

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001174	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - METRO SPECIALTY... B. WING	(X3) DATE SURVEY COMPLETED 05/17/2023
NAME OF PROVIDER OR SUPPLIER METRO SPECIALTY SURGERY CENTER L			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MISSOURI AVE, BLDG 18 , JEFFERSONVILLE, Indiana, 47130	
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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: 05/17/23</p> <p>Facility Number: 012244</p> <p>Provider Number: 15C0001174</p> <p>AIM Number: NA</p> <p>At this Life Safety Code survey, Metro Specialty Surgery Center LLC 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 determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection throughout the facility.</p> <p>Quality Reivew completed on 05/25/23</p>	K0000		
K0341	<p>Fire Alarm System - Installation</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm - Installation</p> <p>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p>	K0341		06/05/2023

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0341	<p>Continued from page 1 20.3.4.2.1, 21.3.4.1, 9.6</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 2 of 41 smoke detectors were not installed where air flow would adversely affect its operation. NFPA 72, 2010 edition, 17.7.6.3.2 requires that smoke detectors shall not be located directly in the airstream of supply registers. Section 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. A.17.7.4.1 states detectors should not be located in a direct airflow or closer than 36 inches from an air supply diffuser or return air opening. This deficient practice could affects patients, visitors and staff.</p> <p>Based on observations on 05/17/23 between 9:00 a.m. and 1:00 p.m. during a tour of the facility with the Radiology Technician, the following was noted:</p> <p>a. There was a ceiling mounted hard wired smoke detector in Recovery Room 1 within one foot of an air supply vent.</p> <p>b. There was a ceiling mounted hard wired smoke detector in Procedure Room 2 within two feet of an air supply vent.</p> <p>Based on interview at the time of each observation, the Radiology Technician agreed the two smoke detectors were located to close to air supply vents.</p> <p>This finding was reviewed with the Administrator and Radiology Technician during the exit conference.</p>	K0341		
K0345	<p>Fire Alarm System - Testing and Maintenance</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm Systems - Testing and Maintenance</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>	K0345		06/05/2023

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K0345	<p>Continued from page 2</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm system was maintained in accordance with 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, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, 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, 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>2. 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 19.3.4.5.1 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"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>1. Based on record review on 05/17/23 between 9:00 a.m. and 1:00 p.m. with the Radiology Technician present, there was no smoke detector sensitivity test available to review for the past 24-month period. The most recent smoke detector sensitivity test report available was dated 03/31/21 for all 41 smoke detectors. Based on interview at the time of record review, the Radiology Technician confirmed a smoke detector sensitivity test has not been performed since 03/31/21.</p>	K0345		

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K0345	Continued from page 3 This finding was reviewed with the Administrator and Radiology Technician during the exit conference. 2. Based on record review on 05/17/23 between 9:00 a.m. and 1:00 p.m. with the Radiology Technician present, a visual semi-annual fire alarm system inspection report was provided and performed by the facility staff on 01/04/23, however, the report provided only included the testing of pull stations but did not include the visual inspection of smoke detectors and all heat detectors in the facility. Based on interview at the time of record review, the Radiology Technician confirmed the semi-annual visual inspection of the fire alarm system's initiating devices, such as, smoke detectors and heat detectors, were not included on the semi-annual visual inspection performed on 01/04/23. This finding was reviewed with the Administrator and Radiology Technician during the exit conference.	K0345		
K0712 Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills 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. 21.7.1.4 through 21.7.1.7 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure the fire alarm system was activated during 3 of 4 fire drills performed during the past 12 months. This deficient practice could affect all occupants in the facility. Based on record review on 05/17/23 between 9:00 a.m. and 1:00 p.m. with the Radiology Technician present, documentation for fire drills performed on 07/18/22, 10/12/22, and 01/26/23 had a question for each drill that said "Alarm Activated" with a "Yes" or "No" answer. The answer for each of the three fire drills performed was "No". Based on interview at the time of	K0712		06/05/2023

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K0712 Bldg. 01	Continued from page 4 record review, the Radiology Technician said the alarm was not activated during three of the four documented fire drills during the past 12 months, but that issue has been addressed and the alarm will be activated during each fire drill in the future. This finding was reviewed with the Administrator and Radiology Technician during the exit conference.	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: 05/17/23</p> <p>Facility Number: 012244</p> <p>Provider Number: 15C0001174</p> <p>AIM Number: NA</p> <p>At this Emergency Preparedness survey, Metro 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>Quality Reivew completed on 05/25/23</p>	E0000		

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