

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SULLIVAN SURGIC.. B. WING	(X3) DATE SURVEY COMPLETED 01/02/2024
NAME OF PROVIDER OR SUPPLIER SULLIVAN SURGICENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 320 N SECTION ST , SULLIVAN, Indiana, 47882	
(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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 11/21/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 01/02/24</p> <p>Facility Number: 003633</p> <p>Provider Number: 15C0001133</p> <p>AIM Number: 200503030A</p> <p>At this PSR survey, Sullivan Surgicenter 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 three story facility was determined to be of Type I (332) construction and partially sprinklered. The facility has a fire alarm system with smoke detection in corridors, some areas open to the corridors, and hazardous areas. Sprinklers were located in the laundry, maintenance shop, and rooms 101 and 309.</p> <p>Quality Review completed on 01/03/24</p>	K0000		
K0916	<p>Electrical Systems - Essential Electric Syste</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Alarm Annunciator</p> <p>A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The</p>	K0916		

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K0916	<p>Continued from page 1 annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator.</p> <p>6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator was provided with a properly operating alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' stations. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate:</p> <p>a. When the emergency or auxiliary power source is operating to supply power to load.</p> <p>b. When the battery charger is malfunctioning.</p> <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <p>a. Low lubricating oil pressure.</p> <p>b. Low water temperature.</p> <p>c. Excessive water temperature.</p> <p>d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply.</p> <p>e. Overcrank (failed to start).</p> <p>f. Overspeed.</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 6.4.1.1.17(1) and (2) occur but need not display these conditions individually. This deficient practice could</p>	K0916		

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K0916	Continued from page 2 affect all occupants in the facility. Findings include: Based on observation on 01/02/24 at 11:15 a.m. with the Director of Nursing during a post survey revisit, the remote generator annunciator panel located in the maintenance building was not in operation. Based on interview with the Administrator on 01/02/24 at 11:30 a.m., he stated an electrician was recently at the facility to assess the annunciator panel, but was unable to perform the work. The Administrator stated he is waiting on a different electrician company to come to the facility for the annunciator panel and he confirmed that the generator annunciator panel is still not in working order at the time of the post survey revisit. This finding was reviewed with the Administrator at the exit conference. This deficiency was cited on 11/21/23. The facility failed to implement a systemic plan of correction to prevent recurrence.	K0916		
K0918 Bldg. 01	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	K0918		

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K0918 Bldg. 01	<p>Continued from page 3 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 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 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.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 01/02/24 at 11:00 a.m. during a post survey revisit, 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 Administrator stated the diesel generator at the Ambulatory Surgical Center had not had a fuel quality test at the time of the post survey revisit, and he was working on contacting a company to perform the fuel quality test.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>This deficiency was cited on 11/21/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	K0918		

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E0000	<p>Initial Comments</p> <p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 11/21/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54.</p> <p>Survey Date: 01/02/24</p> <p>Facility Number: 003633</p> <p>Provider Number: 15C0001133</p> <p>AIM Number: 200503030A</p> <p>At this PSR to the Emergency Preparedness survey, Sullivan Surgicenter LLC 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 01/03/24</p>	E0000		

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