STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/28/2013
NAME OF PROVIDER OR SUPPLIER MARION EYE SPECIALISTS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 711 W GARDNER DR MARION, IN 46952	

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K010000	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: 02/28/13 Facility Number: 005975 Provider Number: 15C0001031 AIM Number: 200310700A Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Marion Eye Specialist Surgery Center 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 Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. This one story facility was determined to be of Type II (111) construction and was not sprinklered. The facility has a fire alarm system with smoke detection at the main fire alarm panel and in the duct work. Quality Review by Robert Booher, Life	K010000		

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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	Safety Code Specialist-Medical Surveyor on 03/05/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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	15C0001031	A. BUILDING 01 B. WING	02/28/2013

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MARION EYE SPECIALISTS SURGERY CENTER	711 W GARDNER DR MARION, IN 46952

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K010029	416.44(b)(1) LIFE SAFETY CODE STANDARD 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 Based on observation and interview, the facility failed to ensure the corridor door to 1 of 1 hazardous area, such as a water heater room, was provided with a door equipped with a self closing device that would cause the door to automatically close and latch into the door frame. This deficient practice could affect up to 2 patients evacuated through the back exit from the operating rooms. Findings include: Based on observation with the ASC Patient Care Manager on 02/28/13 at 11:34 a.m., the water heater room corridor door failed to latch into the door frame. This was confirmed by the ASC Patient Care Manager at the time of observation.	K010029	Locksmith contacted to replace the door handle so it would latch appropriately. Work completed 3-13-13. The ASC Patient Care Manager will monitor the door latching appropriately during monthly maintenance checks.	03/13/2013

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K010047	416.44(b)(1) LIFE SAFETY CODE STANDARD Exits and ways of travel thereto are marked in accordance with section 7.10. 20.2.10, 21.2.10 Based on observation and interview, the facility failed to ensure 2 of 2 paths in the exit means of egress from the pre/post patient surgery room were identified. This deficient practice affects 2 or possibly 3 patients in the pre/post room in the event of an emergency. Findings include: Based on observation with the ASC Patient Care Manager on 02/28/13 at 11:50 a.m., the pre/post patient surgery room lacked exit signs directing the patient to the proper path of egress to an emergency exit. The room contained a nurses' station, a small seating area in addition to the patient care area. There were five single doors and one set of double doors in the room. The ASC Patient Care Manager said at the time of observation, two of the doors were used to exit the room. She stated she had been told exit signs were not required in a room.	K010047	Exit lights will be added to the two exit doors in the Pre/Post Operative Area. The ASC Patient Care Manager will monitor the illumination of the signs on a monthly inspection basis. Work to be completed 3-22-13.	03/25/2013

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K010051	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 observation and interview, the facility failed to properly test and maintain 1 of 1 fire alarm systems. NFPA 21.3.4.1 requires the fire alarm system be in accordance with Section 9.6. Section 9.6.1.4 requires the fire alarm system shall be installed, tested and maintenance in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants. Findings include: Based on an observation with the ASC Patient Care Manager and the Priority 1 Service Technician on 02/28/13 at 12:59 p.m., the main fire alarm panel is located in the mechanical room located near the back exit which was not continually occupied therefore a trouble signal could not be heard in this location at all times.	K010051	The annunciator panel will be installed in the business area that is monitored during times of occupancy. The ASC Patient Care Manager is responsible to maintain the continuous monitoring of the system for trouble. The receptionist will notify the manager of any trouble signal.The second phone line will be installed to the fire alarm panel. Both lines will be monitored by a contracting service. The ASC Patient Care Manager is responsiblie for having two phone lines installed and monitored by the fire alarm system.	03/28/2013

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	The facility does have a security system that will notify the staff in the event of a fire but not a trouble alarm. This was confirmed by the ASC Patient Care Manager at the time of observation. 2. Based on observation and interview, the facility failed to properly test and maintain 1 of 1 fire alarm systems. NFPA 21.3.4.1 requires the fire alarm system be in accordance with Section 9.6. Section 9.6.1.4 requires the fire alarm system shall be installed, tested and maintenance in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 5-5.3.2.1.6.1 requires the following: A DACT (Digital Alarm Communicator Transmitter) shall employ one of the following combinations of transmission channels: (1) Two telephone lines (numbers) (2) One telephone line (number) and one cellular telephone connection (3) One telephone line (number) and a one way radio system (4) One telephone line (number) equipped with a derived local channel (5) One telephone line (number) and a one way private radio alarm system (6) One telephone line (number) and a private microwave radio system (7) One telephone line (number) and a two way RF multiplex system (8) A single integrated services digital network (ISDN) telephone line using a			

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	terminal adapter specifically listed for supervising station fire alarm service, where the path between the transmitter and the switched telephone network serving central office is monitored for integrity so the occurrence of an adverse condition in the path shall be annunciated at the supervising station within 200 seconds. This deficient practice could affect all occupants. Findings include: Based on an observation with the ASC Patient Care Manager and the Priority 1 Service Technician on 02/28/13 at 12:59 p.m., there is only one phone line connected to the main fire alarm panel. This was confirmed by the Priority 1 Service Technician at the time of observation.			

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K010144	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 Based on record review and interview, the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1 Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS): a) Liquid petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas Exception: For Level 1 installations in locations where the probability of interruption of off-site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source. CMS (Centers for Medicare/Medicaid	K010144	Letter of reliability of natural gas supply received from Vectren on 3-8-13. The ASC Patient Care Manager is responsible for obtaining this letter on an annual basis by contacting Vectren and making a request for a letter of reilability of the natural gas supply.	03/08/2013

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	Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following: 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption, 5. The signature of a technical person from the natural gas provider. This deficient practice could affect all occupants. Findings include: Based on interview with the ASC Patient Care Manager on 02/28/13 at 10:55 a.m., the fuel source for the emergency generator was natural gas. During the record review process at 10:56 a.m. on 02/28/13, the ASC Patient Care Manager stated the facility did not have a letter from their natural gas provider stating the fuel source for the emergency generator was from a reliable source.			