

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - COMMUNITY CARE</b> ... B. WING	(X3) DATE SURVEY COMPLETED <b>08/14/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNITY DIGESTIVE CENTER ANDERSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 MEDICAL ARTS BLVD STE 300 , ANDERSON, Indiana, 46011</b>	
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K0000	<p><b>INITIAL COMMENTS</b></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: 08/14/23</p> <p>Facility Number: 004174</p> <p>Provider Number: 15C0001140</p> <p>AIM Number: NA</p> <p>At this Life Safety Code survey, Community Digestive Center Anderson 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 facility located on the third floor of a three story building with a basement was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detectors in the corridors and common areas.</p> <p>Quality Review completed on 08/22/23</p>	K0000		
K0353	<p><b>Sprinkler System - Maintenance and Testing</b></p> <p>CFR(s): NFPA 101</p> <p><b>Sprinkler System - Maintenance and Testing</b></p> <p>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>	K0353		09/25/2023

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K0353	<p>Continued from page 1</p> <p>b) Who provided system test</p> <p>_____</p> <p>c) Water system supply source</p> <p>_____</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>Based on record review and interview, the facility failed to 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 5.2.2.2 requires sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director (POD) on 08/14/23 at 12:30 p.m. in the front stairwell, there were about 10 wires attached to the sprinkler pipe by the third floor exit. Based on interview at the time of observation, the POD said that the wires were communication cables and would need to be removed.</p> <p>This finding was reviewed with the Business Office Manager at the exit conference.</p>	K0353		
K0500	<p>Building Services - Other</p> <p>CFR(s): NFPA 101</p> <p>Building Services - Other</p> <p>List in the REMARKS section any LSC Section 20.5 and 21.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 fuel fired water heaters/ boilers had</p>	K0500		09/25/2023

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K0500	Continued from page 2 current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff and visitors.  Findings include:  Based on observations with the Plant Operations Director (POD) during a tour of the facility at 01:15 p.m. on 08/14/23, the water heaters/ boilers were missing current Certificate of Inspection documentation from the State of Indiana:  Based on interview at the time of the observations, the POD stated that he thought current documentation of Certificate of Inspection for the boilers is normally kept at the service water heater locations and acknowledged the aforementioned service water heaters were missing current Certificate of Inspection documentation from the State of Indiana.  This finding was reviewed with the Business Office Manager at the exit conference.	K0500		
K0761	Maintenance, Inspection & Testing - Doors  CFR(s): NFPA 101  This STANDARD is NOT MET as evidenced by:  Based on records review, and interview, the facility failed to ensure annual inspection and testing of fire door assemblies were completed in accordance with LSC 19.1.1.4.1.1. Communicating openings in dividing fire barriers required by 19.1.1.4.1 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 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, 5.2.3.1 states	K0761		09/21/2023

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K0761	<p>Continued from page 3</p> <p>functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. 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.</p> <p>NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p> <p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity.</p> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Plant Operations Director (POD) on 08/14/23 at 11:30 a.m., no annual inspection of the fire door assemblies was available</p>	K0761		

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K0761	Continued from page 4 for review. Based on interview at the time of records review, the POD stated an annual inspection was not completed for the fire door assemblies in the last year but they are in the process of completing the annual fire door inspection.  This finding was reviewed with the Business Office Manager at the exit conference.	K0761		
K0918	Electrical Systems - Essential Electric Syste  CFR(s): NFPA 101  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 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)  This STANDARD is NOT MET as evidenced by:  Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for the facility's diesel powered generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.4.4.1.1.3 states for Type 1 EES (Essential	K0918		09/29/2023

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K0918	Continued from page 5 Electrical System) generator sets, 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 patients.  Findings include:  Based on record review with the Plant Operations Director on 08/14/23 at 11:10 a.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 Plant Operations Director stated the Ambulatory Surgical Center does have a diesel generator but was unaware of the fuel quality testing requirements.  This finding was reviewed with the Business Office Manager at the exit conference.	K0918		
K0923 Bldg. 01	Gas Equipment - Cylinder and Container Storage  CFR(s): NFPA 101  Gas Equipment - Cylinder and Container Storage  *Greater than or equal to 3,000 cubic feet  Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.  *Greater than 300 but less than 3,000 cubic feet  Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hour fire protection rating.  *Less than or equal to 300 cubic feet  In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.	K0923		09/12/2023

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K0923  Bldg. 01	<p>Continued from page 6 A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 11 of 11 carbon dioxide cylinders were segregated from full and empty cylinders and were marked to avoid confusion. NFPA 99, Section 11.6.5.2 states, if empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Section 11.6.5.3 states empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in a rapid manner. This deficient practice could affect all surgery patients.</p> <p>Findings include:</p> <p>Based on observation with the Business Office Manager (BOM) on 08/14/23 at 12:25 p.m., the gas storage area contained 11 carbon dioxide cylinders that were not marked or separated as full and empty cylinders. Based on interview at the time of observation, the BOM agreed the carbon dioxide cylinders were not marked as full and empty cylinders.</p> <p>This finding was reviewed with the BOM during the exit conference.</p>	K0923		

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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: 08/14/23</p> <p>Facility Number: 004174</p> <p>Provider Number: 15C0001140</p> <p>AIM Number: N/A</p> <p>At this Emergency Preparedness survey, Community Digestive Center Anderson 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 08/22/23</p>	E0000		

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