

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001158	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2013
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NAME OF PROVIDER OR SUPPLIER ST VINCENT SURGERY CENTER OF TERRE HAUTE	STREET ADDRESS, CITY, STATE, ZIP CODE 227 E MCCALLISTER DR TERRE HAUTE, IN 47802
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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
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: 02/07/13</p> <p>Facility Number: 005650 Provider Number: 15C0001158 AIM Number: NA</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, St. Vincent Surgery Center of Terre Haute 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.</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in all areas including patient care areas, the front lobby, storage rooms, and the duct work.</p>	K010000		

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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K010050	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/11/13.</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) 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 4 of 4 documented fire drill reports available included the transmission of a fire alarm signal to the monitoring company, furthermore, 4 of 4 fire drill reports did not include the time the drill was conducted. NFPA 101 at 20.7.1.2 requires fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal. This deficient practice could affect all patients, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports in the Environmental Safety book</p>	K010050	K0050 The Fire Drill Survey Form has been updated to include the following: Time of Drill/Alarm Pulled Alarm Company Notified Time of Notification Name of Person NotifiedThe addition of these items will correct the defieny identified.The Administrator, Clinical Director and Safety Officer are responsible to ensure ongoing compliance.Form was updated 2/15/2013.	02/15/2013

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	on 02/07/13 at 11:35 a.m. with the RN Clinical Director and the Materials Manager present, all four documented fire drill reports performed since January of 2012 did not include information regarding the transmission of the fire alarm signal to the monitoring company, furthermore, all four fire drill reports did not include the time of day the drill was conducted. During an interview at the time of record review, the Materials Manager indicated the monitoring company was always contacted before and after a fire drill was conducted, but acknowledged all four fire drill reports did not include this information.						