



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 9, 2015

Nancy McHugh, Administrator
Vision Care Center of Idaho
3071 East Franklin Road, Suite 101
Meridian, ID 83642

RE: Vision Care Center of Idaho, Provider #13C0001034

Dear Ms. McHugh:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Vision Care Center of Idaho on June 30, 2015.

Based on the results of this survey, Vision Care Center of Idaho was found to be in substantial compliance with the fire/life safety requirements set forth in the Life Safety Code, 2000 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,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

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

PRINTED: 07/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2015
NAME OF PROVIDER OR SUPPLIER VISION CARE CENTER OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642	
(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>INITIAL COMMENTS</p> <p>The Center is located on the ground floor of a two (2) story building of Type II(000) construction. The Center is approximately 3,800 s.f. 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 building is also provided with a complete fire alarm system with smoke detection in the Center and off site monitoring of the system. The Center is separated from the entry lobby by a two (2) hour rated wall assembly and from the upper floor by a concrete slab on metal decking 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. Emergency power/lighting is provided by an on-site automatic 40K generator and wall mounted battery back lights in the Center.</p> <p>The facility was surveyed under the provisions and applicable fire/life safety requirements [i.e., 416.44(b)] set forth under Medicare (i.e., Title XVIII) for certification as an Ambulatory Surgery Center. The facility was found to be in substantial compliance during the recertification survey on June 30, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction</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.