

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001041	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2015
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NAME OF PROVIDER OR SUPPLIER SAGAMORE SURGICAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 CONCORD ROAD, SUITE B LAFAYETTE, IN 47909
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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
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K 0000 Bldg. 01	<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: 04/27/15</p> <p>Facility Number: 006126 Provider Number: 15C0001041 AIM Number: 100274550A</p> <p>At this Life Safety Code survey, Sagamore Surgical Services Inc. 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 facility located on the first floor of a two story building was determined to be of Type V (111) construction and was not sprinklered. The facility has a fire alarm system with smoke detectors in the corridors, hazardous areas and common areas.</p>	K 0000		
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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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K 0114 Bldg. 01	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1¾ inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors, are fixed fire window assemblies in accordance with 8.2.3.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire barriers was protected to maintain the one hour fire resistance rating of the fire wall. LCS 21.3.7.1 Subdivision of Building Space requires ambulatory health care facilities shall be separated from other tenants and occupancies by walls having not less than a one hour fire resistance rating. This deficient practice could affect all occupants on both sides of the wall if fire and smoke were to compromise the fire barrier wall.</p> <p>Findings include:</p> <p>Based on observation on 04/27/15 at 2:30 p.m., with the Facility Director there was a fire door and frame installed in the lower center part of the fire wall assembly used to travel between both occupancies which had a fire rated tag of</p>	K 0114	<p>The Administrator has signed a work order to have Mulhaupts Inc to replace the frame and fire door This work order was signed on 5/19/15 We have been advised that parts will take 3-4 weeks to arrive and installation will begin the day following parts arrival.</p> <p>The signed work order will be uploaded for review</p>	06/26/2015

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	20 minutes. Based on interview concurrent with observation with the Facility Director, it was acknowledged the fire wall at the east end of the building separating two occupancies had a fire door in the fire wall which was not a one fire hour rated assembly.				