



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS  
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July 17, 2015

Denise Rue, Administrator  
S I P I Ambulatory Surgery Center  
176 Falls Avenue  
Twin Falls, ID 83301

RE: S I P I Ambulatory Surgery Center, Provider #13C0001020

Dear Ms. Rue:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at S I P I Ambulatory Surgery Center on July 10, 2015.

Based on the results of this survey, S I P I Ambulatory Surgery Center 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: 07/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC BLDG  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>S I P I AMBULATORY SURGERY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>176 FALLS AVENUE TWIN FALLS, ID 83301</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 Ambulatory Surgery Center is a single story wood frame structure located at the end of a row of office suites. The Center was first occupied as an Ambulatory Surgical Center in November of 1996. The Center is less than 2,000 square feet and consists of a procedure room, recovery room, waiting room, exam room, utility, and business office. There are two (2) exit doors from the Center that discharge directly to grade. A fire alarm/smoke detection system is provided throughout the Center. The facility was surveyed as an Existing Ambulatory Health Care Occupancy classified in Chapter 21, National Fire Protection Association Life Safety Code 101.</p> <p>The ASC was found to be in substantial compliance with the applicable fire/life safety standards set forth for certification as an Ambulatory Surgical Center in accordance with 42 CFR 416.44(b) during the survey conducted on July 10, 2015.</p> <p>The fire/life safety survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; 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.