

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

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001047	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 01/25/2021
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NAME OF PROVIDER OR SUPPLIER  WHITEWATER SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD RICHMOND, IN 47374
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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: 01/25/21</p> <p>Facility Number: 001222 Provider Number: 15C0001047 AIM Number: 100380930A</p> <p>At this Emergency Preparedness survey, Whitewater Surgery Center 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 2 operating rooms.</p> <p>Quality Review completed on 01/29/21</p>	E 0000		
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: 01/25/21</p> <p>Facility Number: 001222 Provider Number: 15C0001047 AIM Number: 100380930A</p> <p>At this Life Safety Code survey, Whitewater Surgery Center was found not in compliance with Requirements for Participation in</p>	K 0000		

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 0354 Bldg. 01	<p>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 with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors.</p> <p>Quality Review completed on 01/29/21</p> <p>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 complete 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 Standard</p>	K 0354	<b>K-0354</b> Effective 2/3/2021 The Clinical Director of Whitewater Surgery Center added Whitewater Surgery Center Owner's number, all Whitewater Eye Center Managers extensions, Koorsen Fire & Security number, & FEMA's	02/23/2021			

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K 0355  Bldg. 01	<p>for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 at Section 15.5.2(6) The insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified. 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 01/25/21 at 12:01 p.m. with the Clinical Director (CD) the facility provided fire watch documentation but it was incomplete. The plan only requires contacting the fire department, insurance carrier and ISDH during a sprinkler system impairment and failed to notify the Monitoring Co, Owner Operator and Heads of staff. Finally the plan failed to call all entities back once the sprinkler system has been restored to normal operation. Based on an interview at the time of record review, the CD acknowledged the fire watch policy and procedure lacked notifying all required entities and then to advise them sprinkler protection has been restored. This was discussed with the CD during the exit conference.</p> <p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p>		number to the Fire Watch Plan for the event of a fire alarm system outage for more than four hours or sprinkler system outage for more than ten hours in any given 24-hour period. All entities will be called back once the sprinkler protection system is restored The Clinical Director will make all staff aware of these additions at the next staff meeting on 2/22/2021 followed with an email of staff meeting minutes for those not in attendance. Staff meeting minutes are sent out with a read confirmation for those not in attendance.		

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	<p><b>20.3.5.3, 21.3.5.3, 9.7.4.1, NFPA 10</b></p> <p>1) Based on observation and interview, the facility failed to ensure 2 of 4 portable fire extinguishers were installed in accordance with NFPA 10. NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition, Section 6.1.3.8.1 states fire extinguishers having a gross weight not exceeding 40 lb. shall be installed so that the top of the fire extinguisher is not more than five feet above the floor. This deficient practice could affect patients, staff and visitors in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Clinical Director (CD) during a tour of the facility from 1:00 p.m. to 1:40 p.m. on 01/25/21, the portable fire extinguisher located in the basement next to the exit door was mounted on the wall with the top of the extinguisher 71 inches above the floor. In addition, the portable fire extinguisher located in the basement next to the dumb waiter measured 67 inches from the top of the fire extinguisher to the floor. Based on interview at the time of observations, the CD stated the fire extinguishers would be lowered to within five feet as required. This was discussed with the CD during the exit conference.</p> <p>2) Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means. (1) Securely on a hanger intended for the extinguishers. (2) In the bracket supplied by the extinguisher manufacture. (3) In a listed bracket approved for such purpose. (3) In a cabinet or</p>	K 0355	<p><b>K 0355</b></p> <p>Effective 1/26/21 the Maintenance Supervisor securely lowered the 2 fire extinguishers in the basement so the top of the extinguisher is no higher than 60 inches from the floor. The same employee securely hung the 2 free standing ABC fire extinguishers to a wall bracket provided by the manufacturer.</p> <p>The maintenance supervisor now understands that any fire extinguisher has to be securely mounted on the wall no higher than 60 inches from the floor or stored upright in a cabinet marked where the fire extinguisher is located on the outside of any cabinet.</p> <p>The Clinical Director has assured these steps have been completed, 1/26/21</p>	01/26/2021

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K 0372 Bldg. 01	<p>wall recess. This deficient practice was not in a patient care area but could affect all staff and patients in the over flow waiting room.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Clinical Director (CD), on 01/27/21 between 12:55 p.m. to 2:00 p.m. the ABC portable fire extinguisher located in the Staff room was setting on a countertop. In addition, there was an ABC portable fire extinguisher setting on the floor in the over flow waiting room. Based on interview at the time of observations, the CD acknowledged the extinguishers were unsupported. This was discussed with the CD during the exit conference.</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2 hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 21.3.7.5, 21.3.7.6, 8.5</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier. LSC Section 21.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum 1/2 hour fire resistive</p>	K 0372	<p><b>K0372</b> Effective 1/26/21 the Maintenance Supervisor made Koorsen Fire &amp; Security as well as the electrician and our internal IT employee aware that we had penetrations in the smoke barrier fire wall caused from electrical wire installation.</p>	02/10/2021

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K 0712 Bldg. 01	<p>rating. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations on 01/25/21 between 1:17 p.m. to 1:50 p.m. with the Clinical Director (CD) and Maintenance Supervisor, the following areas in the smoke barrier wall had unsealed penetrations above the drop ceiling.</p> <p>a. East smokewall had a metal conduit penetrating the smokewall into which two low voltage wires entered and the opening of the conduit was not sealed.</p> <p>b. South smokewall above fire door has a black cable with a 1/2 inch opening around cable and also a metal conduit penetrated the smokewall and had a 1/2 inch opening around it and both were not sealed.</p> <p>c. Small waiting room north smokewall had an outlet size hole and a double outlet hole in the drywall and a fist size hole with 3 low voltage wires penetrating the smokewall and were not sealed.</p> <p>Based on interview at the time of observations, the Maintenance Supervisor confirmed each penetration mentioned in a through c. This was discussed with the CD during the exit conference.</p> <p>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 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</p>		<p>The locations of these penetrations are scheduled to be repaired on 2/10/2021. The maintenance supervisor now understands the importance of notifying all contractors about not making penetrations in the smoke fire wall and if absolutely necessary the holes surrounding the installation must be sealed with proper fire sealant that has minimum 1/2 hour fire resistive rating. The maintenance supervisor will make sure they are notified before work is done. The Clinical Director has witnessed the work to be complete as of 2/10/21.</p>				

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K 0920  Bldg. 01	<p>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 Based on record review and interview, the facility failed to ensure 4 of 4 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the past 4 quarters. This deficient practice affects all patients in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 01/25/21 at 12:03 p.m. with the Clinical Director (CD), the fire drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months lacked verification of the transmission of the signal to the monitoring company. Based on interview at the time of record review, the CD stated the fire drill reports lacked verification of signal transmission to the monitoring company. This was discussed with the CD during the exit conference.</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles 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</p>	K 0712	<p><b>K0712</b> Effective 2/4/21 the Clinical Director changed the policy and procedure for fire drills to include notifying the monitoring system and confirming that the fire alarm signal transmitted successfully. The Clinical Director also made changes to the fire drill report to include documentation of the verification of transmission of the fire alarm signal to the monitoring system. The Clinical Director made the OSHA Safety Officer aware of this change in the drill performance.</p>	02/04/2021

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	<p>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. 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. 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>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords and 1 of 1 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, multiplugs and power strips 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 observation on 01/25/21 at 1:52 p.m. with the Clinical Director (CD) following was observed:</p> <p>a) In Accounting/Purchases an extension cord was connected to a power strip which was used to power various computer devices.</p> <p>Based on interview at the time of observation, the CD acknowledged the misuse of an extension cord and power strip combination. This was discussed with the CD during the exit conference.</p>	K 0920	<p><b>K0920</b></p> <p>Effective 1/25/21 the Maintenance Supervisor was made aware that the misuse of an extension cord and power strip combination in accounting/purchasing in the basement of Whitewater Surgery Center. Maintenance will investigate the ruling of NFPA 70, 2011 Edition, Article 400.8 &amp; LSC 9.1.2 to assure proper wiring will be used for the various computer devices.</p> <p>The Clinical Director assured this issue was taken care of on 2/11/21.</p>	02/11/2021	