

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

PRINTED: 04/09/2021

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br>15C0001185 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING -- _____<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br>03/18/2021 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>SOUTH BEND SPECIALTY SURGERY CENTER, LLC | STREET ADDRESS, CITY, STATE, ZIP COD<br>335 FLORENCE AVENUE, STE 1B<br>GRANGER, IN 46530 |
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| E 0000<br><br>Bldg. -- | <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54</p> <p>Survey Date: 03/18/2021</p> <p>Facility Number: 012996<br/>Provider Number: 15C0001185<br/>AIM Number: 160129961</p> <p>At this Emergency Preparedness survey, South Bend Specialty Surgery Center LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54</p> <p>The facility has 4 certified operating rooms.</p> <p>Quality Review completed on 03/19/21</p> | E 0000 |  |  |
| K 0000<br><br>Bldg. 01 | <p>A Life Safety Code Recertification was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b)</p> <p>Survey Date: 03/18/2021</p> <p>Facility Number: 012996<br/>Provider Number: 15C0001185<br/>AIM Number: 160129961</p> <p>At this Life Safety Code survey, South Bend Specialty Surgery Center LLC was found not in compliance with Requirements for Participation in</p>  | K 0000 |  |  |

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0323<br>Bldg. 01 | <p>Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2012 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 fully sprinklered. The facility has a fire alarm system with hard wired smoke detection. It is protected by a 125 kW Type 1 Diesel powered emergency generator.</p> <p>Quality Review completed on 03/19/21</p> <p>NFPA 101<br/>Anesthetizing Locations<br/>Anesthetizing Locations<br/>Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99.<br/>Zone valves are located immediately outside each life-support, critical care, and anesthetizing location of moderate sedation, deep sedation, or general anesthesia for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others.<br/>Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems. Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20 percent and vacuum decreases of 12 inch gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve</p> |               |   |                      |

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|                          | <p>assemblies.</p> <p>The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system.</p> <p>Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for use are considered before reducing humidity levels to those allowed by ASHRAE, per S&amp;C 13-58.</p> <p>21.3.2.3, NFPA 99 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3.4, 6.4.2.2.4.2</p> <p>Based on record review, observation, and interview, the facility failed to ensure emergency lighting in 2 of 2 operating rooms where general anesthesia is administered in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.2.11.1 states one or more battery-powered lighting units shall be provided within locations where deep sedation and general anesthesia is administered. The lighting level of each unit shall be sufficient to terminate procedures intended to be performed within the operating room. The sensor for units shall be wired to the branch circuit(s) serving general lighting within the room. Units shall be capable of providing lighting for 90 minutes and shall be tested monthly for 30 seconds and annually for 30 minutes. Section 3.3.17 defines battery-powered lighting units as individual unit equipment for backup illumination consisting of a rechargeable battery, battery-charging means, provisions for one or more lamps mounted on the equipment, or with terminals for remote lamps, or both, and relaying device arranged to energize the lamps automatically upon failure of the supply to the unit equipment. This deficient practice could affect two patients and staff in operating rooms</p> | K 0323              | <p>Surgical Coordinator tested the battery back up lights on 3/23/21<br/>A log was created for all battery back-up lights and OR 2 Light 1 and Procedure Light 1 failed during testing. Director contacted an Electrical company, Martel Electric.</p> <p>Martel electric on site 3/30/21 to inspect and test the battery back-up. On 3/31/21 Martel Electric is on site repairing lights affected.</p> <p>Our policy has been updated to include the battery back up light testing.</p> <p>The policy change will be approved at the next Board meeting.</p> | 03/23/2021                 |

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| K 0345<br><br>Bldg. 01   | <p>where general anesthesia or life support equipment is used.</p> <p>Findings include:</p> <p>During record review with the Director and Surgical Coordinator on 03/18/2021 at 12:02 p.m. the facility was unable to provide documentation of testing for battery powered emergency lighting in two operating rooms. Based on interview at the time of record review, the Director and the Surgical Coordinator confirmed that general anesthesia is used. Additionally, they were unsure if the operating rooms had emergency lighting, and could not provide any documentation of testing. During a subsequent tour of the facility from 12:30 p.m. and 12:50 p.m., 4 battery powered emergency lights were located in Operating Room #1 and Operating Room #2. Based on interview at the time of observation, the Director and the Surgical Coordinator agreed that each operating room contained 4 battery powered emergency lights.</p> <p>This deficient finding was reviewed with the Director at the time of exit.</p> <p>NFPA 101<br/>Fire Alarm System - Testing and Maintenance<br/>Fire Alarm Systems - Testing and Maintenance<br/>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br/>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> |                     |  |                            |

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| K 0353<br>Bldg. 01   | <p>Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Sections 33.3.3.4.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>During record review with the Director on 03/18/2021 at 12:00 p.m. the facility was able to provide documentation of an annual fire alarm tests and inspections, dated 01/22/2020. However, the facility was unable to provide documentation of a semi-annual fire alarm visual inspection subsequent to 01/22/2020. Based on interview at the time of record review, the Director agreed that a semi-annual visual inspection was not conducted.</p> <p>This deficient finding was reviewed with the Director at the time of exit.</p> <p>NFPA 101<br/>Sprinkler System - Maintenance and Testing<br/>Sprinkler System - Maintenance and Testing<br/>Automatic sprinkler and standpipe systems</p> | K 0345  | <p>Annual inspection log has been created to match our Vendor inspection checklist. Facility inspection was performed on 3-23-21 by the Surgical Coordinator.</p> <p>Our policy has been updated to include 2 quarterly, semi-annual and annual inspections by the Surgical Coordinator. This has been added to the Surgical Coordinator yearly calendar to ensure this inspection is performed.</p> <p>The updated policy will be approved by the Board of Managers at the next board meeting.</p> | 03/23/2021           |   |

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|                    | <p>are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked<br/>_____</p> <p>b) Who provided system test<br/>_____</p> <p>c) Water system supply source<br/>_____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all patients, staff, and visitors in the facility.</p> <p>Findings include:</p> | K 0353        | The vendor completed the repair work on 3/25/21. The vendor forwarded the report to Mishawaka Utilities (backflow tester) to show that the repair had been completed. | 03/25/2021           |

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| K 0712<br>Bldg. 01 | <p>During record review with the Director on 03/18/2021 at 11:10 a.m., Sprinkler vendor documentation dated 03/18/2021, the relief valve of the sprinkler system backflow device did not open. Based on interview at the time of record review, the Director stated that a plumbing contractor had already been contacted to make the repair, however it had not yet been scheduled.</p> <p>This deficient finding was reviewed with the Director at the time of exit.</p> <p>NFPA 101<br/>Fire Drills<br/>Fire Drills<br/>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.<br/>21.7.1.4 through 21.7.1.7<br/>Based on record review and interview, the facility failed to conduct 1 of 4 quarterly shift fire drills during the most recent 12 month time period. LSC 21.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. The 1135 Waiver provided for the COVID-19 Public Health Emergency allows for documented approved training in place of fire drills. This deficient practice affects all patients and staff.</p> <p>Findings include:<br/><br/>During record review with the Director on</p> | K 0712        | Director has implemented monthly staff meetings to go over drills, education and competencies that are due. Meetings have been scheduled for all of 2021 on the Directors calendar. | 03/23/2021           |

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| K 0918<br>Bldg. 01 | <p>03/18/2021 at 11:12 p.m., the facility was unable to provide documentation of a fire drill or approved training for the fourth quarter of 2020. Based on interview at the time of record review, the Director agreed the fourth quarter fire drill was not completed and approved training was not completed in it's place.</p> <p>This deficient finding was reviewed with the Director at the time of exit.</p> <p>NFPA 101<br/>Electrical Systems - Essential Electric Syste<br/>Electrical Systems - Essential Electric<br/>System Maintenance and Testing<br/>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.<br/>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records</p> |               |   |                      |

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|  | <p>of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>1) Based on record review and interview, the facility failed to maintain 1 of 1 Emergency Power Standby System in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Section 8.4.9, as required by NFPA 99 Health Care Facilities Code, Section 6.4.1.1.6.1. NFPA 110 Section 8.4.9 states that all Level 1 Emergency Power Systems shall be tested at least once within every three years. Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 hours. NFPA 99 Section 6.4.1.1.6.1 states that Type 1 and Type 2 essential electrical system power sources shall be classified at Type 10, Class X, Level 1 generator sets. This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>During record review with the Director on 03/10/2021 at 12:05 p.m., the facility provided documentation for testing of the emergency generator, however could not provide documentation of a three year 4 hour test. This was confirmed by the Director.</p> <p>This deficient finding was reviewed with the Director at the time of exit.</p> <p>2) Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for the facility's diesel powered</p> | K 0918 | <p>The vendor performed a 4 hour load test on 3/25/21 and a annual fuel test sample was also taken. No report on the sample as of today. Per the vendor it takes a few days. Our contract to include this 4 hour load test every 3 years and an annual fuel test is being revised by the vendor for the Directors signature. Interval years will continue at a 2 hour load test annually. The facility policy has been updated to include the 4 hour generator load test. The policy will be officially approved at the next board meeting.</p> | 03/25/2021 |
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|                          | <p>generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System) generator sets shall be inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the Director on 03/18/2021 at 12:15 p.m., no documentation of an annual fuel quality test for the diesel generator was available for review. Based on interview at the time of records review, the Director stated the facility does have a diesel generator but was unaware of the fuel quality testing requirements.</p> <p>This deficient finding was reviewed with the Director at the time of exit.</p> |                     |  |                            |