STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 08/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SURGERY CENTER	220 E VIRGINIA ST EVANSVILLE, IN 47711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	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: 08/08/12 Facility Number: 007651 Provider Number: 15C0001053 AIM Number: N/A Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Valley Surgery Center was found not in compliance with Requirements for Participation in Medicare, 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. This facility was a one story nonsprinklered building determined to be of Type V (000)	K0000		

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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	construction. The facility has a fire alarm system with smoke detection in the corridors, center treatment area, and front waiting area. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/09/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0051	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 documentation for the testing of 1 of 1 fire alarm system's components and devices such as smoke detectors and fire alarm pull boxes was complete. LSC Section 21.3.4.1 requires ambulatory health care facilities to be in accordance with LSC Section 9.6. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors and fire alarm boxes be tested annually. This deficient practice could affect all patients, as well as staff and visitors in the facility. Findings include: Based on review of the facility's fire alarm system inspection reports in the Fire Safety Manual on 08/08/12 at 11:30 a.m. with	K0051	To correct deficiency, Sonitrol was called and imformed of inspectors comments and need for smoke detector sensivity testing which was completed the next day.Center Manager will be responsible for getting completed.Will prevent in the future by documenting in fire safety book requirements when scheduling yearly inspections and filing reports.	08/09/2012

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	the Facility Administrator present, the most recent fire alarm system inspection report dated 01/06/12 indicated all seven smoke detectors and all four fire alarm pull stations were tested, however, there was no itemized list indicating the location of each smoke detector and pull station, as well as the type of each smoke detector (photoelectric or ionization), a visual and functional test for each smoke detector and pull station, and a pass or fail result for each smoke detector and pull station. During an interview at the time of record review, the Facility Administrator acknowledged there was no itemized documentation available listing test results of smoke detectors and manual pull stations on the fire alarm system inspection report dated 01/06/12. 2. Based on record review and interview, the facility failed to provide written documentation 7 of 7 smoke detectors had been tested to ensure the detectors were within their listed and marked sensitivity range. LSC Section 21.3.4.1 requires			

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	ambulatory health care facilities to be in accordance with LSC Section 9.6. LSC Section 9.6.1.3 says the provisions of 9.6 cover the basic functions of the fire alarm system, including fire detection systems. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any 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 the following methods: (1) Calibrated test method. (2) Manufacturer's calibrated			

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	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 acceptable sensitivity range. (5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction. Paper or electronic media shall be acceptable. This deficient practice could affect all occupants in the facility including patients, staff,			

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	and visitors. Findings include: Based on review of the facility's fire alarm system inspection reports in the Fire Safety Manual on 08/08/12 at 11:30 a.m. with the Facility Administrator present, the most recent smoke detector sensitivity test report was dated 02/11/10 which is almost six months past due for the biannual test, furthermore, the results from the 02/11/10 sensitivity test did not include the type of smoke detector (photoelectric or ionization) or sensitivity range for each smoke detector. During an interview at the time of record review, the Facility Administrator said there were no other sensitivity test results available since the inspection report dated 02/11/10. 3. Based on observation and interview, the facility failed to ensure 2 of 7 smoke detectors were properly separated from air supply vents in 1 of 2 smoke compartments. LSC Section 21.3.4.1 requires ambulatory			

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	health care facilities to be in accordance with LSC Section 9.6. LSC 9.6.1.4 refers to NFPA 72. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect all occupants including patients, staff, and visitors in the facility. Findings include: Based on observations on 08/08/12 between 12:30 p.m. and 1:15 p.m. during a tour of the facility with the Facility Administrator, the smoke detector in the corridor outside the employee breakroom and the smoke detector in the corridor outside the two operating rooms were both within two feet of air supply vents. This was acknowledged by the Facility Administrator at the time of each observation.			