

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK-- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

December 16, 2015

Wendy Binegar, Administrator
Pain Care Center Boise
301 West Myrtle
Boise, ID 83702

RE: Pain Care Center Boise, Provider #13C0001049

Dear Ms. Binegar:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Pain Care Center Boise on December 15, 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.

Wendy Binegar, Administrator
December 16, 2015
Page 2 of 2

4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **December 29, 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, option 3.

Sincerely,



MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

Printed: 12/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001049	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC BLDG B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2015
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NAME OF PROVIDER OR SUPPLIER PAIN CARE CENTER BOISE	STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST MYRTLE BOISE, ID 83702
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>The Center is a 3800+ square foot, single story structure of protected wood frame construction. The building was an existing structure that was renovated with plans approved in February 2004. Construction was completed in late March 2004 with an occupancy certificate issues on March 26, 2004. The actual ASC portion of the building is approximately one-half of the structure with the physician office practice housed in the remainder. For purposes of the Life Safety Code, the entire building is considered the ASC with the physician as the sole tenant.</p> <p>The building is provided with a complete fire alarm/smoke detection system throughout; two (2) remotely located exits directly to grade; portable fire extinguishers throughout; and emergency power/lighting via several battery pack units and a diesel powered, on-site, automatic generator design/installed per NFPA Std 99 for a Type 3 system. There is a single sprinkler head installed in the oxygen storage room which is connected to the facility water supply.</p> <p>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 following deficiencies were cited during the annual fire/life safety survey conducted on December 15, 2015.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction</p>	K 000	<p style="text-align: center;">RECEIVED DEC 21 2015 FACILITY STANDARDS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>WS Jim</i>	TITLE Nurse Administrator	(X6) DATE 12/18/15
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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.

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K 050 K 050	Continued From page 1 416.44(b)(1) LIFE SAFETY CODE STANDARD 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 This Standard is not met as evidenced by: Based on record review and interview, the facility failed to perform fire drills for each shift on a quarterly basis. Failure to conduct fire drills on a quarterly basis would hinder staff response during a fire event. This deficient practice affected all patients, staff and visitors on the date of the survey. Findings include: During review of the facility fire drill records conducted on December 15, 2015 from 9:30 AM to 10:30 AM, review of the records provided for the third quarter of 2015, revealed only orientation information was provided for two staff members with no documentation of any actual drill being performed. When interviewed, the Administrator revealed that she had only conducted a review of fire drills policy with new staff and had not conducted a fire drill for that quarter. Actual NFPA standard: 21.7.1.2* 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	K 050 K 050	See attached, WFB	12/18/15

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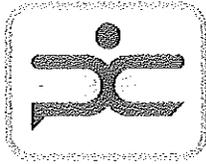
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K 050	Continued From page 2 under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.	K 050		
K 144	416.44(b)(1) LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110 This Standard is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of monthly testing of the Emergency Electrical System (EES), under thirty percent of the name plate rating. Failure to test EES generators under thirty percent of the name plate rating could hinder system performance during a power failure. This deficient practice affected all patients, staff and visitors on the date of the survey. Findings include: During review of the the facility generator inspection and testing records conducted on December 15, 2015 from 9:30 AM to 10:00 AM, records revealed the generator was not being exercised for thirty (30) percent of the rated capacity. When asked about the lack of documentation for the required thirty (30) percent load, the Administrator stated she had been documenting time and date of manual transfers, but had not been aware of the procedure for documenting testing of thirty (30) percent of the name plate rating.	K 144	See attached. <i>wmg</i>	12/18/15

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K 144	Continued From page 3 Actual NFPA standard: NFPA 99 3-4.4.1 Maintenance and Testing of Essential Electrical System. 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6. (b) Inspection and Testing. 1. * Test Criteria. Generator sets shall be tested twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. Generator sets serving emergency and equipment systems shall be in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6. 2. Test Conditions. The scheduled test under load conditions shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads. 3. Test Personnel. The scheduled tests shall be conducted by competent personnel. The tests are needed to keep the machines ready to function and, in addition, serve to detect causes of malfunction and to train personnel in operating procedures. 3-3.4.3 Recordkeeping.	K 144			

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K 144	<p>Continued From page 4</p> <p>3-3.4.3.1* General. A record shall be maintained of the tests required by this chapter and associated repairs or modification. At a minimum, this record shall contain the date, the rooms or areas tested, and an indication of which items have met or have failed to meet the performance requirements of this chapter.</p> <p>NFPA 110 Chapter 6 6-4 Operational Inspection and Testing. 6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. Exception: If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, provided the appropriate data are recorded. 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations.</p>	K 144		



PAIN CARE

PHYSICIAN

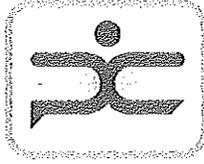
301 W. Myrtle St. · Boise, ID 83702 · (208) 342-8200 · (208) 342-8202

Plan of Correction
Medicare Fire Life Safety Survey
K 050 LIFE SAFETY CODE STANDARD

Deficiency:

The ASC failed to conduct unexpected fire drill in 3rd quarter 2015, with transmission of a fire alarm signal and simulation of emergency fire conditions.

- **Corrective Action that was taken to correct the deficiency:** The policy and procedures were updated to indicate that drills must be simulated, oral review does not count as a drill. The Master Calendar was updated to include required quarterly drills, highlighted with red dates indicating when due.
- **Plan:** Wendy Binigar, RN Nurse Administrator and nursing staff will maintain quarterly, unexpected drills that simulate emergency fire conditions and update the Master Calendar after each drill.
- **Date:** We are in compliance as of December 18, 2015.
- **Monitoring/Tracking:** Wendy Binigar RN, Nurse Administrator will continue to maintain record of all fire drills and evaluations of drills.



PAIN CARE
BOISE

301 W. Myrtle St. · Boise, ID 83702 · (208) 342-8200 · (208) 342-8202

Plan of Correction
Medicare Fire Life Safety Survey
K 144 LIFE SAFETY CODE STANDARD

Deficiency:

The facility failed to provide documentation of proper monthly load testing of the Emergency Electrical System which could hinder the performance during a power failure.

- **Corrective Action that was taken to correct the deficiency:** The ASC has updated its policy and procedures to meet monthly testing per NFPA 110(99) Sec. 6-4.2.2
- **Plan:** Wendy Binegar RN, Nurse Administrator will continue to do the weekly inspections as well as verify the monthly exercise with the available load. Additionally, an annual load test consisting of supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours will take place annually. This is scheduled to take place on Wednesday December 23rd 2015.
- **Date:** As of December 18th, 2015 we are in compliance.
- **Monitoring/Tracking:** Wendy Binegar RN, Nurse Administrator will continue to document the weekly inspections and verify monthly checks as well as document the annual testing done by OE Power Systems each December in the Generator Log.