STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001031	A. BUILDING -- B. WING	11/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MARION EYE SPECIALISTS SURGERY CENTER	711 W GARDNER DR MARION, IN 46952

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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54. Survey Date: 11/02/20 Facility Number: 005975 Provider Number: 15C0001031 AIM Number: 200310700A At this Emergency Preparedness Survey, Marion Eye Specialist Surgery Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54. Quality Review completed on 11/02/20	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 11/02/20 Facility Number: 005975 Provider Number: 15C0001031 AIM Number: 200310700A At this Life Safety Code survey, Marion Eye Specialist 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	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	National Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. This one story facility was determined to be of Type II (111) construction and was not sprinklered. The facility has a fire alarm system with smoke detection at the main fire alarm panel and in the duct work. Quality Review completed on 11/02/20			
K 0345 Bldg. 01	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm Systems - Testing and Maintenance 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 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 21.3.4.1 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: a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)	K 0345	The fire alarm system will be visually inspected semi-annually. The Surgery Center Director will be responsible for scheduling the six month visual inspection with the vendor in the month of March 2021 and every six months going forward. A reminder has been placed in the Director's Outlook calendar for fire alarm inspections in the months of March and September each future year.	11/18/2020

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	d. Notification appliances e. Magnetic hold-open devices This deficient practice could affect all building occupants. Findings include: During records review with the Surgery Director on 11/02/20 at 11:05 a.m., no documentation was provided regarding a visual inspection of the fire alarm system six months prior to the annual fire alarm inspection conducted on 09/08/20. Based on interview at the time of records review, the Surgery Director stated a visual inspection of the fire alarm system six months prior to the annual fire alarm inspection was not conducted. This finding was reviewed with the Surgery Director at the exit conference.			
K 0761 Bldg. 01	Based on observation, records review, and interview, the facility failed to ensure annual inspection and testing of 8 of 8 fire door assemblies were completed in accordance of LSC 19.1.1.4.1.1 communicating openings in dividing fire barriers required by 21.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.) LSC 8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise	K 0761	=" " p="">Fire door assemblies were visually inspected and tested from both sides for overall condition for eight fire doors in the one hour firewall on 11-18-2020 by an outside vendor. See attached documentation. Necessary alignment corrections for three doors and one hinge correction will be scheduled for work to be completed within 30 days.The Surgery Center Director will ensure annual inspection and testing of eight fire doors in the 1 hour firewall annually during the month of September going forward. A reminder has been	12/01/2020

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	specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly. NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified: (1) No open holes or breaks exist in surfaces of either the door or frame. (2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage. (4) No parts are missing or broken. (5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position. (7) If a coordinator is installed, the inactive leaf closes before the active leaf. (8) Latching hardware operates and secures the door when it is in the closed position. (9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. (10) No field modifications to the door assembly have been performed that void the label. (11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity. This deficient practice could affect all building occupants. Findings include:		placed in the Director's Outlook calendar to schedule the inspection yearly in September.	

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	During records review with the Surgery Director on 11/02/20 at 11:13 a.m., no documentation of an annual inspection for the eight fire door assemblies was available for review. Based on observation during the tour between 12:00 p.m. and 1:00 p.m., there are (8) one and a half hour fire door assemblies in the one hour separation fire barrier. Based on interview at the time of records review and observation, the Surgery Director stated the annual fire door inspection for the eight fire doors were not completed within the last year. This finding was reviewed with the Surgery Director at the exit conference.			
K 0914 Bldg. 01	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications,			

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	containing date, room or area tested, and results. 6.3.4 (NFPA 99) Based on observation, record review and interview, the facility failed to ensure the hospital grade electrical receptacles in 2 of 2 operating rooms were tested after initial installation, replacement, or servicing of the device. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.1 where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device. 6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data. Section 6.3.3.2 states Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all building occupants. Findings include: During records review with the Surgery Director on 11/02/20 at 11:13 a.m., no documentation was available to show electrical receptacles in the two operating rooms where deep sedation or general anesthesia is administered were tested upon insulation. Based on observations during a tour of the facility with Surgery Director between 12:00 p.m. and 1:00 p.m., the two operating rooms	K 0914	=" " p=" ">An outside vendor completed an inspection and testing of nine hospital grade electrical receptacles in Operating Room 1 and ten hospital grade electrical receptacles in Operating Room 2 on 11-11-2020. All receptacles passed polarity and retention force testing. See attached report. The Surgery Center Director will be responsible for receptacle testing after future servicing or replacement of hospital grade receptacles in locations where deep sedation is administered.	11/11/2020

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	contained ten or more hospital grade electrical receptacles. Based on interview at the time of the observation and records review, the Surgery Director confirmed there were hospital-grade electrical receptacles in the operating rooms, and stated documentation for the receptacle testing per NFPA 99 requirements could not be located. This finding was reviewed with the Surgery Director at the exit conference.			
K 0918 Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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. 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			

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	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) 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. Findings include: During records review with the Surgery Director on 11/02/20 at 11:15 a.m., documentation of a four hour run test conducted within the last 36 months was not provide for review. Based on interview at the time of records review, the Surgery Director stated a four hour continuous run was not conducted in the past 36 months. This finding was reviewed with the Surgery Director at the exit conference.	K 0918	=”” span=””> The emergency standby power system, Katolight Generator, will be test by an outside vendor on November 25, 2020 for a four hour run test. The Surgery Center Director will be responsible for scheduling the four hour testing every 36 months going forward. A reminder has been placed in the Director's Outlook calendar to ensure that four hour testing is scheduled every 36 months	12/01/2020