

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001088	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2012
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NAME OF PROVIDER OR SUPPLIER GOSHEN AMBULATORY CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1605 WINSTED DR GOSHEN, IN 46526
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K0000	<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: 12/07/12</p> <p>Facility Number: 011074 Provider Number: 15C0001088 AIM Number: 200258140A</p> <p>Surveyor: Robert Booher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Goshen Ambulatory Care 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 21, Existing Ambulatory Health Care Occupancies.</p> <p>This one story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and lobby area.</p> <p>Quality Review by Dennis Austill, Life</p>	K0000		
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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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	<p>Safety Code Supervisor on 12/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0047	<p>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</p> <p>Based on observations and interview, the facility failed to provide directional signs for 2 of 2 exit discharge means of egress from Pre-Op and Recovery. LSC 7.7.3 requires the exit discharge shall be arranged and marked to make clear the direction of egress to a public way. This deficient practice could affect patients in the Pre-Op and Recovery areas needing a second path of escape route out away from the facility during a fire emergency.</p> <p>Findings include:</p> <p>Based on observations on 12/07/12 during the tour from 2:30 p.m. to 3:15 p.m. with the Director of Nursing (DON), the directional Exit indicators in the west corridor of the Recovery area only pointed to the exit at the west side of the area with no second exit indicated. The exit sign in the Pre-Op corridor only pointed to the west exit. A second path of exit was available through the east door and out the front entry, but signs were not available to point the way. Based on interview at the time of observation, the DON indicated she could see there were no exit directional signs pointing toward the east exit from either area.</p>	K0047	<p>K 047 Fire Inspector identified & verified correct exits for directional egress for public way and electrician from Anchor Electric ordered 4 additional signs on 12-13-12. One exit sign will be wall mounted above door in Pre-op, another will be ceiling mounted in Pre-op area pointing to front lobby, and another will be wall mounted on the south wall outside radiology pointing to south entrance. Exit sign above restricted sign will be wall mounted above double doors going into surgery. Exit sign @ nurses station will be turned to show correct egress from west to north.</p>	01/07/2013			

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K0048	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 20.7.1.1, 21.7.1.1</p> <p>1. Based on record review and interview, the facility failed to provide 1 of 1 complete written plans containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 which requires the authority having jurisdiction be notified and the building evacuated or an approved fire watch provided until the fire alarm system has been returned to service. This deficient practice could affect all patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the Fire Guidelines-Disaster Preparedness policies from 1:30 p.m. to 2:30 p.m. on 12/07/12 with the Director of Nursing (DON), there was no policy addressing what should be done if the fire alarm system was not working (out of service). At the time of record review, the DON said there was no policy addressing this situation.</p> <p>2. Based on record review and interview, the facility failed to provide 1 of 1 complete written plans containing</p>	K0048	K 048 Policy Q21 was developed on 12-19-12, "Fire Watch Plan" to ensure safety in the event the fire alarm system fails or has to be placed out of service for 4 or more hours. Policy will be sent to the Board of Directors for approval.	01/07/2013			

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	<p>procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-2 states the building owner shall assign an impairment coordinator to comply with the requirements of Chapter 11. In the absence of a specific designee, the owner shall be considered the impairment coordinator. Exception: Where the lease, written use agreement, or management contract specifically grants the authority for inspection, testing, and maintenance of the fire protection system(s) to the tenant, management firm, or managing individual, the tenant, management firm, or managing individual shall assign a person as impairment coordinator. NFPA 25, 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner or manager and other authorities having jurisdiction also be notified. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p>			

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	Based on review of the Fire Guidelines-Disaster Preparedness policies from 1:30 p.m. to 2:30 p.m. on 12/07/12 with the Director of Nursing (DON), there was no policy addressing what should be done if the sprinkler system was not working (out of service). At the time of record review, the DON said there was no policy addressing this situation.						

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K0105	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Where general anesthesia or life support equipment is used, an emergency power system is provided in accordance with NFPA 99. 20.2.9.2, 21.2.9.2</p> <p>Based on observation and interview, the facility failed to provide emergency lighting in 2 of 2 operating rooms where general anesthesia or life support equipment is used. LSC Section 21.2.9.2 requires ambulatory health care facilities to provide emergency lighting where general anesthesia or life support equipment is used to be in accordance with LSC Section 7.9. LSC Section 7.9.2.2 states an emergency lighting system shall be arranged to provide the required illumination automatically in the event of any of the following:</p> <p>(1) Interruption of normal lighting such as any failure of a public utility or other outside electrical power supply (2) Opening of a circuit breaker or fuse (3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities.</p> <p>LSC Section 7.9.2.5 requires the emergency lighting system to either be in continuous operation or be capable of repeated automatic operation without manual intervention. This deficient practice could affect patients and staff in Operating Room # 1 and in the Procedure Room.</p>	K0105	<p>K 105 NOTE: No general anesthesia is given in procedure room. Electrician from Anchor Electric ordered correct emergency lighting system on 12-13-12. These will be installed to correct emergency lighting system in OR1 & OR2 to require automatic illumination.</p>	01/07/2013

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	<p>Findings include:</p> <p>Based on interview with the Director of Nursing (DON) during record review from 1:30 p.m. and 2:30 p.m. on 12/07/12, general anesthesia was used in the facility's two operating rooms. Based on observation of the two operating rooms during the tour with the DON from 2:30 p.m. to 3:15 p.m., battery operated lights were not provided in the two operating rooms to provide lighting from the time normal power failed until the generator provided electricity for the facility lighting.</p>			
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K0130	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review and observation, the facility failed to ensure 1 of 1 automatic sprinkler system post indicator valves (PIV) was supervised. LSC 4.6.12.2 requires existing life safety features obvious to the public shall be either maintained or removed. 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. 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 record review on 12/07/12 from 1:30 p.m. to 2:30 p.m. with the Director of Nursing (DON), the two most recent reports from Consolidated Fire Protection's Report of Inspection dated 11/29/12 and 07/27/12 indicated the PIV was not supervised. Based on observation of the post indicator valve (PIV) on 12/07/12 at 2:41 p.m. with the DON, a control valve for the automatic sprinkler system was located at the back of the</p>	K0130	K 130 Submitted work order to Anchor Electric and Consolidated Fire Protection on 12-14-12. Electrician will connect wiring to post indicator valve and fire technician will test fire alarm system for electronic supervision.	01/07/2013			

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	facility. It was padlocked inside a locked fenced area, however, there was no wiring connected to the valve to indicate any electronic supervision.			

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K0144	<p>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</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was load tested using one of the following methods: at operating temperature conditions, at 30 % of the nameplate rating or at the exhaust gas temperature recommended by the manufacturer for at least 30 minutes once a month. LSC 21.5.1 states utilities shall comply with the provisions of Section 9.1. LSC 9.1.3 states emergency generators shall be tested and maintained in accordance with NFPA 110. In addition, NFPA 99, the Standard for Health Care Facilities, Chapter 3-4.4.1.1 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 6-4.2. 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 Emergency Power Supply (EPS) nameplate rating.</p>	K0144	<p>K144 Cummins was contacted for quote on 12-11-12. A quote was submitted for monthly inspection testing which includes monthly load testing on 12-18-12. Cummins will provide 30 minute load bank testing and documentation to meet state requirements for 30 minute exercise on generator.</p>	12/21/2012

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	<p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the Emergency Generator Log from 1:30 p.m. to 2:30 p.m. on 12/07/12 with the Director of Nursing (DON), the Emergency Generator Log did not indicate if the generator was load tested under operating temperatures, at not less than 30% of the EPS nameplate rating, or at loads maintaining the minimum exhaust gas temperatures recommended by the manufacturer for at least 30 minutes once a month. At the time of record review, the DON agreed the generator log did not contain this information.</p>				