



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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November 15, 2006

FILE COPY

Anna Barr  
Kootenai Outpatient Surgery Center  
707 Ironwood Drive  
Coeur d'Alene, ID 83814

Dear Ms. Barr:

This is to advise you of the findings of the Medicare fire/life safety survey conducted at Kootenai Outpatient Surgery Center on October 31, 2006.

Based on the results of this survey, Kootenai Outpatient Surgery Center was found to be in substantial compliance with the fire/life safety requirements set forth in the Life Safety Code, 1981 edition, for Ambulatory Surgery Centers.

Thank you for the courtesies extended to us during our visit. If we can be of help to you, please call our office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety and 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:  <b>13C0001037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE ASC BLDG</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/31/2006</b>
NAME OF PROVIDER OR SUPPLIER <b>KOOTENAI OUTPATIENT SURGERY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>707 IRONWOOD DRIVE COEUR D'ALENE, ID 83814</b>		
(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 000	<p><b>INITIAL COMMENTS</b></p> <p>A Fire / Life Safety survey was conducted at Kootenai Outpatient Surgical Center on 10/31/2006. 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 is located on the second floor of a three story Type II (222) structure. The facility has a Type 1 Essential Electrical System powered by a generator. The building has an automatic sprinkler system and is sprinklered throughout. A one (1) hour rated wall assembly separates the ASC from the hospital .</p> <p>The Ambulatory Surgery Center was found to be in substantial compliance with applicable fire/life safety requirements.</p> <p>The survey was conducted by;</p> <p>Taylor Barkley Health Facility Surveyor</p>	K 000		

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.