

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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED <b>08/23/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>VISION SURGICAL CENTER AT SPRINGHILL INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 W 14TH ST STE 100 B , JEFFERSONVILLE, Indiana, 47130</b>		
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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: 08/23/23</p> <p>Facility Number: 002769</p> <p>Provider Number: 15C0001102</p> <p>AIM Number: 200303160A</p> <p>At this Life Safety Code Recertification Survey, Vision Surgical Center at Springhill 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>The facility was located in the basement of a two story building of Type II (111) construction.</p> <p>The basement is the only portion of the building that is sprinklered. The facility has a fire alarm system with hard wired smoke detectors located throughout the facility.</p> <p>Quality Review completed on 08/30/23</p>	K0000		
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.</p> <p>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>	K0345		

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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K0345	<p>Continued from page 1</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>1. Based on record review and interview, the facility failed to ensure the documentation for the annual testing of all devices connected to 1 of 1 fire alarm system was complete and accurate. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p> <ul style="list-style-type: none"> <li>(1) Date</li> <li>(2) Test frequency</li> <li>(3) Name of property</li> <li>(4) Address</li> <li>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</li> <li>(6) Name, address, and representative of approving agency (ies)</li> <li>(7) Designation of the detector(s) tested</li> <li>(8) Functional test of detectors</li> <li>(9)*Functional test of required sequence of operations</li> <li>(10) Check of all smoke detectors</li> <li>(11) Loop resistance for all fixed-temperature, line-type heat detectors</li> <li>(12) Functional test of mass notification system control units</li> <li>(13) Functional test of signal transmission to mass notification systems</li> <li>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</li> <li>(15) Tests of intelligibility of mass notification system speakers</li> <li>(16) Other tests as required by the equipment manufacturer's published instructions</li> </ul>	K0345		

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K0345	<p>Continued from page 2</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>2. 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>Findings include:</p> <p>#1 Based on record review on 08/23/23 between 9:30 a.m. and 2:15 p.m. with the DON and Assistant DON present, the most recent four quarterly fire alarm system inspection/testing reports, which also included the annual fire alarm system inspection/testing report dated 08/18/22, 11/22/22, 02/23/23 and 05/23/23, only included the visual inspection and functional testing of 21 of the facility's 25 smoke detectors. The smoke detectors in the two OR's and two Post Op smoke detectors were not included as being inspected/tested during any of the four most recent fire alarm system inspections. This was acknowledged by the DON and Assistant DON at the time of record review.</p> <p>This finding was reviewed with the DON and Assistant DON during the exit conference.</p> <p>Findings include:</p> <p>#2 Based on record review on 08/23/23 between 9:30 a.m.</p>	K0345		

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K0345	<p>Continued from page 3 and 2:15 p.m. with the DON and Assistant DON present, there was no smoke detector sensitivity test available for review for 25 of 25 smoke detectors. Based on interview at the time of record review, the DON confirmed no documentation for smoke detector sensitivity was available for review.</p> <p>This finding was reviewed with the DON and Assistant DON during the exit conference.</p>		K0345			
K0346	<p>Fire Alarm System - Out of Service</p> <p>CFR(s): NFPA 101</p> <p>Fire Alarm - Out of Service</p> <p>Fire alarms that are out of service for 4 hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of all patients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/23/23 between 9:30 a.m. and 2:15 p.m. with the DON and Assistant DON present, the facility provided fire watch documentation, however, it was incomplete. The plan failed to include the web link for contacting the Incident Reporting System located on the Indiana Department of Health Gateway. Based on an interview at the time of record review, the DON agreed the fire watch policy lacked the previously mentioned information and said it was the only fire watch policy available.</p> <p>This finding was reviewed with the DON and Assistant DON during the exit conference.</p>		K0346			
K0354	Sprinkler System - Out of Service		K0354			

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K0354	<p>Continued from page 4 CFR(s): NFPA 101</p> <p>Sprinkler System - Out of Service</p> <p>Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24 hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>9.7.5, 15.5.2 (NFPA 25)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of all patients in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/23/23 between 9:30 a.m. and 2:15 p.m. with the DON and Assistant DON present, the facility provided fire watch documentation, however, it was incomplete. The plan failed to include the web link for contacting the Incident Reporting System located on the Indiana Department of Health Gateway. Based on an interview at the time of record review, the DON agreed the fire watch policy lacked the previously mentioned information and said it was the only fire watch policy available.</p> <p>This finding was reviewed with the DON and Assistant DON during the exit conference.</p>	K0354		
K0918 Bldg. 01	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101	K0918		

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K0918 Bldg. 01	<p>Continued from page 5 Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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.</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide documentation for the testing of 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 occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/23/23 between 9:30 a.m.</p>	K0918		

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K0918 Bldg. 01	<p>Continued from page 6 and 2:15 p.m. with the DON and Assistant DON present, the facility could not provide documentation of a four hour test of the emergency generator within the past 36 months for the emergency generator. This was confirmed by the DON at the time of record review.</p> <p>This finding was reviewed with the DON and Assistant DON during the exit conference.</p>	K0918		

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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: 08/23/23</p> <p>Facility Number: 002769</p> <p>Provider Number: 15C0001102</p> <p>AIM Number: 200303160A</p> <p>At this Emergency Preparedness survey, Vision Surgery Center at Springhill Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54</p> <p>Quality Review completed on 08/30/23</p>	E0000		

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