



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

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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February 17, 2015

Shane Ricks, Administrator  
Millennium Surgery Center  
1828 South Millennium Way, Suite 100  
Meridian, ID 83642

RE: Millennium Surgery Center, Provider #13C0001011

Dear Mr. Ricks:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Millennium Surgery Center on February 12, 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:

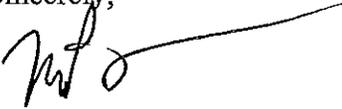
1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline 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.

Shane Ricks, Administrator  
February 17, 2015  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **March 2, 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 'MPG', with a long horizontal line 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

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>13C0001011</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 02 - ENTIRE ASC INCLUDES WING<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/12/2015</b> |
|--|---|--|---|

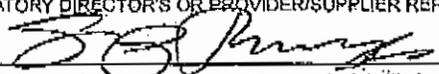
|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MILLENNIUM SURGERY CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1828 SOUTH MILLENNIUM WAY, SUITE 100<br/>MERIDIAN, ID 83642</b> |
|--|---|

|                    |  |               |   |                      |
|--------------------|--|---------------|---|----------------------|
| (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>The facility is a single story Type V (111) business occupancy with a 3346 square foot Ambulatory Surgical Center (ASC) within, the ASC is separated by a 1 hour construction and has multiple exits. The building is protected by a complete automatic fire sprinkler system, a fire alarm-smoke detection system, has a Type 1 essential electrical system and an emergency generator. The building plans were approved June 2007, and first occupied on March 19, 2008</p> <p>The facility was surveyed under the provisions of the Life Safety Code, 2000 Edition, Chapter 20, New Ambulatory Health Care Occupancies, in accordance with 42 CFR 416.44(b).</p> <p>The following deficiencies were cited during the February 12, 2015 recertification survey.</p> <p>The fire/life safety survey was conducted by</p> <p>Nathan Elkins<br/>Health Facility Surveyor<br/>Fire Life Safety &amp; Construction</p> | K 000 |  |  |
| K 050 | <p><b>416.44(b)(1) LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at 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. 20.7.1.2, 21.7.1.2</p> <p>This Standard is not met as evidenced by: Based on record review, the facility failed to ensure that fire drills were conducted once per shift per quarter. Failure to adequately train staff could hinder proper response during a fire or emergency event. This deficient practice affected</p>  | K 050 | <p>3/2/15 we conduct fire drills every quarter. there was a gap greater than 3 months. MSC is committed conduct quarterly fire drills on a quarterly basis. We will ensure that our drills</p> <p>over →</p> |  |

FACILITY STANDARD

MAR 12 2015

|  |                               |                             |
|--|-------------------------------|-----------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br><b>Administrator</b> | (X6) DATE<br><b>3/12/15</b> |
|--|-------------------------------|-----------------------------|

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.

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

Printed: 02/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>13C0001011</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 02 - ENTIRE ASC INCLUDES WING<br><br>B. WING _____                | (X3) DATE SURVEY COMPLETED<br><br><b>02/12/2015</b>   |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MILLENNIUM SURGERY CENTER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1828 SOUTH MILLENNIUM WAY, SUITE 100<br/>MERIDIAN, ID 83642</b> |   |
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| K 050  | <p>Continued From page 1<br/>three staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During record review of the facility conducted on February 12, 2015 from 1:30 PM, review of the facilities fire drill reports failed to produce a second quarter fire drill. When questioned, the staff members stated they were unaware of the missing drill.</p> <p>Actual NFPA standard<br/>NFPA 101, 20.7.1.2*<br/>Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.<br/>Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p> <p>A.20.7.1.2<br/>Many health care occupancies conduct fire drills without disturbing patients by choosing the location of the simulated emergency in advance and by closing the doors to patients' rooms or wards in the vicinity prior to the initiation of the drill. The purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan. Its purpose is not to disturb or excite patients. Fire drills should be</p> | K 050   | <p>are completed within each quarter of the calendar year. Drills will include the transmission of the alarm. These drill will include simulated evacuations. To be supervised by Shyne Ricks and Drills will be reviewed by the Quality Assurance Performance improvement committee quarterly. The Governing board will be informed of drills conducted compliance achieved 3/3/15</p> |

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| K 050  | Continued From page 2<br>scheduled on a random basis to ensure that personnel in health care facilities are drilled not less than once in each 3-month period. Drills should consider the ability to move patients to an adjacent smoke compartment. Relocation can be practiced using simulated patients or empty wheelchairs.  | K 050   |   |  |
| K 130  | NFPA 101 MISCELLANEOUS<br><br>OTHER LSC DEFICIENCY NOT ON 2786<br><br>This Standard is not met as evidenced by: Based on observation and operational testing, the facility failed to ensure that hazardous areas were protected with self-closing doors. Failure to provide self-closing doors for hazardous areas would allow smoke and dangerous gases to pass freely endangering the lives and safety of the occupants of the building or structure. This deficient practice affected three staff and visitors on the day of the survey.<br><br>Findings include:<br><br>During the facility tour conducted on February 12, 2015 from 1:30 PM to 3:30 PM, observation and operational testing revealed the soiled linen room that stored oxygen saturated linens behind OR #1 and OR #2 did not have a self closing door. Interview of the staff revealed the facility was aware these doors were required to self-close.<br><br>Actual NFPA standard: <i>We Keep them Closed</i><br>38.3.2.2*<br>High hazard contents areas, as classified in Section 6.2, shall meet the following criteria:<br>(1) The area shall be separated from other parts of the building by fire barriers having a fire | K 130   | <i>Self closing hardware was been installed on the doors of interest. Completed 3/12/15.</i>  |  |
|  |  |   | <i>Disagree with the statement of oxygen saturated linens they are soiled linens. P. Pringles 3/12/15 Staff were not aware of the need for self closing doors until informed.</i> |  |

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| K 130  | Continued From page 3<br>resistance rating of not less than 1-hour, with all openings therein protected by 3/4-hour fire protection-rated self-closing fire doors.<br>(2) The area shall be protected by an automatic extinguishing system in accordance with Section 9.7.<br><br>6.2.1.1<br>For the purpose of this Code, the hazard of contents shall be the relative danger of the start and spread of fire, the danger of smoke or gases generated, and the danger of explosion or other occurrence potentially endangering the lives and safety of the occupants of the building or structure.<br><br>6.2.2.4* High Hazard.<br>High hazard contents shall be classified as those that are likely to burn with extreme rapidity or from which explosions are likely. (For means of egress requirements, see Section 7.11.) | K 130   | <i>We agree and will comply to adding self-closing doors. Completed and compliance achieved<br/>3/12/15<br/>It took longer than the date of compliance due to the time involved acquiring self-closing doors. Completed and supervised by Shane Richs RN Administrator.</i> |   |