

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001029	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER WILLIAMS EYE SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6836 HOHMAN AVENUE , HAMMOND, Indiana, 46324	
(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: 02/14/23</p> <p>Facility Number: 005913</p> <p>Provider Number: 15C0001029</p> <p>AIM Number: 200390130A</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 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 fully sprinklered and was determined to be of Type V (111) construction. The facility has a fire alarm system with manual pull stations provided at all the exits. The facility is separated from an adjoining business occupancy by Fire Wall with a 1-hour Fire Resistance Rating.</p> <p>Quality Review completed on 02/20/23</p>	K0000		
K0222	<p>Egress Doors</p> <p>CFR(s): NFPA 101</p> <p>Egress Doors</p> <p>Special locking arrangements are in accordance with section 7.2.1.6</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or</p>	K0222		02/20/2023

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K0222	<p>Continued from page 1 an approved, supervised automatic sprinkler system.</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>20.2.2.2, 21.2.2.2, 7.2.1.6.1 through 7.2.1.6.3</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 exit doors from the rear storage hall had only contained one latching mechanism to release the door and open. LSC 7.2.1.5.10 states a latch or other fastening device on a door leaf shall be provided with a releasing device that has an obvious method of operation and that is readily operated under all lighting conditions. 7.2.1.5.10.4 states the releasing mechanism shall open the door leaf with not more than one releasing operation. 7.2.1.5.10.1 states the releasing mechanism for any latch shall be located not less than 34 inches, and not more than 48 inches, above the finished floor. This deficient practice could affect staff that use the rear storage hall</p> <p>Findings include:</p> <p>Based on observation with the Administrator on 02/14/23 between 12:12 p.m. and 12:25 p.m., the exit door near the clean linen room in the hall next to the front desk was equipped with two latching devices, a latching door turn handle and a separate deadbolt lock. Based on interview at the time of observation, the Administrator agreed the exit door was equipped with two latching devices and would replace the lock.</p> <p>This finding was reviewed with the Administrator during the exit conference.</p>	K0222		
K0345 Bldg. 01	<p>Fire Alarm System - Testing and Maintenance</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm Systems - Testing and Maintenance</p>	K0345		02/23/2023

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K0345 Bldg. 01	<p>Continued from page 2</p> <p>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.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with LSC 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, Section 7.3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, Section 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, Section 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. NFPA 72, Section 14.4.5.3.5 states smoke detectors or smoke alarms found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 02/14/23 between 9:50 a.m. and 12:00 p.m., a smoke detector sensitivity test was available for review, but no sensitivity range or sensitivity trip point was listed on the fire alarm inspection form. Based on interview at the time of record review, the Administrator acknowledged the lack of documentation and confirmed no other documentation to support a sensitivity test was found at the time of the survey.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p>	K0345		

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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: 02/14/23</p> <p>Facility Number: 005913</p> <p>Provider Number: 15C0001029</p> <p>AIM Number: 200390130A</p> <p>At this Emergency Preparedness survey, Williams Eye 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 02/20/23</p>	E0000		

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