



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

TAMARA PRISOCK-- ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBRA RANSOM, R.N.,R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

September 11, 2015

Michael James, Administrator  
Sunnyside Surgery Center  
3345 S Holmes Avenue, Suite B  
Idaho Falls, ID 83404

RE: Sunnyside Surgery Center, Provider #13C0001055

Dear Dr. James:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Sunnyside Surgery Center on September 2, 2015.

Based on the results of this survey, Sunnyside 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,

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 and Construction Program

MPG/lj

Enclosure

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

Printed: 09/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SURGERY WING OF OFFICE PRACTICE B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/02/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>SUNNYSIDE SURGERY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3345 S HOLMES AVENUE. SUITE B IDAHO FALLS, ID 83404</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 an approximate 1,000 square foot, one (1) hour separated portion of an existing single story, single tenant medical office building. The portion that houses the "Center" was remodeled/renovated during the summer/fall of 2004 for a Surgery Center. The building construction classification is considered, "protected wood frame". A one (1) hour separation wall was constructed between the "Center" and the general office practice of the physician as part of the remodel/renovation. The "Center" is provided with a fire alarm/smoke detection system that was installed as part of the remodel/renovation. The system is off-site monitored. Emergency power/lighting is provided by an on-site diesel powered automatic generator that was also installed as part of the remodel/renovation. From the "Center", there are two (2) doors to the exterior at grade and a door in the common wall to the attached clinic which also has two (2) remote exit doors to grade.</p> <p>The facility was surveyed under the provisions of the 2000 Edition of the LIFE SAFETY CODE, Chapter 20, New Ambulatory Health Care Occupancies and the requirements of 42 CFR 416.44.</p> <p>The facility was found to be in substantial compliance during the recertification survey conducted on September 2, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and 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.