An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.54.

Survey Date: 10/29/18

Facility Number: 005398
Provider Number: 15C0001017
AIM Number: 100274250A

At this Emergency Preparedness survey, Muncie Eye Specialist Surgery Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 416.54.

The facility has 2 certified operating rooms.

Quality Review completed on 10/31/18 - DA

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: 10/29/18

Facility Number: 005398
Provider Number: 15C0001017
AIM Number: 100274250A

At this Life Safety Code survey, Muncie Eye Specialists Surgery Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart K 0000.
### Statement of Deficiencies and Plan of Correction

**Identification Number:** 15C0001017

**Provider/Supplier/CLIA:** Muncie Eye Specialists Surgery Center

**Address:** 200 N Tillotson Ave, Muncie, IN 47304

**Date Survey Completed:** 10/29/2018

**ID** | **Prefix** | **Tag** |
--- | --- | --- |

**Summary Statement of Deficiencies:**

This facility located on the first floor of a two story building of Type II (000) construction with a basement was fully sprinklered. The facility has a fire alarm system with smoke detectors in the corridors and in common areas.

Quality Review completed on 10/31/18 - DA 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

Based on record and interview, the facility failed to ensure 2 of 2 battery backup lights were tested monthly and annually for at least 30 minutes over the past year to ensure the light would provide lighting during periods of power outages, and a written record of visual inspections and tests was provided. NFPA 99 2012 Edition, Section 6.3.2.2.11.5 requires battery powered lighting units provided at locations where deep sedation and general anesthesia is administered shall be tested monthly for 30 seconds and annually for 30 minutes. This deficient practice could affect all patients in the facility.

Findings include:

Based on record review on 10/29/18 from 09:30 a.m. to 11:25 a.m., with the Patient Care Supervisor, the Battery Operated Emergency Light Test Log indicated two battery operated lights were tested monthly and annually for at least 30 minutes over the past year to ensure the light would provide lighting during periods of power outages, and a written record of visual inspections and tests was provided. NFPA 99 2012 Edition, Section 6.3.2.2.11.5 requires battery powered lighting units provided at locations where deep sedation and general anesthesia is administered shall be tested monthly for 30 seconds and annually for 30 minutes. This deficient practice could affect all patients in the facility.

**Provider's Plan of Correction**

<table>
<thead>
<tr>
<th>ID</th>
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</thead>
<tbody>
<tr>
<td>K 0291</td>
<td>K 0291</td>
<td>11/13/2018</td>
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</tbody>
</table>

Staff was educated on the proper way to check the battery backup lights in the operating rooms and the frequency required. The documentation of the battery backup light testing for 30 seconds will be completed by the staff monthly. The annual 30 minute testing will be completed in November. The ASC Patient Care Supervisor will monitor the logs for proper documentation monthly.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 0293</td>
<td>NFP 101</td>
<td>Exit Signage</td>
<td>lights located in the operating rooms. Based on interview at the time of record review, the Patient Care Supervisor indicated the facility has battery operated emergency lights in the operating rooms and they are tested on both a monthly and annual basis and documented in the &quot;Annual 90 Minute Battery Back-Up Light Check&quot; form. Further record review indicated that although a 30 second test was documented but was missing being tested for the months of November and December of 2017 and July, August and September of 2018. Further record review indicated that annual 30 minute test was not documented within the last twelve months. Based on interview at the same time as record review the Patient Care Supervisor agreed the form was missing the above stated 30 second monthly tests and that a 30 minute test had not been conducted in the last 12 months.</td>
</tr>
<tr>
<td>Bldg. 01</td>
<td></td>
<td>Exit Signage</td>
<td>Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 20.2.10, 21.2.10, 7.10</td>
</tr>
</tbody>
</table>
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

MUNCIE EYE SPECIALISTS SURGERY CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

200 N TILLOTSON AVE
MUNCIE, IN 47304

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 0351</td>
<td>Patient Care Supervisor at the time of observation, agreed the exit signs light bulbs were burned out.</td>
<td>11/30/2018</td>
</tr>
<tr>
<td>Bldg. 01</td>
<td>NFPA 101 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 maintain the ceiling construction in 1 of 1 Main Entrance Foyer in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect all persons entering the facility using the main entrance. Findings include: Based on observation with the Patient Care Supervisor on 10/29/18 from 11:25 a.m. to 12:30 p.m., the two sprinkler heads in the main entrance foyer were missing their escutcheon's. Based on interview at the time of observation, the Patient Care Supervisor agreed the two sprinklers in the main entrance foyer appear to be missing their escutcheons.</td>
<td>11/30/2018</td>
</tr>
</tbody>
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<thead>
<tr>
<th>(X6) ID</th>
<th>PROVIDER’S PLAN OF CORRECTION</th>
<th>ID</th>
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</thead>
<tbody>
<tr>
<td>K 0351</td>
<td>The ASC Patient Care Supervisor contacted the Property Manager for the needed repair or replacement of the escutcheon of the listed sprinkler head. The Property Manager will have the repair completed within 30 days. The ASC Patient Care Supervisor will monitor for completion of this task and on an on-going basis.</td>
<td>005398</td>
</tr>
</tbody>
</table>

**Event ID:** 3W2I21  **Facility ID:** 005398  **Page 4 of 11**
### Statement of Deficiencies and Plan of Correction

#### Identification Number:
- 15C0001017

#### Name of Provider or Supplier:
- Muncie Eye Specialists Surgery Center
  - 200 N Tiltotson Ave
  - Muncie, IN 47304

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>(X5) Completion Date</th>
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</thead>
<tbody>
<tr>
<td>PREFIX</td>
<td>TAG</td>
<td></td>
</tr>
<tr>
<td>Bldg. 01</td>
<td>K 0353</td>
<td>11/19/2018</td>
</tr>
</tbody>
</table>

#### Summary Statement of Deficiencies

Sprinkler System - Maintenance and Testing

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 Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.

a) Date sprinkler system last checked

b) Who provided system test

c) Water system supply source

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

1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected

1. The ASC Patient Care Supervisor contacted the Property Manager as well as Automated Logic Corporation of Indiana that completes the quarterly inspections for the missing 2nd quarter report. The vendor did not complete the inspection timely in the 2nd quarter and completed two inspections in the third quarter. The ASC Patient Care Supervisor will contact the Property Manager quarterly to insure the inspection and preventative maintenance is done timely.

2. The gauges on the wet pipe sprinkler systems will be inspected monthly to ensure they are in good condition and that normal water supply pressure is being maintained. The inspection...
**Summary Statement of Deficiencies**

Based on record review of the quarterly sprinkler system inspection records on 10/29/18 from 09:30 a.m. to 11:25 a.m., with the Patient Care Supervisor, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, June) of 2018. During an interview at the time of record review, the Patient Care Supervisor agreed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2018. No further documentation was provided prior to exiting at 2:00 p.m.

Findings include:

1. Based on record review of the quarterly sprinkler system inspection records on 10/29/18, the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. This deficient practice could affect all patients, staff, and visitors in the facility.

   Findings include:

   Based on record review of the quarterly sprinkler system inspection records on 10/29/18 from 09:30 a.m. to 11:25 a.m., with the Patient Care Supervisor, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, June) of 2018. During an interview at the time of record review, the Patient Care Supervisor agreed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2018. No further documentation was provided prior to exiting at 2:00 p.m.

   Findings include:

   Based on record review and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. 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 pipe 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 13.3.2.1 states all valves shall be inspected weekly. 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 patients and staff in the facility.

   Findings include:

   The sprinkler valves shall be inspected weekly. This will be accomplished by ASC staff once properly in-serviced. Training will occur on 11-16-18 by Automated Logic Corporation.
Findings include:

Based on record review on 10/29/18 from 09:30 a.m. to 11:25 a.m. with the Patient Care Supervisor no documentation was provided for inspection the sprinkler system gauges and control valves. Based on interview at the same time as record review the Patient Care Supervisor stated there was no documentation to review for the sprinkler system gauges and control valve inspections. No further documentation was provided prior to exiting at 2:00 p.m.

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.
20.3.5.3, 21.3.5.3, 9.7.4.1, NFPA 10
Based on observation and interview, the facility failed to inspect 1 of 2 portable fire extinguishers in the north hallway. NFPA 10, Standard for Portable Fire Extinguishers, Section 7.2.2 says periodic inspection of Fire extinguishers shall include a check of at least the following: (3) pressure gauge reading or indicator in the operable range or position. This deficient practice could affect as staff, patients and visitors near the galley room.

Findings include:

Based on an observation with the Patient Care Supervisor on 10/29/18 from 11:25 a.m. to 12:30 p.m., the gauge reading on the portable fire extinguisher in the galley room indicated “recharge”. Based on interview at the same time

The ASC Patient Care Supervisor contacted the Property Manager for the building. She had the extinguisher replaced on 10-30-18. She will review with her staff the procedure for checking the fire extinguishers monthly. A review of extinguisher locations and how to check for working extinguishers occurred with ASC staff. Monthly checks will be completed by ASC staff and documented in the logbook. Staff will report any problems with the fire extinguishers to the ASC Patient Care Manager who will contact the Property Manager for repair or replacement.
### Statement of Deficiencies and Plan of Correction

**Identification Number:** Multiple Construction

**State:** Indiana

**Provider:** Muncie Eye Specialists Surgery Center

**Location:** 200 N Tiltotson Ave, Muncie, IN 47304

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<thead>
<tr>
<th>ID</th>
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<th>Completion Date</th>
</tr>
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<tbody>
<tr>
<td>K 0712</td>
<td>NFPA 101</td>
<td>Fire Drills</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>K 0712</td>
<td>The ASC Patient Care Supervisor reviewed the policy and requirements for the quarterly fire drill. The ASC Patient Care Supervisor or her designee will conduct a fire drill each quarter. The activity will be logged on the fire drill form and the documentation will be available for review when requested.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K 0918</td>
<td>NFPA 101</td>
<td>Electrical Systems - Essential Electric Systems Maintenance and Testing</td>
<td>Based on record review of the &quot;Fire Drill Checklist&quot; report form with the Patient Care Supervisor on 10/29/18 from 9:30 a.m. to 11:25 a.m., there was no documentation for a fire drill in the first quarter (Jan - March) of 2018 and a fire drill in the third quarter (July-September) of 2018. Based on interview at the time of record review, the Patient Care Supervisor agreed there are missing fire drills. No further documentation was provided prior to exiting at 2:00 p.m.</td>
<td>11/19/2018</td>
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</table>
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 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 exercise the generator for 12 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the

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<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 0918</td>
<td></td>
<td></td>
<td>The ASC staff will be instructed by the vendor, MacAllister, on proper running and documenting of the monthly generator test. This will be completed within 30 days. Staff will be instructed on recording the percentage of EPS</td>
<td>11/30/2018</td>
</tr>
</tbody>
</table>
nameplate kW rating, the time in seconds of the transfer to the alternate power source and the five minute cool down period after a load test. The generator inspection form will be modified to include the five minute cool down time. The ASC Patient Care Supervisor will monitor for compliance of documentation for monthly exercising of the emergency generator.

Findings include:

Based on record review of "monthly generator inspection sheet" form on 10/29/18 from 9:30 a.m. to 11:25 a.m., the transfer time for generator nameplate kW rating, the time in

following methods:

(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer
(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating.

Findings include:

Based on record review of "monthly generator inspection sheet" form on 10/29/18 from 9:30 a.m. to 11:25 a.m., the load information to show the available (actual) load percentage for the diesel powered generator was not documented. Based on interview at the time of record review, the Patient Care Supervisor agreed the generator ran under load on a monthly basis but the EPS load was not documented.

2. 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 6.4.1.1.1 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 record review of "monthly generator inspection sheet" form on 10/29/18 from 9:30 a.m. to 11:25 a.m., the transfer time for generator
### Statement of Deficiencies and Plan of Correction

**Identification Number:** MULTIPLE CONSTRUCTION

**Date Survey Completed:** 10/29/2018

**Name of Provider or Supplier:** MUNCIE EYE SPECIALISTS SURGERY CENTER

**Street Address, City, State, Zip Code:** 200 N TILLOTSON AVE, MUNCIE, IN 47304

<table>
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</tbody>
</table>

**Summary Statement of Deficiencies:**

1. Based on record review and interview, the Patient Care Supervisor agreed the generator ran under load on a monthly basis but the cool down time was not documented.

2. Based on record review, the time of record review, the Patient Care Supervisor agreed the generator ran under load on a monthly basis but the cool down time was not documented.

3. 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 record review of "monthly generator inspection sheet" form on 10/29/18 from 9:30 a.m. to 11:25 a.m., the cool down time for generator was not documented. Based on interview at the time of record review, the Patient Care Supervisor agreed the generator ran under load on a monthly basis but the cool down time was not documented.