

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

PRINTED: 04/20/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001120	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2022
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP COD 5255 E STOP 11 ROAD, SUITE 100 INDIANAPOLIS, IN 46237
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 416.54.</p> <p>Survey Date: 02/07/22</p> <p>Facility Number: 003217 Provider Number: 15C0001120 AIM Number: 1184601098</p> <p>At this Emergency Preparedness survey, Franciscan Surgery Center LLC 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 8 certified operating rooms and one procedure room.</p> <p>Quality Review completed on 02/10/22</p>	E 0000	Noted	
K 0000 Bldg. 01	<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: 02/07/22</p> <p>Facility Number: 003217 Provider Number: 15C0001120 AIM Number: 1184601098</p> <p>At this Life Safety Code survey, Franciscan Surgery Center LLC was found not in compliance</p>	K 0000	Noted and deficiencies addressed in specific tags.	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0100 Bldg. 01	<p>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, located on the first floor of a four story building, was determined to be of Type II (111) construction and was fully sprinklered. The facility expanded into the west smoke compartment on the first floor of the building across from the main entrance lobby to the building and the east smoke compartment of the surgery center in 2015. The facility has a fire alarm system with smoke detection in patient rooms.</p> <p>Quality Review completed on 02/10/22</p> <p>NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section, any LSC Section 20.1 and 20.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>1. Based on observation and interview, the facility failed to maintain latching hardware on 2 of 28 doors and would self close and latch into the door frame per LSC 4.6.12.3. LSC 4.6.12.3 requires existing life safety features obvious to the public if not required by the Code, shall be either maintained or removed. This deficient practice could affect all patients and staff.</p> <p>Findings include:</p>	K 0100	<p>Doors cited as deficient, 1004 and 1008, repaired and functioning properly (self-closing). See attached pictures.</p> <p>The one inch square hole noted in the wall above the suspended ceiling above the corridor door by the storage room by the Pre-Op Office in the east surgery center smoke compartment was filled</p>	02/24/2022

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	<p>Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, the corridor door by the storage room by the Pre-Op Office in the east surgery center smoke compartment was equipped with a self-closing device and latching hardware but the door failed to latch into the door frame when tested to close multiple times. An identification label was affixed to the hinge side of the door frame indicating the door location was "1008". Review of first floor plot plan documentation during the tour indicated the door was in a "2-hour rated wall". In addition, the south entrance door to the storage room near the west end of the west surgery center smoke compartment was also equipped with a self-closing device and latching hardware but the door failed to latch into the door frame when tested to close multiple times. An identification label was affixed to the hinge side of the door frame indicating the door location was "1004". Review of first floor plot plan documentation during the tour indicated the door was in a "1-hour rated wall". Based on interview at the time of the observations, the Building Maintenance Technician for NTS agreed the aforementioned two doors failed to latch into the door frame when tested to self close multiple times.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>2. Based on observation and interview, the facility failed to maintain 1 of 1 fire barriers within the facility's suite in accordance with LSC 4.6.12.3. LSC 4.6.12.3 requires existing life safety features obvious to the public if not required by the Code,</p>		<p>and repaired with Fire Caulking.</p> <p>Annual door inspection will resolve and prevent self-closing deficiencies on applicable doors. The hole was filled to resolve and prevent future deficiencies. The Administrator and Property Management will be responsible for this oversight.</p>	

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K 0291 Bldg. 01	<p>shall be either maintained or removed. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, a one inch square hole was noted in the wall above the suspended ceiling above the corridor door by the storage room by the Pre-Op Office in the east surgery center smoke compartment. Two layers of 5/8th inch thick drywall was noted on each side of the wall stud where the hole was located. Review of first floor plot plan documentation during the tour indicated the wall was a "2-hour rated wall". Based on interview at the time of the observations, the Building Maintenance Technician for NTS agreed a one inch square hole was noted in the wall at the aforementioned location.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 20.2.9.1, 21.2.9.1, 7.9</p> <p>Based on record review, observation, and interview; the facility failed to document monthly testing for all battery backup lights in accordance with LSC 7.9. Section 7.9.3.1.1 states testing of emergency lighting systems shall be permitted to be conducted as follows:</p>	K 0291	The monthly functional testing documentation for all battery backup lights updated the duration of the test (attached copy of new checklist). This will ensure battery lighting systems testing on	02/24/2022

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	<p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2).</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the tests required by 7.9.3.1.1(1) and (3).</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>This deficient practice could affect all patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of "Operating Rooms Emergency Light Check (Monthly)" and "Emergency Exit Light Inspection (Monthly)" documentation for the most recent twelve month period with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS during record review from 9:15 a.m. to 1:15 p.m. on 02/07/22, monthly functional testing documentation for all battery backup lights did not state the duration of the test. Based on interview at the time of record review, the DON stated general anesthesia can be used in each of the eight operating rooms and battery backup lighting is installed in each of the eight operating rooms and the one procedure room. Based on interview at the time of record review, Building Maintenance Technician for NTS stated some of the exit signs in the facility are also equipped with</p>		<p>a monthly basis for 30 seconds is documented properly.</p> <p>Monthly functional testing with noted changes to documentation will resolve and prevent self-questions regarding the duration of the battery backup testing. The Administrator and Property Management will be responsible for this oversight.</p>	

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K 0323 Bldg. 01	<p>battery backup lighting systems. The Building Maintenance Technician for NTS stated he tests battery lighting systems on a monthly basis for 30 seconds but agreed the duration of the monthly test was not stated on the aforementioned testing documentation. Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, the battery powered emergency light located at the patient exit to the exterior of the building in the east smoke compartment, three operating rooms and the one procedure room each operated when its respective test button was pushed.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>NFPA 101 Anesthetizing Locations Anesthetizing Locations Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99. Zone valves are located immediately outside each life-support, critical care, and anesthetizing location of moderate sedation, deep sedation, or general anesthesia for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others. Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems. Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20 percent and vacuum decreases of 12 inch</p>			

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	<p>gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies.</p> <p>The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system.</p> <p>Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for use are considered before reducing humidity levels to those allowed by ASHRAE, per S&C 13-58.</p> <p>21.3.2.3, NFPA 99 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3.4, 6.4.2.2.4.2</p> <p>1. Based on record review, observation and interview; the facility failed to document monthly testing of emergency lighting in 8 of 8 operating rooms where general anesthesia is administered in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.2.11.1 states one or more battery-powered lighting units shall be provided within locations where deep sedation and general anesthesia is administered. The lighting level of each unit shall be sufficient to terminate procedures intended to be performed within the operating room. The sensor for units shall be wired to the branch circuit(s) serving general lighting within the room. Units shall be capable of providing lighting for 90 minutes and shall be tested monthly for 30 seconds and annually for 30 minutes. Section 3.3.17 defines battery-powered lighting units as individual unit equipment for backup illumination consisting of a rechargeable battery, battery-charging means, provisions for one or more lamps mounted on the</p>	K 0323	<p>The monthly functional testing documentation for all battery backup lights updated the duration of the test (attached copy of new checklist). This will ensure battery lighting systems testing on a monthly basis for 30 seconds is documented properly.</p> <p>Monthly functional testing with noted changes to documentation will resolve and prevent self-questions regarding the duration of the battery backup testing. The Administrator and Property Management will be responsible for this oversight.</p> <p>Humidity log (see attached) to be completed daily by Property Management to resolve the portion</p>	03/07/2022

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	<p>equipment, or with terminals for remote lamps, or both, and relaying device arranged to energize the lamps automatically upon failure of the supply to the unit equipment. This deficient practice could affect eight patients and staff in operating rooms where general anesthesia or life support equipment is used.</p> <p>Findings include:</p> <p>Based on review of "Operating Rooms Emergency Light Check (Monthly)" documentation for the most recent twelve month period with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS during record review from 9:15 a.m. to 1:15 p.m. on 02/07/22, monthly functional testing documentation for battery backup lights in operating rooms where general anesthesia is used did not state the duration of the test. Based on interview at the time of record review, the DON stated general anesthesia can be used in each of the eight operating rooms and battery backup lighting is installed in each of the eight operating rooms. Based on interview at the time of record review, the Building Maintenance Technician for NTS stated he tests battery lighting systems on a monthly basis for 30 seconds but agreed the duration of the monthly test was not stated on the aforementioned testing documentation. Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, the battery powered emergency light located in three of the eight operating rooms each operated when its respective test button was pushed.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS</p>		<p>of the citation related to humidity monitoring. We would note that relative humidity is monitored in the operating rooms by computer systems and would submit audible warnings if the relative humidity was out of range. Documentation of monitoring will validate the computer system is working properly.</p>	

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	<p>during the exit conference.</p> <p>2. Based on record review and interview, the facility failed to ensure the relative humidity in 8 of 8 Operating Rooms was maintained between 20 and 60 percent. The 2012 edition of NFPA 99 references the 2008 edition of the American Society for Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Standard 170, Ventilation of Health Care Facilities. Addendum D of the ASHRAE standard requires relative humidity (RH) in anesthetizing locations to be maintained between 20 - 60 percent. This deficient practice could affect all patients.</p> <p>Findings include:</p> <p>Based on record review with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS from 9:15 a.m. to 1:15 p.m. on 02/07/22, relative humidity monitoring documentation for 8 of 8 operating rooms where general anesthesia can be used was not available for review. Based on interview at the time of record review, the DON stated general anesthesia can be used in each of the eight operating rooms. Based on interview at the time of record review, the Administrator stated relative humidity is monitored in the operating rooms by computer systems and would submit audible warnings if the relative humidity was out of range but agreed relative humidity monitoring documentation for what the range should be was not available for review at the time of the survey.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p>			

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K 0351 Bldg. 01	<p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation Sprinkler systems (if installed) are installed per NFPA 13. Where more than two sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room. 20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13 Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 storage rooms. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in Section 8.5.5.2 and Section 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect over 5 patients, staff and visitors in the east surgery center smoke compartment.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, shelf storage of boxes and binders were on the top shelves in the storage room next to the Pre-Op Office in the east surgery center smoke compartment within three inches of</p>	K 0351	<p>The shelf storage of boxes and binders on the top shelves in the storage room next to the Pre-Op Office in the east surgery center smoke compartment within three inches of the ceiling which provided sprinkler spray pattern obstruction for the ceiling mounted sprinklers in the room were removed and cleared away (see attached pictures).</p> <p>The items were removed and Administrative Assistant advised that items cannot be on the top shelf. Removing items and educating individual who oversees storage room to resolve and prevent future deficiencies. The Administrator and Property Management will be responsible for this oversight.</p>	02/24/2022
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K 0521 Bldg. 01	<p>the ceiling which provided sprinkler spray pattern obstruction for the ceiling mounted sprinklers in the room. Based on interview at the time of the observations, the the Building Maintenance Technician for NTS agreed shelf storage on the top shelves in the room would obstruct the sprinkler coverage.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 20.5.2.1, 21.5.2.1, 9.2</p> <p>Based on record review, observation, and interview; the facility failed to ensure 100 % of fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall be every 4 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked</p>	K 0521	Please see attached proposal to conduct inspection of fire dampers on 3/19/22. Inspection, to be documented by vendor, will satisfy the inspection of fire dampers every 4 years requirements. Moving forward, the inspection will be done at a minimum, every 4 years and will be the responsibility of Property Management and the Administrator.	04/05/2022

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	<p>from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect all patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS from 9:15 a.m. to 1:15 p.m. on 02/07/22, documentation of current fire damper inspection and maintenance was not available for review. Based on interview at the time of record review, the Building Maintenance Technician for NTS stated fire damper inspection documentation within the most recent four year period was not available for review. Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, one fire damper was noted above the suspended ceiling above the corridor door by the Pre-Op Office in the east surgery center smoke compartment. "FD1-1" was written on the wall next to the fire damper location. Documentation affixed to the fire damper did not indicate the date of manufacture of the fire damper. Current inspection documentation was not affixed to the fire damper. Review of first floor plot plan documentation during the tour indicated the fire damper location was in a "2-hour rated wall".</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p>			

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K 0761 Bldg. 01	<p>NFPA 101 Maintenance, Inspection & Testing - Doors Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 21.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) Based on record review and interview, the facility failed to maintain 27 of 28 fire-rated door locations. 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. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire door inspection contractor's "Annual Fire Door Inspection 2021" documentation dated 02/16/21 with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS during record review from 9:15 a.m. to 1:15 p.m. on</p>	K 0761	<p>Door deficiencies referenced will be resolved and are in process of repair by Property Management- to be completed by 4/5/22. Annual door inspection will resolve and prevent self-closing deficiencies on applicable doors. The Administrator and Property Management will be responsible for this oversight.</p>	04/05/2022

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K 0904 Bldg. 01	<p>02/07/22, 27 of 28 fire-rated door locations were listed as deficient per NFPA 80. Based on interview at the time of record review, the Administrator stated fire door repair or replacement documentation on or after 02/16/21 was not available for at the time of the survey.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>NFPA 101 Gas and Vacuum Piped Systems - Warning System Gas and Vacuum Piped Systems - Warning Systems All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable. 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99) Based on record review, observation and interview; the facility failed to maintain 1 of 2 piped gas and vacuum systems in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 5.1.9.2 states a master alarm shall be provided to monitor the operation and condition of the source of supply, the reserve source (if any), and the pressure in the main lines of each medical gas and vacuum piping system. Section 5.1.9.2.1 states the master alarm system shall consist of two or more alarm panels located in at least two separate locations, as follows: (1) One master alarm panel shall be located in the office or workspace of the on-site individual responsible for the maintenance of the medical gas and vacuum piping systems. (2) In order to ensure continuous surveillance of the medical gas and vacuum systems while the facility is in operation, the second master alarm</p>	K 0904	<p>Please see attached quote, providing PO and confirming 4 week period to complete scope of work to address and correct deficiency. This confirms that the second master alarm panel to be located in an area of continuous observation has been ordered and will be installed within 30 days per the vendor. This will ensure that a second panel is in place to meet code requirements cited as deficiency.</p> <p>Annual Medical Gas Inspection will ensure the second panel is in place and in working order. The Administrator and Property Management will be responsible</p>	03/25/2022

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	<p>panel shall be located in an area of continuous observation (e.g., the telephone switchboard, security office, or other continuously staffed located).</p> <p>Section 5.1.9.4 states computer systems used as substitute master alarms as required by 5.1.9.2.1(2) shall have the mechanical and electrical characteristics described in 5.1.9.4.1 and the programming characteristics described in 5.1.9.4.2. This deficient practice could affect 6 patients in the east surgery center smoke compartment.</p> <p>Findings include:</p> <p>Based on review of the piped gas system inspection contractor's "Annual Medical Gas System Test" documentation dated 11/18/21 with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS during record review from 9:15 a.m. to 1:15 p.m. on 02/07/22, the piped gas system for the east smoke compartment surgery center has one master alarm panel location. Review of the "Code Variances" section of the 11/18/21 inspection report indicated the east surgery center smoke compartment has "only one master alarm at facility. Required to have 2 master panels for Category 1 facilities". Based on interview at the time of record review, the DON stated general anesthesia can be used in each of the eight operating rooms. Based on interview at the time of record review, the Administrator stated documentation for the installation of a second master alarm location in the east surgery center smoke compartment on or after 11/18/21 was not available for review and he was not aware if computer systems were being used as substitute master alarms. Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on</p>		for this oversight.	

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K 0907 Bldg. 01	<p>02/07/22, the facility has two separate piped gas systems. One system services the east surgery center smoke compartment and a second separate piped gas system services the west surgery center smoke compartment.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>NFPA 101 Gas and Vacuum Piped Systems - Maintenance Pr Gas and Vacuum Piped Systems - Maintenance Program Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)</p> <p>Based on record review and interview, the facility failed to maintain 2 of 2 piped gas and vacuum systems in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition. This deficient practice could affect four patients.</p> <p>Findings include: Based on review of the piped gas system</p>	K 0907	Please see attached pictures, resolving the following deficiencies; Bay 8"ln use leak"; "Faceplate peeling" for the "OR5 Wall" medical gas outlet; "OR7" had a "missing latch" which was the WAG face plate which was missing a latch.	02/24/2022

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K 0916	<p>inspection contractor's "Annual Medical Gas System Test" documentation dated 11/18/21 with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS during record review from 9:15 a.m. to 1:15 p.m. on 02/07/22, deficiencies were noted during the inspection of the facility's two piped gas systems. Review of the "Medical Gas Outlet Deficiencies" section of the 11/18/21 inspection report for the east surgery center smoke compartment stated "Bay 8" had an "In use leak". The 11/18/21 documentation also stated "Faceplate peeling" for the "OR5 Wall" medical gas outlet. Review of the "Medical Gas Outlet Deficiencies" section of the 11/18/21 inspection report for the west surgery center smoke compartment stated "OR7" had a "missing latch" Based on interview at the time of record review, the DON stated general anesthesia can be used in each of the eight operating rooms. Based on interview at the time of record review, the Administrator stated repair or replace documentation on or after 11/18/21 was not available for review. Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, the facility has two separate piped gas systems. One system services the east surgery center smoke compartment and a second separate piped gas system services the west surgery center smoke compartment. In addition, the label for the vacuum outlet in OR5 was observed partially peeled away from the outlet in the wall.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste</p>		Annual Medical Gas Inspection will ensure the second panel is in place and in working order. The Administrator and Property Management will be responsible for this oversight.	

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Bldg. 01	<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 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>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator with all required safety indicators and shutdowns. 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>Individual alarm indication to annunciate any of</p>	K 0916	<p>Per the guidelines, 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>While "(3) It shall have additional contacts or circuits for a common audible alarm that signals locally</p>	03/07/2022
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	<p>the conditions listed in Table 6.4.1.1.16.2 shall have the following characteristics:</p> <p>(1) It shall be battery powered.</p> <p>(2) It shall be visually indicated.</p> <p>(3) It shall have additional contacts or circuits for a common audible alarm that signals locally and remotely when any of the itemized conditions occurs.</p> <p>(4) It shall have a lamp test switch(es) to test the operation of all alarm lamps.</p> <p>Table 6.4.1.1.16.2(v) states remote emergency stop shutdown shall be indicated.</p> <p>This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10 p.m. on 02/07/22, the facility has one diesel fired emergency generator located outside the building on the south side of the property. Manufacturer's documentation affixed to the nameplate on the generator indicated it was rated at 500 kW. A remote stop switch was installed on the exterior of the weather proof shell housing the emergency generator. The facility has two separate remote annunciator panels for the emergency generator which were located in the Pod 1 nurse's area in the east smoke compartment and at the nurse's station in the west smoke compartment. Neither remote annunciator had a safety indicator for remote emergency stop activation for generator shutdown. Based on interview at the time of the observations, the Administrator agreed neither remote alarm annunciator panel location had a safety indicator for remote emergency stop activation for generator shutdown.</p>		<p>and remotely when any of the itemized conditions occurs." the parameters do not require that there be a separate alarm condition (or visual bulb as can be seen in attached). While I agreed there was not a bulb to visually indicate, the surveyor was not conclusive or decisive that this was a deficiency and we received no follow up when requested.</p> <p>After discussion with surveyor's supervisors, the surveyor did not properly ask the question the citation was based upon. If the surveyor would have asked if there is an annunciator (not a separate one similar to the pictures in the attachment for high coolant temp, low coolant temp, etc.), we would have answered yes. The system alarms if the remote shutoff is engaged. This is tested annually and was confirmed as of 3/8/22 by engaging the remote shutoff at which point the panel(s) alarmed.</p> <p>Therefore, Franciscan Surgery Center does have a safety indicator for remote emergency stop activation for generator shutdown if the remote shut off is engaged. Team members are aware if panel alarms or is activated to contact Administrator and Property Management to facilitate. Due to the existing state and function this resolves any perceived deficiency and will</p>	

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K 0918 Bldg. 01	<p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste 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.</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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110,</p>		continue to be tested annually.	

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	<p>NFPA 111, 700.10 (NFPA 70) Based on record review, observation and interview; the facility failed to document 1 of 1 emergency diesel-fueled generators was allowed a minimum 5 minute cool down period after a load test. LSC 7.9.2.4 requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 2010 Edition, at 6.2.10 Time Delay on Engine Shutdown requires a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown to allow for engine cool down. 6.2.10.1 states the minimum 5-minute delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Generator Loading" documentation for March 2021 through 02/07/22, with the Administrator, the Director of Nursing (DON) and the Building Maintenance Technician for NTS during record review from 9:15 a.m. to 1:15 p.m. on 02/07/22, monthly load testing documentation the facility's diesel fired emergency generator did not include the generator had a minimum five minute cool down time following the monthly load test. Based on interview at the time of record review, the Building Maintenance Technician for NTS stated he conducts a monthly load test for a minimum of 35 minutes but agreed the documentation did not include the generator had a minimum five minute cool down time following the monthly load test. Based on observations with the Administrator and the Building Maintenance Technician for NTS during a tour of the facility from 1:15 p.m. to 3:10</p>	K 0918	<p>The checklist for diesel-fueled generator load test that was allowed a minimum 5 minute cool down period after a load test but not documented, was updated to document a 5 minute cool down period (attached copy of new checklist). This update will ensure the 5 minute cool down period following a load test is documented properly.</p> <p>Generator load testing with noted changes to documentation will resolve and prevent questions regarding the necessary 5 minute cool down following a load test. The Administrator and Property Management will be responsible for this oversight.</p>	02/24/2022
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>p.m. on 02/07/22, the facility has one diesel fired emergency generator located outside the building on the south side of the property. Manufacturer's documentation affixed to the nameplate on the generator indicated it was rated at 500 kW.</p> <p>This finding was reviewed with the Administrator and the Building Maintenance Technician for NTS during the exit conference.</p>				