance if the penetration was not sealed.</p> <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>Piped in medical gas systems comply with NFPA 99.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 gas systems complied with the requirements of NFPA 99, 4-3.2.2.10(a) which requires a vacuum gauge shall be provided in the main vacuum line adjacent to the actuator (vacuum switch) for the master alarms, with this gauge located immediately upstream (on the terminal or inlet side) terminal or inlet of the source valve (the main line valve, if so equipped). Those with "normal</p> | K010077 | <p>Artec gas systems were contacted on Mon, Feb 3, 2014. On Wednesday, Feb 5, 2014, the Director of Nursing Spoke with Mary from Artec. Mary is preparing a service invoice and will email the Director of Nursing with the price quote for the repair on Feb 5 or Feb 6 2014. Once received, the Director will schedule a time for Artec to place the gauge on the medical vacuum system. Per Artec, they estimate a repair by Feb 21,2014.</p> | 02/14/2014 |
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| K010130   | <p>range" display shall indicate normal only between 12 and 19 inches Hg (vacuum). This deficiency could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the Medical Vacuum System inspection records dated 05/30/13 on 12/16/13 at 2:30 p.m. with the director of nurses, the inspection record noted "failed" due to a mainline pressure gauge missing at the pressure switch. The director of nurses said at the time of record review, she was unaware there had been any failure in the inspection report and nothing had been done to correct the deficiency.</p> <p>NFPA 101<br/>MISCELLANEOUS<br/>OTHER LSC DEFICIENCY NOT ON 2786<br/>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler system post indicator valves was supervised. NFPA 101, 9.7.2.1 requires supervisory attachments shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system.</p> | K010130   | Simplex Grinnell will be to the ASC on Feb 7, 2014 to review monitoring of the sprinkler system. Currently the system has a pad lock and an alarm. This citation was sent to Simplex for review. Simplex will meet with the director of nursing at their maintenance visit on Feb 7 to meet standards per this citation. Simplex met with DON on Friday, Feb 7 at 830 am. . | 02/07/2014   |  |   |  |

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| K010144   | <p>Monitoring shall include control valves such as the post indicator valve. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the director of nurses on 12/16/13 at 12:40 p.m., the post indicator valve (PIV), a control valve for the automatic sprinkler system was located in the front of the facility. The PIV was chained but there was no evidence of any electronic supervision. The director of nurses acknowledged at the time of observation, the PIV valve was secured with a padlock.</p> <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>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<br/>1. Based on record review and interview, the facility failed to ensure a</p> |   |  | K010144  | <p>Simplex Grinnel is to provide the ASC with a quote to add the needed electronic monitoring. Once the quote is received, an appointment for necessary repairs will be made. Simplex's estimated time frame for repair is Feb 17th- Feb 28, 2014.</p> <p>MacAllister Power Systems were emailed the citation. The DON</p> |   | 02/07/2014           |

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|   | <p>monthly load test for 1 of 1 emergency generators was conducted 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 that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 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 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. 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 affects all occupants.</p> |   | <p>spoke with Dan from MacAllister, an appointment was set for Friday, Feb 7. The service technician educated the DON on functioning, load test monitoring and how to start the generator manually if needed. When ISDH was present, the DON was unable to start the generator manually. MacAllister also could not start the generator. The main power supply was shut off and generator still did not turn on. The technician checked the generator and the control panels. The tech found the problem was a breaker located on the generator itself that had been moved or turned off in some way. The breaker was turned back on and generator was tested and functioning properly. The technician also instructed the DON on how to do a load test and document the necessary information required in this citation. This will be done on Thursdays mornings each week and a load test will run for 30 min. At this time, the load time (amps) will be documented in the weekly forms for the generator. MacAllister also provided the ASC with sample forms to be used to add the necessary monitoring to the paperwork. They sent a weekly and a monthly generator report sheet. On Monday, Feb 10,2014 an in-service is scheduled for ASC staff on the proper way to check the generator, the new</p> |  |  |   |  |

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|   | <p>Findings include:</p> <p>Based on interview and review of the emergency generator maintenance and testing records with the director of nurses on 12/16/13 at 2:45 p.m., weekly emergency generator tests were documented but incomplete. The director of nurses said at the time of record review, the generator ran under load for 30 minutes weekly, however, the record didn't include readings to show the generator was under load, the percent load carried during each test and the time for the transfer of load. A generator contractor's preventive maintenance record dated 03/20/13 noted the generator was tested under load for an hour and the transfer time was recorded at four seconds.</p> <p>2. Based on observation and interview, the facility failed to ensure the emergency generator could be inspected weekly. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires weekly maintenance of the emergency generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-3.6 requires storage batteries used for</p> |   | documentation and also when to alert the DON to problems or the inability to perform the necessary weekly and monthly checks. The ASC calls their snow removal company to now clear the snow at the gate opening and inside the gate so that the ASC staff can access the generator without difficulty. When the pad lock freezes, the staff are using "De-icer" spray and this allows the lock to be opened. |  |  |   |  |

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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 |
|--------------------|--|---------------|---|----------------------|
|                    | <p>generator sets in Level 1 and 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. 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 affects all occupants.</p> <p>Findings include:</p> <p>Based on observation of the emergency generator with the director of nurses on 12/16/13 at 12:35 p.m., the generator was located within a six foot high chain link enclosure. The access gate was padlocked. The director of nurses was unable to open the gate to access the generator due to a six inch deep accumulation of snow which held the gate in place after the padlock was removed. When asked at the time of observation how the weekly inspection could be done, she replied, "it couldn't when the gate was frozen shut." She was unable to demonstrate the operation of the generator.</p> |               |   |                      |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15C0001070 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/16/2013 |
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| K010147 | <p>416.44(b)(1)<br/>LIFE SAFETY CODE STANDARD<br/>Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1<br/>Based on observation and interview, the facility failed to ensure 8 of 8 flexible cords was not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 6 or more recovery room occupants.</p> <p>Findings include:</p> <p>Based on observation with the director of nurses on 12/16/13 at 2:10 p.m., power strip extension cords were used in seven recovery room bays and a multitap adapter was used in one recovery room bay to provide to power medical equipment. The director of nurses acknowledged at the time of observation, the equipment was in use and said the power strips were used to allow the beds to be moved to a different position for care and the cords were too</p> | K010147 | <p>The Director of Nursing contacted ISDH for clarification. The power cords have computers plugged into them for surge protection. Beds are not plugged into the power strips. The multi-outlet plugs were removed on 1/24/14. All equipment is plugged into the correct outlets at this time. All red outlets with generator back up were cleaned per maintenance and are fully functional. All ASC staff was educated on not plugging beds or medical equipment into the power strips.</p> | 01/24/2014 |
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