



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

February 2, 2015

Gregory Kent, Administrator  
Eagle Eye Surgery and Laser Center  
3090 Gentry Way, Suite 100  
Meridian, ID 83642

RE: Eagle Eye Surgery and Laser Center, Provider #13C0001032

Dear Mr. Kent:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Eagle Eye Surgery and Laser Center on January 30, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare 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.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Gregory Kent, Administrator  
February 2, 2015  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by February 16, 2015, and keep a copy for your records.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'M.P. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

PRINTED: 01/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING  B. WING _____	(X3) DATE SURVEY COMPLETED  01/30/2015
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NAME OF PROVIDER OR SUPPLIER  EAGLE EYE SURGERY AND LASER CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3090 GENTRY WAY, SUITE 100 MERIDIAN, ID 83642
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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	INITIAL COMMENTS  The Ambulatory Surgical Center is located on the ground floor of a two-story structure of Type III (21) construction. The Center is 4,200 s.f. in area, and was completed in August of 2000. The building is protected throughout by an automatic fire extinguishing system designed per NFPA Std 13 for a light hazard occupancy. The structure is also provided with a complete, off-site monitored, fire alarm system with smoke detection in the Center. The Center is separated from the entry lobby by a one-hour rated wall assembly and from the upper floor by a concrete slab on metal deck supported on metal trusses. There are two (2) exits from the Center with one being through the building's main lobby. The second exit is directly to grade from the Center via an enclosed exit stairwell that serves the second floor. Emergency power/lighting is provided by an on-site, diesel powered, 35 KW automatic generator and wall mounted battery pack lights in the Center.  The facility was surveyed under the provisions of the Life Safety Code, 2000 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies set forth under Medicare. The following deficiencies were cited during the January 30, 2015 recertification survey.  The fire/life safety survey was conducted by  Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program  Nathan Elkins, Health Facility Surveyor Facility Fire Safety & Construction Program	K 000		
K 029	416.44(b)(1) LIFE SAFETY CODE STANDARD	K 029		

RECEIVED  
FEB 19 2015  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Linda J. Ueber</i>	TITLE Clinical Director	(X6) DATE 02/09/2015
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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 029	Continued From page 1  Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems 38.3.2, 39.3.2  This STANDARD is not met as evidenced by: Based upon observation and operational testing, the facility failed to ensure hazardous area doors self-closed and latched securely. Failure for Hazardous areas to close completely allows smoke and heat to move from compartment to compartment freely.  Findings include:  During the facility tour between 9:00 and 10:00 AM on 1/30/15 operational testing of the soiled linen door revealed it would not latch securely.  Actual NFPA Standard:  39.3.2.1* Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.4. 8.4.1.3 Doors in barriers required to have a fire resistance rating shall have a 3/4-hour fire protection rating and shall be self-closing or automatic-closing in accordance with 7.2.1.8.	K 029	416.44(b)(1)LIFE SAFETY CODE STANDARD PLAN OF CORRECTION: The Center will comply with NFPA 38.3.2,39.3.2 related to hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors. SYSTEMIC CHANGES: The facility's soiled linen room has had the door latch repaired. The fire doors will have proper closer to provide proper protection from smoke and fire RESPONSIBLE PARTY & MONITORING: It is the responsibility of the Center Director to ensure the facility is in compliance with the Life Safety Code Standards. The Center Director or designee will visually inspect for proper door closing and latching. This will be documented on the Environment of Care checklist on a monthly basis starting with the February 2015 EOC checklist. The Center Director will report the results to the QAPI Committee quarterly for review and recommendation. Recommendations will be submitted to the Governing Body for review and approval.	2/6/2015
K 039	416.44(b)(1) LIFE SAFETY CODE STANDARD	K 039		

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K 039	Continued From page 2  Corridors for exit access are at least 44 inches wide. 20.2.3.2, 21.2.3.2  This STANDARD is not met as evidenced by: Based upon observation the facility failed to ensure emergency exits are maintained fully accessible at all times. Failure to maintain clear access to exits can lead to obstructions and injury during a fire.  Findings include:  During the facility tour at 9:00 AM on 01/30/15, observation revealed the rear exit access corridor from OR 2 to the rear exit width was 50% blocked by storage; including a large bio-hazard wheeled hopper, two wheelchairs, four storage units with drawers, and seven cardboard boxes. Actual NFPA standard:  NFPA 101 - 2000  Finding 1 21.2.3.2 The clear width of any corridor or passageway required for exit access shall be not less than 44 in. (112 cm).  7.1.10 Means of Egress Reliability. 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.	K 039	CMS-2786U K72 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. PLAN OF CORRECTION: The Center will comply with egress access is provided in accordance with NFPA, sections 20.2.3.2., 21.2.3.2, in that the egress width will not be diminished by the storage of items within the corridor. SYSTEMIC CHANGES: 1) Stored items have been moved from the rear access corridor for OR 2 and moved to a storage room. 2) All corridors and passageways leading from occupied rooms to and through building exits will be maintained at least 44 inches in clear width. RESPONSIBLE PARTY & MONITORING: The Administrator and/or designee will conduct rounds to observe and address exit access that it not impeded or for improperly used storage spaces. Results of observations, trends noted and actions taken will be reported at the regularly scheduled QAPI meetings for review and reporting to the Governing Body.	2/28/2015
K 130	NFPA 101 MISCELLANEOUS	K 130		

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K 130	<p>Continued From page 3 OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based upon observation and record review the facility failed to maintain automatic sprinkler protection in accordance with NFPA 25, failure to maintain systems appropriately could result in systems not operating correctly in an emergency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation of the sprinkler installation on 1/30/15 revealed an escutcheon ring missing in the Pre-operative area.</li> <li>2. Record review revealed the facility annual inspection report indicated there was no record of a five year internal obstruction inspection of the piping system. The system was installed in 2000, with no record of an obstruction investigation ever having been completed.</li> </ol> <p>Actual NFPA Standard:  NFPA 25 -1998  2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p>	K 130	<p>416.44(b)(1)LIFE SAFETY CODE STANDARD PLAN OF CORRECTION: The facility will inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25. The sprinkler heads will be maintained and the missing escutcheon ring will be replaced. SYSTEMIC CHANGES: The Center Director has contracted with a Sprinkler Inspection company who will conduct the quarterly inspection, testing and maintenance of the tamper valves, dry pipes, water level and fire department connections. The internal pipe inspection will be completed now and in five years. RESPONSIBLE PARTY &amp; MONITORING: It is the responsibility of the Center Director to ensure the facility is in compliance with the Life Safety Code Standards. The Center Director or designee will ensure that the Sprinkler System is inspected as required. This will be documented on the Environment of Care checklist on a monthly basis starting with the February 2015 EOC checklist. The Center Director will report the results to the QAPI Committee quarterly for review and recommendation. Recommendations will be submitted to the Governing Body for review and approval.</p>	2/13/2015

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K 130	Continued From page 4 Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.  10-2.2* Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.	K 130	
K 147	416.44(b)(1) LIFE SAFETY CODE STANDARD  Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1  This STANDARD is not met as evidenced by: Based upon observation and operational testing the facility failed to ensure electrical equipment was maintained in a safe manner in accordance with NFPA 70 the Electrical code, failure to observe safe practices could result in shock or fire ignition.  Findings Include:  Observation on 1/30/15 of OR #1 and OR #2 revealed relocatable power taps in use that were not listed as special purpose Relocatable power taps in accordance with UL XBZN2.Guideinfo.	K 147	416.44(b)(1)LIFE SAFETY CODE STANDARD PLAN OF CORRECTION: The Center will maintain electrical wiring and equipment in areas in compliance with NFPA 70 National Electrical Code 9.1.2, 20.5.1. SYSTEMIC CHANGES: 1) Power strips have been removed from the facility and replaced with 1036A. 2) Stored items have been moved from the mechanical room. 3) The Electrical panel board doors will have clear access maintained of at least 36 inches. RESPONSIBLE PARTY AND MONITORING: The Center Director will be responsible for compliance with NFPA 70 National Electrical Code 9.1.2, 20.5.1. The Center Director or designee will monitor and document on the monthly EOC log that taps are not used in the facility and that the electrical panel board doors have clear access. The Center Director who will report finding to the QAPI Committee and Governing Board at the quarterly meetings.  2/4/2015

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K 147	<p>Continued From page 5</p> <p>Operational testing on 1/30/15 of the electrical panel board doors revealed they were blocked by storage in the mechanical room. Clear access of 36 inches is required.</p> <p>Actual NFPA or UL standard:</p> <p>Excerpt from UL XBZN2.Guideinfo This category covers special purpose relocatable power taps (SPRPT) rated 250 V ac or less, 20 A or less. They are intended for indoor use only, with medical equipment, where the medical equipment is intended to be used in general patient care areas or critical patient care areas as defined by Article 517 of ANSI/NFPA 70, "National Electrical Code" (NEC), to supply power to plug-connected components of movable equipment assemblies that are rack-, table-, or pedestal-mounted. An SPRPT is intended to be permanently attached to the medical equipment assembly. The sum of the ampacity of all appliances connected to the receptacles of the SPRPT should not exceed 80% of the ampacity of the flexible cord supplying the power to the SPRPT receptacles. The ampacity of the SPRPT flexible cord is intended to be in accordance with the NEC. The electrical and mechanical integrity of the assembly should be regularly verified and documented through an ongoing maintenance program. These SPRPTs do not include devices that incorporate isolating or any other types of transformers.</p> <p>NFPA 70, The Electrical Code 1999 110.26 Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures</p>	K 147	

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K 147	Continued From page 6 housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons. (A) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (2), and (3) or as required or permitted elsewhere in this Code. (1) Depth of Working Space. The depth of the working space in the direction of live parts shall not be less than that specified in Table 110.26(A)(1) unless the requirements of 110.26(A)(1)(a), (b), or (c) are met. Distances shall be measured from the exposed live parts or from the enclosure or opening if the live parts are enclosed. 0-150                      900 mm (3 ft)	K 147			