

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001071	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MICHIANA B. WING	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER MICHIANA ENDOSCOPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 53830 GENERATIONS DR STE A , SOUTH BEND, Indiana, 46635	
(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: 12/16/2024</p> <p>Facility Number: 009761</p> <p>Provider Number: 15C0001071</p> <p>AIM Number: 200156540A</p> <p>At this Life Safety Code Survey, Michiana Endoscopy Center was found not in compliance with Requirement 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 original facility opened in 1997 with two procedure rooms at 4,034 square feet, then in 2002, expanded to 7,740 square feet and four procedure rooms. It is located in a one-story building determined to be of Type II (111) construction and was non-sprinklered. The facility has a fire alarm system with smoke detection in the corridors. The facility is protected by a Type 1 Emergency Power Battery System.</p> <p>Quality Review completed on 12/19/24</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>	K0345		

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K0345	<p>Continued from page 1 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 all fire alarm system initiating devices were tested in accordance with the schedules for testing frequency in NFPA 72. LSC Section 21.3.4.1 states Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 21.3.4.2 through 21.3.4.4. LSC Section 9.6.1.3 states a fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electric Code and NFPA 72, National Fire Alarm and Signaling Code. 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 patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Center Director from 9:33 a.m. to 11:19 a.m. on 12/16/24, an annual test and inspection of the fire alarm system was conducted by a contracted vendor on 08/27/24; however, no documentation could be provided regarding a visual semi-annual fire alarm system inspection during the past 12 months. Based on interview at the time of record review, the Center Director stated she was unaware of the requirement for a semi-annual visual inspection of the fire alarm system and did not believe one had been completed.</p>	K0345		

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K0345	Continued from page 2	K0345		
K0712	<p>This finding was reviewed with the Center Director at the exit conference.</p> <p>Fire Drills</p> <p>CFR(s): NFPA 101</p> <p>Fire Drills</p> <p>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.</p> <p>21.7.1.4 through 21.7.1.7</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct 1 of 4 fire drills in the last 12 months. LSC section 21.7.1.6 states: Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review and interview with the Center Director from 9:33 a.m. to 11:19 a.m. on 12/16/24, there was no record of a fire drill conducted during the first quarter of 2024. Based on interview with the Center Director, the facility operates with one shift. The Center Director stated she was on medical leave during the first quarter and no fire drill had been conducted during her absence; however, upon her return in the second quarter of 2024 she conducted two fire drills one on 04/09/2024 and a second on 06/18/2024.</p> <p>This finding was reviewed with the Center Director at the exit conference.</p>	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: 12/16/2024</p> <p>Facility Number: 009761</p> <p>Provider Number: 15C0001071</p> <p>AIM Number: 200156540A</p> <p>At this Emergency Preparedness Survey, Michiana Endoscopy 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 4 certified operating rooms.</p> <p>Quality Review completed on 12/19/24</p>	E0000		

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