

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001036	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2014
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NAME OF PROVIDER OR SUPPLIER WILLIAMS EYE SURGERY CENTER - MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8514 BROADWAY MERRILLVILLE, IN 46410
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Board of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 11/18/14</p> <p>Facility Number: 005727 Provider Number: 15C0001036 AIM Number: 200428490A</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Williams Eye 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 21, Existing Ambulatory Health Care Occupancies.</p> <p>This facility, located on the first floor of a two story office building was determined to be of Type V (111) construction and unsprinklered. The facility has a fire alarm system with smoke detection in corridors and hazardous areas.</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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K010021	<p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 11/24/14.</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 Any door with a required fire protection rating, such as stairways, exit passageways, horizontal exits, smoke barriers, or hazardous area enclosures, if held open, is arranged to close automatically by the actuation of the manual fire alarm system and either smoke detectors arranged to detect smoke on either side of the opening or a complete automatic sprinkler system. 20.2.2.3, 21.2.2.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 doors with a fire protection rating was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice affects all patients and staff in the operating rooms or the PACU(Pre/Post Acute Care Unit).</p> <p>Findings include:</p> <p>Based on observation with the Administrator during a tour of the facility at 9:20 a.m. on 11/18/14, the door separating the two OR's (operating</p>	K010021	The door separating the two OR's from the PACU had a door stop on it. The Maintenance person removed the door stop from the bottom of the door on November 18th, 2014. No other means of holding the door open will be placed on the door separating the two OR's from the PACU. This will eliminate any future codes or standards for Life Safety. The Nurse manager will ensure that all Life Safety codes are observed and followed.	11/18/2014			

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K010051	<p>rooms) from the PACU had a 1 hour fire protection rating and was propped in the fully open position with a wedge. Based on interview at the time of observation, the Administrator was not sure if the door was a smoke barrier but acknowledged the door was propped open with a wedge and not with a device arranged to automatically close upon activation of the fire alarm system.</p> <p>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 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 21.3.4.1 refers to LSC 9.6.2.10.1 which refers to NFPA 72, the National Fire Alarm Code. NFPA 72, 7-1.1.2 states system defects and malfunctions shall be corrected. This deficient practice affects all occupants in the facility.</p> <p>Findings include: Based on observation with the Administrator during a tour of the facility</p>	K010051	The alarm company completed the annual inspection of the alarm system on November 21st, 2014. All adjustments, repairs and necessary inspections were completed. All areas of the inspection have been found to have passed inspection. In the future the alarm company will call the facility whenever there is trouble reported in the system. If the facility is not operational or closed the alarm company will contact the facility Administrator or Medical Director via their cell phones. The Nurse Manager is responsible for ensuring that they alarm system is in proper working order.	11/21/2014

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K010144	<p>at 9:00 a.m. on 11/18/14, the main fire alarm control panel was showing trouble with an "open ground fault". Based on interview at the time of observation, the Administrator stated a technician from the fire alarm inspection company was at the facility on 11/14/14 to conduct the annual fire alarm inspection but was called away before the inspection was completed and had not returned. Based on interview via a phone call at 9:30 a.m., the technician gave assurance that the fire alarm system would function normally and would return to complete the fire alarm inspection and correct the ground fault issue.</p> <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 1. Based on review and interview, the facility failed to provide complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and Level 2</p>	K010144	The generator maintenance company has redesigned their generator log to include operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (20Kw). The new generator log will be used starting the month of December 2014 and will include the necessary information as describe by the Life Safety code deficiency. The Nurse Manager will ensure that the generator maintenance company completes the log with all necessary	12/02/2014

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	<p>service shall 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 EPS nameplate rating</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review with the Administrator on 11/18/14 at 8:50 a.m., the emergency generator was listed on a weekly checklist with one week being the official load test. Based on interview at the time of review, the generator starts and transfers to emergency power automatically on a weekly basis. The facility has contracted with their generator maintenance vendor to perform a separate monthly load test but the documentation did not include any information regarding the aforementioned test methods.</p>		<p>information. The generator maintenance company installed an emergency shut off button as was describe by the Life Safety Surveyor. The emergency shut off button was installed on December 2nd, 2014. The generator maintenance company will ensure that the emergency shut off button is in proper working order at all times. The Nurse Manager will ensure that the generator maintenance company is notified or alerted when the generator emergency shut off button is not working properly.</p>				

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	<p>2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators were equipped with a remote manual stop station. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 11/18/14 at 9:10 a.m. during a tour of the facility with the Administrator, no evidence of a remote shut off device was found for the generator located outside in a metal cabinet. Based on interview at the time of observation, the Administrator acknowledged she was aware there was a stop button on the generator inside the cabinet but she was not aware of a remote shut off device for the generator which</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	was installed in 2008.				