



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

November 27, 2015

Kylin Kovac, Administrator
Idaho Foot Surgery Center
1540 Elk Creek Drive
Idaho Falls, ID 83404-8322

RE: Idaho Foot Surgery Center, Provider #13C0001008

Dear Dr. Kovac:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Idaho Foot Surgery Center on November 19, 2015.

Based on the results of this survey, Idaho Foot 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

Enclosure

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

PRINTED: 11/25/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE ASC BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2015
NAME OF PROVIDER OR SUPPLIER IDAHO FOOT SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1540 ELK CREEK DRIVE IDAHO FALLS, ID 83404	
(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 in the free standing building containing the general office practice of the Physician. The building is a single story structure, with a basement that contains an employee break room, residential laundry and storage spaces. The certificate of occupancy is dated July 18, 2006.</p> <p>Services provided within the ASC are limited to procedures not requiring general anesthesia nor are services provided that require the use of life support equipment. The building is provided with a manual fire alarm system with limited smoke detection and the system is off-site monitored. Emergency power is supplied by a 15K on site natural gas generator. Emergency lighting, exit signage and portable fire extinguishers are provided in the building.</p> <p>The facility was found to be in substantial compliance during the fire/life safety survey conducted on November 19, 2015. The survey was conducted under applicable provisions set forth in the Life Safety Code, 2000 Edition, Chapter 20, New Ambulatory Health Care Occupancy and 42 CFR 416.44(b).</p> <p>The Survey was conducted by:</p> <p>Nate 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.