

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/01/2022
NAME OF PROVIDER OR SUPPLIER BLOOMINGTON SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 W SECOND ST , BLOOMINGTON, Indiana, 47403		
(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
K0000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 08/01/22</p> <p>Facility Number: 005405Provider Number: 15C0001024AIM Number: 100274370A</p> <p>At this Life Safety Code survey, Bloomington 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 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>This facility, located on the lower level of a two story building, was determined to be of Type II (111) construction and was fully sprinklered. The facility was surveyed with NFPA 101, LSC Chapter 21, Existing Ambulatory Health Care Occupancies. The facility has a fire alarm system with duct detectors installed in HVAC ductwork.</p> <p>Quality Review completed on 08/03/22</p>	K0000		
K0131	<p>Multiple Occupancies</p> <p>CFR(s): NFPA 101</p> <p>Multiple Occupancies - Sections of Ambulatory Health Care Facilities</p> <p>Multiple occupancies shall be in accordance with 6.1.14.</p> <p>Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following:</p> <ul style="list-style-type: none"> * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access. 	K0131		

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 reverse for further 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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K0131	<p>Continued from page 1</p> <p>* They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating.</p> <p>Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following:</p> <ul style="list-style-type: none"> * Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab. * Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches. * Doors are self-closing and are kept in the closed position, except when in use. * Windows in the barriers are of fixed fire window assemblies per 8.3. <p>Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served.</p> <p>20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1, 42 CFR 416.44</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 2 fire barriers that separate other occupancies were protected to maintain the fire resistance rating of the fire barrier. NFPA 101, 2012 edition, Section 8.3.5.6.1 states membrane penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a membrane of a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. Section 8.3.5.6.2 states the firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Test of Through Penetration Fire stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. In addition, doors are self-closing and are kept in the closed position, except when in use. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p>	K0131		

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K0131	<p>Continued from page 2</p> <p>Based on observations with the Director of Surgical Services and the Building Grounds Coordinator during a tour of the facility from 12:15 p.m. to 1:08 p.m. on 08/01/22, two, three inch diameter holes were noted above the suspended ceiling in the tenant separation fire wall on the east side of the facility in the lunch room/office above the door to the corridor. Based on interview at the time of the observation, the Building Grounds Coordinator agreed the aforementioned holes in the east tenant separation fire wall did not maintain the fire resistance rating of the tenant separation fire barrier.</p> <p>This finding was reviewed with the Director of Surgical Services at the time of exit.</p>	K0131		
K0351	<p>Sprinkler System - Installation</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Installation</p> <p>Sprinkler systems (if installed) are installed per NFPA 13.</p> <p>Where more than two sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room.</p> <p>20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure only one type of sprinkler head i.e. quick response or standard sprinklers were installed in 1 of 3 smoke compartments. NFPA 13, 2010 Edition, Installation of Sprinkler Systems, Section 8.3.3.2 states where quick-response sprinklers are installed, all sprinklers within a compartment shall be quick-response unless otherwise permitted in Section 8.3.3.3 Section 8.3.3.4 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a compartmented space shall be changed. This deficient practice could affect up to 10 patients and staff in main reception.</p>	K0351		

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K0351	Continued from page 3 Based on observation during a tour of the facility with the Director of Surgical Services and Building Grounds Coordinator on 08/01/22 between 12:15 p.m. and 1:08 p.m., one quick response sprinkler head was installed in the southwest corner of the main reception area. The other sprinkler heads in main reception, approximately 10, were standard response sprinkler heads. Based on an interview at the time of observations, the Building Grounds Coordinator agreed the main reception area has a mix of sprinkler response types. This finding was reviewed with the Director of Surgical Services at the time of exit.	K0351		
K0353	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems 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 _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>1. Based on record review and interview, the facility failed to completely maintain 1 of 1 sprinkler system in accordance with LSC 9.7.5. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected 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</p>	K0353		

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K0353	<p>Continued from page 4</p> <p>representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by this standard. This deficient practice could affect all occupants.</p> <p>2. Based on observation and interview, the facility failed to ensure the supply of spare sprinklers maintained on the premises corresponded to the types and temperature ratings of the sprinklers in the property. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. This deficient practice could affect all patients, staff, and visitors in the facility.</p> <p>1. Based on review of sprinkler system inspection reports on 08/01/22 at 1:20 p.m. with the Director of Surgical Services and Building Grounds Coordinator present, the Internal Pipe Inspection report dated 08/01/22 stated "foreign material was found in piping" on the results line. Under the results line, 'System has been returned to normal' was check marked. Based on interview at the time of record review, the Building Grounds Coordinator stated it's an old building and there is going to be material in the piping, and there was no documentation available to show that results of the internal pipe investigation was addressed.</p> <p>2. Based on observation with the Director of Surgical Services and Building Grounds Coordinator during a tour of the facility from 12:15 p.m. to 1:08 p.m. on 08/01/22, one sidewall sprinkler was observed installed in the oxygen room in the Med Gas Storage area. No sidewall spare sprinklers were observed in the spare sprinkler cabinet at the sprinkler system riser in the Med Gas Storage room. Based on interview at the time of the observations, the Building Grounds Coordinator agreed that no sidewall spare sprinklers were in the spare sprinkler cabinet or on the premises. These findings were reviewed with the Director of Surgical Services at the time of exit.</p>	K0353		

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K0353 K0511	<p>Utilities - Gas and Electric</p> <p>CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric</p> <p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.</p> <p>20.5.1, 21.5.1, 21.5.1.2, 9.1.1, 9.1.2</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 5 of over 10 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 21.5.1.1 states that utilities shall comply with the provisions of Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.(1) Bathrooms(2) Kitchens(3) Rooftops(4) OutdoorsException No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable. Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.Exception No.</p>	K0353 K0511		

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K0511	<p>Continued from page 6</p> <p>1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection. Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required. (6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect staff while at the hand washing sink in the nutritional area.</p> <p>Findings include: Based on observation on 08/01/22 at 12:18 p.m. during a tour of the facility with the Director of Surgical Services and Building Grounds Coordinator, there was an electric receptacle within three feet of the hand washing sink in the nutritional area. The electric receptacle was not provided with ground fault circuit interrupter (GFCI) protection. A test of the receptacle verified the receptacle was not on a GFCI circuit. Based on interview at the time of observation, the Building Grounds Coordinator agreed the receptacle at the hand washing sink was not GFCI protected.</p> <p>This finding was reviewed with the Director of Surgical Services at the time of exit.</p>	K0511		
K0712 Bldg. 01	<p>Fire Drills</p> <p>CFR(s): NFPA 101</p> <p>Fire Drills</p> <p>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</p>	K0712		

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K0712 Bldg. 01	<p>Continued from page 7 alarms.</p> <p>21.7.1.4 through 21.7.1.7</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide complete documentation to ensure all staff are properly trained on response to fire drills. LSC 21.7.1.2 states all employees shall be periodically instructed and kept informed with respect to their duties under the plan required by 21.7.1.1. LSC 21.7.1.8 states employees of ambulatory health care facilities shall be instructed in life safety procedures and devices. This deficient practice affects all patients, staff and visitors.</p> <p>Based on review of "Fire Drill Check List" documentation with the Director of Surgical Services during record review from 10:00 a.m. to 12:00 p.m. on 08/01/22, the following staff participation was noted:a) 6 staff for the 6/30/22 fire drillb) 4 staff for the 3/18/22 fire drillc) 10 staff for the 12/14/21 fire drilld) 8 staff for the 9/14/21 fire drillBased on interview at the time of record review, the Director of Surgical Services stated the facility operates one shift per day and has about 27 staff including surgeons. The Director of Surgical Services agreed the documented fire drills does not ensure all staff are trained on response to fire drills.</p> <p>This finding was reviewed with the Director of Surgical Services at the time of exit.</p>	K0712			

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E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54</p> <p>Survey Date: 08/01/22</p> <p>Facility Number: 005405Provider Number: 15C0001024AIM Number: 100274370A</p> <p>At this Emergency Preparedness survey, Bloomington Surgery Center 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 2 certified operating rooms.</p> <p>Quality Review completed on 08/03/22</p>	E0000			

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