

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

PRINTED: 12/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 11/16/17 Facility Number: 009776 Provider Number: 15C0001070 AIM Number: 200147980A At this Life Safety Code Survey, Advanced Surgery Center 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. This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in hazardous areas. Quality Review completed on 11/20/17 - DA		K 0000				
K 0346	NFPA 101						

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 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.

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

PRINTED: 12/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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
Bldg. 01	Fire Alarm System - Out of Service Fire Alarm - Out of Service 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. 9.6.1.6 Based on record review and interview, the facility failed to provide a complete 1 of 1 written policy for the protection of patients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants. Findings include: Based on record review with the Director of Nursing on 11/16/17 at 10:10 a.m. the facility provided fire watch documentation but it was incomplete. The plan failed to include contacting the Indiana State Department of Health, the Fire Department, the Building owner, and the Insurance carrier. Based on an interview at the time of record review, the Director of Nursing acknowledged the above mentioned missing contacts within the fire watch policy.			K 0346	Updated Policy 14.22 Fire Watch to reflect contacting ISDH, Fire department, building owner, and insurance carrier. To prevent this finding from reoccurring the DON and governing body will review policy 14.22 to make sure policy meets the standards. The DON will be responsible for updates of policy.		12/04/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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 0351 Bldg. 01	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 provide sprinkler coverage for 1 of 1 roof extending over four feet. NFPA 13, 2010 Edition, Section 8.15.7.2 states sprinklers shall be permitted to be omitted where the exterior roofs, canopies, balconies, decks or similar projections exceeding 4 feet in width are noncombustible, limited combustible or fire retardant-treated wood as defined in NFPA 703, Standard for Fire Retardant-Treated Wood and Fire-Retardant Coatings for Building Materials. This deficient practice could affect all occupants. Findings include: Based on observation with the Director of Nursing on 11/16/17 at 10:56 a.m. the awning at the main entrance to the building was over four feet in width, constructed with combustible materials			K 0351	Blue prints and project manual show that the canopy is part of the Williamson Eye Institute not the Advanced Surgery Center. The Canopy plan blue prints shows that the canopy is constructed of steal beams, steal trusses, and treated wood block. Which is surrounded with a metal roof and cement columns. The canopy was built in 1997 with no alterations to the canopy since it was built.		12/07/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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 0354 Bldg. 01	and did not have sprinkler coverage. Based on interview at the time of the observation, the Director of Nursing acknowledged the lack of sprinkler coverage for the awning located at the main entrance to the facility. NFPA 101 Sprinkler System - Out of Service 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 approved fire watch is provided until the sprinkler system has been returned to service. 9.7.5, 15.5.2 (NFPA 25) 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. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the		K 0354	Updated Policy 14.22 Fire Watch to reflect contacting ISDH, Fire department, building owner, and insurance carrier. To prevent this finding from reoccurring the DON and governing body will review policy 14.22 to make sure policy meets the standards. The DON will be responsible for updates of policy.		12/04/2017	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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 0712 Bldg. 01	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. This deficient practice could affect all occupants. Findings include: Based on record review with the Director of Nursing on 11/16/17 at 10:10 a.m. the facility provided fire watch documentation but it was incomplete. The plan failed to include contacting the Indiana State Department of Health, the Fire Department, the Building owner, and the Insurance carrier. Based on an interview at the time of record review, the Director of Nursing acknowledged the above mentioned missing contacts within the fire watch policy.						
	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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 0754	who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 20.7.1.4 through 20.7.14.7 Based on record review and interview, the facility failed to ensure 12 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 8:00 a.m. and 5:00 p.m. for the last 4 quarters. This deficient practice affects all residents in the facility as well as staff and visitors. Findings include: Based on record review of titled "Exhibit II Fire Drill Checklist" with the Director of Nursing on 11/16/17 at 9:48 a.m., the documentation for the drills performed between the hours of 8:00 a.m. and 5:00 p.m. for the past twelve months lacked verification of the transmission of the signal. Based on interview at the time of record review, the Director of Nursing confirmed that no documentation was available to confirm verification of the transmission of the fire alarm signal to the alarm monitoring company. NFPA 101 Soiled Linen and Trash Containers		K 0712	Updated Fire Drill Check list to confirm with alarm company that they received verification of transmission of the signal. With the Fire Drill Check List updated this will prevent this finding from reoccurring. The DON will be responsible for the completion of the fire drill check list along with call Brenneco and making sure the transmission was received.		12/04/2017	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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
Bldg. 01	Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. 20.7.5.5, 21.7.5.5 Based on observation and interview, the facility failed to ensure 1 of 1 OR room #1 was protected in accordance with 21.7.5. LSC 21.7.5.5.1(3) requires mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. LSC 21.3.2.1 requires doors to hazardous areas shall be self-closing. This deficient practice could affect staff only. Findings include: Based on observation with the Director of Nursing on 11/16/17 at 11:07 a.m. a fifty-five gallon container was noted in OR room #1. When the corridor door was tested, it failed to self-close. Based on interview at the time of observation, the Director of Nursing acknowledged the door to OR room #1 did not have a			K 0754	The facility purchased 32 gallon trash cans for the and removed the 55 gallons from the facility to prevent this finding from reoccurring. The DON will be responsible for keeping only 32oz trash cans in surgery. Uploaded pictures to show that OR#1 door has a self closing device.		12/04/2017

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

PRINTED: 12/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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 0918 Bldg. 01	self-closing device, did had a fifty-five gallon trash container located within it, and at times during surgery was full of combustible surgical waste. 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. 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						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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			
	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) 1) Based on record review and interview, the facility failed to document the transfer time to the alternate power source on the monthly load tests for 12 of the most recent 12 months to ensure the alternate power supply was capable of supplying service within 10 seconds. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.4.1.1.1 states the generator set or other alternate power source and associated equipment, including all appurtenance parts shall be so maintained as to be capable of supplying service within the shortest time frame practicable an within the 10 second interval specified in 6.4.1.1.10 and 6.4.3.1. This deficient practice could affect all patients, staff and visitors. Findings include: Based on review of "Weekly Generator Inspection Sheet" documentation with the Director of Nursing during record review at 10:11 a.m., monthly load testing documentation for the last twelve months did not include transfer time from normal power to emergency power. Based on interview at the time of record review, the Director of Nursing acknowledged	K 0918	Updated generator test sheets to be able to document if power supply occurs within 10 seconds and document the generator had at least a 5 minute cool down. To ensure this won't reoccur the DON has done generator education to check for the power supply switch and cool down period. The DON will be responsible to make sure that generator checks are being completed correctly and will continue to have generator PM to ensure generator is working correctly.	12/04/2017			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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		
	monthly load testing documentation for the aforementioned period did not include transfer time from normal power to emergency power. 2) Based on record review and interview, the facility failed to ensure 1 of 1 emergency diesel fueled generators was allowed a 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 occupants in the facility. Findings include: Based on review of the facility's emergency generator "Weekly Generator Inspection Sheet" on 11/16/17 at 10:12 a.m. with the Director of Nursing, the generator log form documented the						

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

PRINTED: 12/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001070		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/16/2017	
NAME OF PROVIDER OR SUPPLIER ADVANCED SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 TEAL RD STE 7 LAFAYETTE, IN 47905			
(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
	generator was tested monthly for 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test. During an interview at the time of record review, the Administrator confirmed the monthly generator log did not include documentation of a cool down time being recorded.						