

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001169	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/02/2013
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NAME OF PROVIDER OR SUPPLIER  INDIANA SPECIALTY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 W ARCH HAVEN AVE BLOOMINGTON, IN 47403
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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: 12/02/13</p> <p>Facility Number: 011996 Provider Number: 15C0001169 AIM Number: NA</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Indiana Specialty 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 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 V (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, and storage rooms.</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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K010130	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/03/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested quarterly for 3 of 4 quarters. LSC 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. LSC 4.6.12.1 requires maintenance and testing of the automatic sprinkler system are made at specified intervals in accordance with applicable NFPA standards. NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, at 2-3.3 requires waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or</p>	K010130	<p>On 12-4-13, the Center's Board of Managers reviewed the "2000 Edition National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) Waivers" document, dated 8-30-13 from the Director, Survey and Certification Group, Department of Health &amp; Human Services. The Board voted to approve and elected to use a categorical waiver for Extinguishing Requirements: allowing for the reduction in the testing frequency for the sprinkler system vane-type to semi-annual from quarterly. The next scheduled inspection to meet the semi-annual requirement will be February 2014.</p>	12/04/2013

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	<p>visual signals shall be tested quarterly. NFPA 25, 9-4.4.2.1 requires the priming level shall be tested quarterly. NFPA 25, 9-7.1 requires the fire department connections shall be inspected quarterly. NFPA 25, 1-8.1 requires records shall indicate the procedure performed (inspection, test, or maintenance), the organization that performed the work, the results and the date. Finally, NFPA 25, 1-8 requires records of inspection, test, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include but are not limited to valve inspections, flow, drain, and pump tests; and trip tests of dry pipe, deluge and preaction valves. This deficient practice could affect all occupants in the facility including patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the Koorsen sprinkler system inspection reports on 12/02/13 at 10:00 a.m. with the Administrator present, the only sprinkler system inspection report available during the past twelve months was dated 09/20/13 for the third quarter (July, August, and September) of 2013. During an interview at the time of record review, the Administrator said the sprinkler system</p>			

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	was inspected only once per year, furthermore, the Administrator confirmed there were no quarterly inspection reports for the sprinkler system performed during the fourth quarter (October, November, and December) of 2012, and the first quarter (January, February, and March), and second quarter (April, May, and June) of 2013.				