

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

PRINTED: 01/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2020
NAME OF PROVIDER OR SUPPLIER CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 W BETHEL AVENUE MUNCIE, IN 47304	
(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
K 000	<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: 11/06/20</p> <p>Facility Number: 010493 Provider Number: 15C0001081 AIM Number: 200220380A</p> <p>At this LSC survey, Central Indiana Orthopedic Surgery Center 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 one story facility was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors.</p> <p>Quality Review completed on 11/12/20 Illumination of Means of Egress CFR(s): NFPA 101</p> <p>Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 20.2.8, 21.2.8, 7.8</p>	K 000		
K 281		K 281		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/08/2020

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 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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K 281	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure continuity of egress lighting for 4 of 4 exits. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways and exit passageways leading to a public way. This deficient practice could affect all patients, staff and visitors if needing to exit the facility</p> <p>Findings include:</p> <p>Based on observations on 11/06/20 during the tour between 11:00 a.m. to 2:00 p.m. with the Director of Surgery and Maintenance Supervisor all four exit discharges were provided with outside lighting. Based on interview at the time of the observations, the Director of Surgery and Maintenance Supervisor acknowledged the facility did not have these light fixtures at the discharge locations on generator backup. This issue was discussed with the Director of Surgery at the exit conference.</p>	K 281		
K 354	<p>Sprinkler System - Out of Service CFR(s): NFPA 101</p> <p>Sprinkler System - Out of Service 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</p>	K 354		

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K 354	<p>Continued From page 2</p> <p>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 1 of 1 written policy containing procedures to be followed 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.</p> <p>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 at Section 15.5.2(6)</p> <p>The insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified.</p> <p>Section 15.7 (3) (4) When all impaired equipment is restored to normal working order, the fire department has been advised that protection is restored and the property owner or designated representative, insurance carrier, alarm company, and other authorities having jurisdiction have been advised that protection is restored. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 11/06/20 at 12:01 p.m. with the Director of Surgery and Maintenance Supervisor the facility provided fire watch documentation but it was incomplete. The plan only contacts the Fire dept and staff during a sprinkler system impairment and failed to notify ISDH, Monitoring Co, Owner Operator, Insurance Carrier. Finally the plan failed to call all entities</p>	K 354		

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K 354	Continued From page 3 once the sprinkler system has been restored to normal operation. Based on an interview at the time of record review, the Maintenance Supervisor acknowledged the fire watch policy and procedure lacked notifying all required entities to advise them sprinkler protection has been restored. This issue was discussed with the Director of Surgery at the exit conference.	K 354		
K 918	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	K 918		

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K 918	<p>Continued From page 4</p> <p>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 on 11/06/20 at 11:10 a.m., with the Director of Surgery and Maintenance Supervisor, 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 Maintenance Supervisor stated the fuel analysis was done over a year ago and could not provide any documentation for a fuel quality test this current or past year. This issue was discussed with the Director of Surgery at the exit conference.</p>	K 918		
K 920	<p>Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101</p> <p>Electrical Equipment - Power Cords and</p>	K 920		

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K 920	<p>Continued From page 5</p> <p>Extension Cords</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure.</p> <p>Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords and power strips were not used as a substitute for fixed wiring according to 9.1.2. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observations on 11/06/20 during the</p>	K 920		

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K 920	<p>Continued From page 6</p> <p>tour between 12:16 p.m. to 1:36 p.m. with the Director of Surgery and Maintenance Supervisor the following was discovered:</p> <p>a) A vending machine and pop machine were connected to a power strip which was powered by an extension cord in the exit access to the Front exit.</p> <p>b) A power strip was used to power a large refrigerator in the Employee breakroom.</p> <p>Based on interview at the time of observations, the Maintenance Supervisor acknowledged items (a) and (b) above.</p> <p>This issue was discussed with the Director of Surgery at the exit conference.</p>	K 920		