



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

November 15, 2006

Dr. Gavin Young
North Idaho Endoscopy Center
1607 Lincoln Way Suite 100
Coeur d'Alene, ID 83814

Dear Dr. Young:

This is to advise you of the findings of the Medicare fire safety survey conducted at North Idaho Endoscopy Center on October 31, 2006.

Enclosed is the Statement of Deficiencies/Plan of Correction, form CMS-2567 listing fire/life safety deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.

After you have answered and dated each deficiency, please sign and date each cover page in the spaces provided. Retain one (1) copy of each page and return the originals to this office by **November 28, 2006**

North Idaho Endoscopy Center
November 15, 2006
Page 2 of 2

Thank you for the courtesies extended to me during my visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read 'T Barkley', with a horizontal line extending to the right. Below the signature, the word 'FOR' is written in a smaller, simpler font.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/mlw

Enclosures

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

Printed: 11/06/2006
FORM APPROVED
OMB NO. 0938-0391


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - NORTH IDAHO ENDOSCOPI B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2006
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NAME OF PROVIDER OR SUPPLIER NORTH IDAHO ENDOSCOPY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1607 N LINCOLN WAY SUITE 100 COEUR D'ALENE, ID 83814
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>A Fire / Life Safety survey was conducted at North Idaho Endoscopy Center on 10/31/06. The 2000 Existing Edition of the Life Safety Code was utilized for this survey, in accordance with 42 CFR 416.44(b)</p> <p>The Ambulatory Surgery Center occupies the first floor of a medical office building. Renovation of the first floor was started in January 2002 and completed in late May 2002. the building's construction is basically Type V(000), but is fully sprinklered. The first floor is at least one (1) hour separated from the basement level and the second floor; and is at least two (2) hour separated from the covered parking area to the back side of the building. There are two (2) remotely located exits from the Center with one (1) directly to the exterior and the other to the building's main entry vestibule. The ASC is subdivided into two (2) smoke zones. Medical Air and Oxygen are provided through piped systems as well as a central Vacuum system.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Fire / Life Safety</p>	K 000		
K 050	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under</p>	K 050		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Medical Director</i>	(X6) DATE <i>11/2/06</i>
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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 050	Continued From page 1 varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2 This Standard is not met as evidenced by: Based upon staff interview, and record review, the facility did not ensure that fire drills are held at least quarterly on each shift. Based upon a single shift during hours of operation, at least one (1) fire drill is required every three (3) months. Findings included: Record review and staff interview revealed (1) fire drill was recorded during the last year. The drill was recorded for the date of 09/28/06 Staff interview at approximately 3:35 p.m. on 10/31/06 confirmed the records were correct.	K 050	<i>There will be 3 more fire drills for 2006. 2) There after there will be at least one fire drill every 3 months by Sherry Sterling Nurse Manager</i>	12/06
K 114	416.44(b)(1) LIFE SAFETY CODE STANDARD Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1¾ inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors, are fixed fire window assemblies in accordance with 8.2.3.2.2.	K 114		

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K 114	Continued From page 2 This Standard is not met as evidenced by: Based on observation on 10/31/2006, it was determined that the facility had failed to maintain the one hour required separation for the Ambulatory Surgical Center. Findings include: Observation on 10/31/2006 at 3:00 PM of the separation wall above the suspended ceiling in the pre - op room revealed two unsealed conduit penetrations of the fire wall.	K 114	<i>The unsealed conduit have been sealed with A fire barrier sealant. This was done on 11/7/06. Responsible person is Teri Riplinger, office manager. Teri Riplinger 11/21/06</i>	<i>11/7/06</i>