

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

PRINTED: 02/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2019
NAME OF PROVIDER OR SUPPLIER SURGICAL CENTER OF NEW ALBANY			STREET ADDRESS, CITY, STATE, ZIP CODE 2201 GREEN VALLEY RD NEW ALBANY, IN 47150		
(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	
E 000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.54.</p> <p>Survey Date: 12/18/19</p> <p>Facility Number: 005386 Provider Number: 15C0001005 AIM Number: 200174040A</p> <p>At this Emergency Preparedness survey, Surgical Center of New Albany was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54</p>	E 000			

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

TITLE

(X6) DATE

01/15/2020

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 000	INITIAL COMMENTS 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: 12/18/19 Facility Number: 005386 Provider Number: 15C0001005 AIM Number: 100274040A At this Life Safety Code survey, Surgical Center of New Albany 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 facility was a one story fully sprinklered building determined to be of Type V (000) construction. The facility has a fire alarm system with smoke detection in corridors and some common areas.	K 000		
K 291	Emergency Lighting CFR(s): 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 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 5 of 5 battery backup emergency light was tested annually for 90 minutes during the past 12 months to ensure the light would provide lighting during periods of power outages	K 291		12/18/19

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K 291	Continued From page 1 and a written record of visual inspections and tests was provided. LSC Section 7.9.3.1.1 (1) requires 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, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility. Findings include: Based on record review on 12/18/19 between 9:15 a.m. and 12:15 p.m. with the Administrator present, there was documentation to show a 30 second monthly test for five battery operated emergency light sets during the past twelve months, however, there was no documentation to show the battery operated emergency light sets were tested annually for 90 minutes during the past twelve months. Based on an interview at the time of record review, the Administrator said there was no other documentation available to show the battery operated emergency light sets were tested annually for 90 minutes during the past twelve months.	K 291		
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire	K 353		12/19/19

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K 353	<p>Continued From page 2</p> <p>Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 sprinkler system. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p>	K 353		

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K 353	Continued From page 3	K 353			
K 712	<p>Based on record review on 12/18/19 between 9:15 a.m. and 12:15 p.m. with the Administrator present, there was documentation available quarterly sprinkler inspections were performed on 02/28/19, 05/28/19, 08/22/19, and 11/25/19. Monthly wet sprinkler system gauge inspection documentation for the past 12 month period was not available for review. In addition, monthly inspection documentation for all sprinkler system control valves for the past 12 month period was also not available for review. Based on interview at the time of record review, the Administrator said the facility does not document sprinkler system gauge and system control valve inspections and said sprinkler system gauge and control valve inspection documentation for the aforementioned monthly periods was not available for review. Based on observation with the Administrator during a tour of the facility between 9:15 a.m. and 12:15 p.m. the facility had two wet pressure gauges at the sprinkler riser.</p> <p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 21.7.1.4 through 21.7.1.7 This STANDARD is not met as evidenced by:</p>	K 712		12/19/19	

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K 712	Continued From page 4 Based on record review and interview, the facility failed to ensure the fire alarm system was activated during 3 of 4 fire drills performed during the past 12 months. This deficient practice could affect all occupants in the facility. Findings include: Based on record review on 12/18/19 between 9:15 a.m. and 12:15 p.m. with the Administrator present, there was no documentation for fire drills performed on 12/26/18, 01/17/19 and 08/27/19 that showed the audible alarm was activated during the fire drills. Based on interview at the time of record review, the Administrator said the alarm was not activated during each of the three previously mentioned fire drills during the past 12 months.	K 712			
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	K 918		12/27/19	

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K 918	Continued From page 5 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: Based on record review and interview, the facility failed to ensure complete documentation for 1 of 1 diesel fueled emergency generator included a 5 minute cool down period after a load test, a transfer time to the alternate power source on the monthly load tests to ensure the alternate power supply was capable of supplying service within 10 seconds, plus other pertinent documentation on each monthly load test. 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, 6.4.2.1.5.9 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time 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.	K 918			

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K 918	Continued From page 6 Findings include: Based on record review on 12/18/19 between 9:15 a.m. and 12:15 p.m. with the Administrator present, the following was noted concerning the 30 minute monthly generator load test documentation: a. There was no documentation on the form that showed the generator had a cool down time following its load test during 3 of 12 months b. There was no documentation of a transfer time from normal power to emergency power during 3 of 12 months c. There was no documentation for amperage and voltage readings during 5 of 12 months d. There was no start and stop time during 3 of 12 months. This was acknowledged by the Administrator at the time of record review.	K 918			