

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - CLINIC EXPANSIO... B. WING	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER SOUTH BEND CLINIC & SURGICENTER THE			STREET ADDRESS, CITY, STATE, ZIP CODE 211 N EDDY ST BOX 4061, SOUTH BEND, Indiana, 46617	
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K0000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification was conducted by the Indiana Department of Health in accordance with 42 CFR 416.44(b)</p> <p>Survey date: 02/06/2025</p> <p>Facility Number: 005388</p> <p>Provider Number: 15C0001007</p> <p>AIM Number: 100274090A</p> <p>At this Life Safety Code survey, The South Bend Clinic & Surgicenter was found 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 is located on the ground floor of a three-story building and was determined to be of Type II (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and in the operating rooms. The facility is separated from the first-floor office occupancy by a one-hour fire barrier and from other floors by a two-hour fire barrier. The ASC does not support ventilators and only uses mild sedation; therefore, the facility is protected by a type II EES emergency diesel powered generator.</p> <p>Quality Review completed on 02/07/25</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</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 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> <p>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 21.3.3.4.1 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: 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> <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 Executive Director of Operations and Facilities Manager from 9:45 a.m. to 1:20 p.m. on 02/06/25, the facility provided documentation of an annual fire alarm test and inspection that was completed on 04/8/24; however, the facility was unable to provide documentation of a semi-annual fire alarm visual inspection since the annual test and inspection. Based on interview at the time of record review, the Facilities Manager stated he was not aware of a semi-annual visual inspection conducted. At the time of record review the Facilities Manager contacted the fire alarm system vendor and scheduled an inspection to be conducted as soon as possible.</p> <p>This finding was reviewed with the Executive Director of Operations and Facilities Manager at the exit conference.</p>	K0345		
K0346	<p>Fire Alarm System - Out of Service</p> <p>CFR(s): NFPA 101</p>	K0346		

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K0346	<p>Continued from page 2</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 and accurate 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 4-hours or more in a twenty-four-hour period in accordance with LSC, Section 9.6.1.6.</p> <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 Executive Director of Operations and Facilities Manager from 9:45 a.m. to 1:20 p.m. on 02/06/25, the "Fire Watch" policy provided was incomplete.</p> <p>1. The policy failed to include contacting the Indiana Department of Health via the IDOH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the IDOH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@health.in.gov.</p> <p>2. The policy failed to state that personnel performing fire watch must be trained in fire watch procedures and have no other duties assigned.</p> <p>This finding was reviewed with the Executive Director of Operations and Facilities Manager at the exit conference.</p>	K0346		
K0354	<p>Sprinkler System - Out of Service</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Out of Service</p>	K0354		

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K0354	<p>Continued from page 3</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 complete and accurate 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 10-hours or more in a twenty-four-hour period in accordance with LSC, Section 9.7.6. LSC 9.7.6 requires sprinkler impairment procedures complying 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. A.15.5.2 (4) (b) states a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly.</p> <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 Executive Director of Operations and Facilities Manager from 9:45 a.m. to 1:20 p.m. on 02/06/25, the "Fire Watch" policy provided was incomplete.</p> <p>1. The policy failed to include contacting the Indiana Department of Health via the IDOH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the IDOH Gateway is</p>	K0354		

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K0354	Continued from page 4 nonoperational by completing the Incident Reporting form and e-mailing it to incidents@health.in.gov. 2. The policy failed to state that personnel performing fire watch must be trained in fire watch procedures and have no other duties assigned. This finding was reviewed with the Executive Director of Operations and Facilities Manager at the exit conference.	K0354		
K0761	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure annual inspection and testing of fire door assemblies were completed in accordance with LSC 8.3.3.1. LSC 8.3.3.1 states 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, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly. This deficient practice could affect all patients, staff and visitors. Findings include: Based on record review and interview with the Executive Director of Operations and Facilities Manager from 9:45 a.m. to 1:20 p.m. on 02/06/25, the facility was not able to provide fire door assembly inspections for 2 of 2 hazardous areas including one medical gas storage room and one biohazardous room. Based on interview the Facilities Manager acknowledged fire door assembly inspections were not conducted. This finding was reviewed with the Executive Director	K0761		

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K0761	Continued from page 5 of Operations and Facilities Manager at the exit conference.	K0761		
K0918	Electrical Systems - Essential Electric System 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: 1.) Based on observation, record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 12 of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2 requires diesel generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the	K0918		

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K0918 Bldg. 02	<p>Continued from page 6 generator to be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>2.) Based on record review and interview, the facility failed to maintain 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.</p> <p>3.) Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 12 of 12 months as required by NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating.</p> <p>Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.</p> <p>Based on record review and interview with the Executive Director of Operations and Facilities Manager from 9:45 a.m. to 1:20 p.m. on 02/06/25,</p> <p>1.) Documentation for the monthly load tests did not include transfer time, time ran under load, cool down time or load percentage.</p> <p>2.) Load information to show the actual load percentage</p>	K0918		

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K0918 Bldg. 02	Continued from page 7 for the diesel-powered generator was not documented. 3.) The facility failed to provide documentation for a 4-hour test within the last 3 years of the emergency generator. At the time of record review the Facilities Manager stated he was not aware of the information that is required to be documented and agreed the form used to document the monthly load test did not include all the required information; furthermore, the Facilities Manager contacted the generator service vendor who advised him that the last load bank test was conducted on 11/04/23, and the last time they had conducted a 4 hour test of the generator was in 2020. These findings were reviewed with the Executive Director of Operations and Facilities Manager at the exit conference.	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: 02/06/2025</p> <p>Facility Number: 005388</p> <p>Provider Number: 15C0001007</p> <p>AIM Number: 100274090A</p> <p>At this Emergency Preparedness Survey, The South Bend Clinic & Surgicenter 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 02/07/25</p>	E0000		

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