



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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December 23, 2015

Crystal Baisch, Administrator  
Sinus Surgery Center Idaho  
727 East River Park Lane, Suite 200  
Boise, ID 83706

RE: Sinus Surgery Center Idaho, Provider #13C0001062

Dear Ms. Baisch:

This is to advise you of the findings of the Medicare survey of Sinus Surgery Center Idaho, which was conducted on December 17, 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:

An acceptable plan of correction (PoC) contains the following elements:

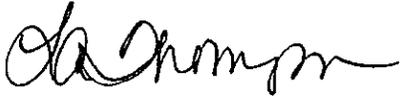
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the ASC into compliance, and that the ASC remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Crystal Baisch, Administrator  
December 23, 2015  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **January 5, 2016**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



LAURA THOMPSON  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

LT/pmt  
Enclosures

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

PRINTED: 12/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  12/17/2015
NAME OF PROVIDER OR SUPPLIER  SINUS SURGERY CENTER IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 727 EAST RIVER PARK LANE, SUITE 200 BOISE, ID 83706	
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Q 000	INITIAL COMMENTS  The following deficiencies were cited during the Medicare recertification survey of your ASC from 12/15/15 to 12/17/15. Surveyors conducting the survey were:  Laura Thompson, RN, HFS, Team Leader Dennis Kelly, RN-BC, HFS  Acronyms used in this report include:  ASC - Ambulatory Surgical Center CDC - Centers for Disease Control and Prevention CST - Certified Surgical Technician H&P - History and Physical IV - Intravenous mcg - micrograms mg - milligrams PRN - as needed RN - Registered Nurse	Q 000		
Q 162	416.47(b) FORM AND CONTENT OF RECORD  The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:  (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug	Q 162	Pre-operative assessment will be documented and placed on the chart before surgery is performed. The surgeon will document. The pre-op RN will verify completion. If not completed, the RN will ask the surgeon to complete. When charts are reviewed and assembled, documentation will be verified by the ASC staff. Pre-operative assessment will be added to the Peer Review form and reported to the Governing body.	

RECEIVED  
DEC 31 2015  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Crystal Beeson*

*Facility Standards 12/31/15*

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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Q 162	<p>Continued From page 1 reactions.</p> <p>(6) Entries related to anesthesia administration.</p> <p>(7) Documentation of properly executed informed patient consent.</p> <p>(8) Discharge diagnosis.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of medical records and staff interview, it was determined the facility failed to ensure medical records were complete for 11 of 11 patients (#1- #11) whose records were reviewed. This failure resulted in a lack of complete and comprehensive information being available in patient records. Findings include:</p> <p>1. During an observation on 12/16/15 beginning at 6:55 AM, Patient #9, a 64 year old female, was admitted to the ASC for a FESS, septoplasty and turbinate reduction. The surgeon came into the pre-operative area at 7:15 AM and spoke with Patient #9. He reviewed the procedure with Patient #9, listened to her heart and lung sounds with a stethoscope, and asked if she had any new health related concerns.</p> <p>Patient #9's record was reviewed and did not include documentation of the pre-operative physical assessment prior to her procedure.</p> <p>A policy "Standard: Form and Content of Record," undated, stated "An individual record is established for each patient receiving service in the ASC. The ASC medical record has requirements specific to the care of the surgical patient." One of the requirements specified in the policy was "The history and physical/consultation examination is to be on the chart before the patient is taken to the operating room." However, the policy did not specify the pre-operative</p>	Q 162	<p>In the event the surgeon does not complete the pre-operative assessment, the administrator will discuss with the surgeon and strongly encourage him to comply. If the surgeon continues to not comply, it will be reported to the Governing Body.</p> <p>Process was implemented on 12/21/2015.</p>	

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Q 162	<p>Continued From page 2 assessment was to be documented in the medical record prior to the procedure.</p> <p>During an interview on 12/16/15 at 9:30 AM, the Administrator was asked about the pre-operative assessment by the surgeon and documentation in the record. She stated the current process was for the surgeon to dictate the pre-operative assessment in the post-operative report after the procedure. The Administrator confirmed the pre-operative assessment was not documented or placed in the record prior to the procedure.</p> <p>b. Medical records for Patients #1-#11 were reviewed. The records included documentation of the pre-surgical assessment after the procedures, in the post-operative note. Examples include, but were not limited to the following:</p> <p>i. Patient #6 was a 51 year old male admitted to the ASC on 10/21/15, for septoplasty (a surgical procedure to correct a deviated nasal septum) and bilateral turbinate reduction (a procedure to reduce the size of obstructions in the nasal passages). The medical record included a post-operative report which documented the report was dictated on 10/21/15, and signed by the surgeon on 10/22/15 at 9:15 AM. The post-operative report included a section titled "Preoperative Patient Assessment and Interview." The section stated "No changes in the patient's medical condition since completion of the History and Physical assessment."</p> <p>Patient #6's H&amp;P was included in the record. The History and Physical was dated 10/13/15. At the bottom of the History and Physical was a signature, however, it was not dated or timed. There was no other documentation of a</p>	Q 162		

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Q 162	Continued From page 3 pre-physical assessment in the record completed by the surgeon prior to the procedure.  The facility failed to ensure a pre-surgical assessment was documented and available in Patient #6's record prior to his procedure.  ii. Patient #10 was a 59 year old male admitted to the ASC on 12/16/15 at 8:15 AM, for a FESS (functional endoscopic sinus surgery is a surgical treatment of sinusitis and nasal polyps), septoplasty, and bilateral turbinate reduction. The medical record included an H&P dated 12/09/15, however there was no signature at the bottom of the form. Additionally, there was no other documentation in the record of a pre-physical assessment in the record by the surgeon prior to the procedure.  The facility failed to ensure a pre-surgical assessment was documented and available in Patient #10's record prior to his procedure.  During an interview on 12/16/15 at 12:00 PM, the Medical Director, who was also the surgeon, stated he performed the pre-operative assessment of a patient after reviewing the H&P and pre-procedure laboratory work in the record. He confirmed the pre-operative physical assessment was dictated after the procedure.  The ASC failed to ensure the pre-operative assessment by the surgeon was documented and available in the patient record prior to the procedure.	Q 162		
Q 181	416.48(a) ADMINISTRATION OF DRUGS  Drugs must be prepared and administered	Q 181		

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Q 181	<p>Continued From page 4 according to established policies and acceptable standards of practice.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the ASC failed to clearly document medication orders in patient records for 11 of 11 patients (#1- #11) whose records were reviewed. This had the potential to impact all patients receiving medications at the facility and place them at risk for adverse reactions or negative outcomes. Findings include:</p> <p>Patient records reviewed, Patients #1- #11, included pre-operative and post-operative orders signed and dated by the surgeon. The orders included medication orders which were to be given by staff prior to the procedure, as well as, medications post-operatively. The order form included sections labeled "Pain : Titrate : Per Anesthesia" and "Nausea : Per Anesthesia." Each section listed medications with check boxes in front of the medication name and order.</p> <p>The post-operative medication orders were written as follows:</p> <p>Pain:</p> <ul style="list-style-type: none"> <li>- Demerol 12.5 mg - 25 mg IV every 15 minutes. May repeat times 3 PRN for pain</li> <li>- Fentanyl 50 - 100 mcg IV. May repeat times 1 PRN for pain</li> <li>- Morphine Sulphate 2-5 mg IV every 15 minutes</li> </ul>	Q 181	<p>Post-operative Orders have been updated to clearly document post-operative pain and nausea medication orders.</p> <p>Administrator updated the orders per Medical Director.</p> <p>Medical Director approved orders.</p> <p>CRNA's and Nursing staff was educated on the new orders on 12/29 and 12/30/2015. Education will be given to new staff to ensure understanding of orders.</p> <p>Nurses will report to QA committee regarding the new orders (success or issues). <i>Nurses will report to the QA committee success or issues within the 1st quarter of 2016.</i></p> <p>Completed Date: 12/30/2015</p> <p><i>Administrator will monitor.</i></p> <p><i>Pen and ink change per Administrator on 1/8/16.</i></p> <p><i>Lachon</i></p>		

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Q 181	<p>Continued From page 5</p> <p>PRN for pain titrate to effect. May repeat times 3 PRN for pain.</p> <p>Nausea:</p> <ul style="list-style-type: none"> <li>- Reglan 10 mg IV</li> <li>- Phenergan 6.25 - 12.5 mg IV times 1</li> <li>- Zofran 4v mg IV. May repeat 1 time</li> </ul> <p>The check boxes were left unmarked for the post-operative medications in the records of Patients #1- #11.</p> <p>During an interview on 12/16/15 at 10:05 AM, the RN was asked about administration of post-operative medications. She stated the current process was for the surgeon to order medications for pain and/or nausea that could be given post-operatively, however specific medications were not indicated. She stated she would select medications for pain and/or nausea from the pre-printed post-operative orders. The RN stated she medicated patients without discussion with the surgeon or anesthesiologist, unless there was an allergic or adverse reaction. She also stated if the patient did not receive relief from symptoms after administration of the medication she selected, she would select another medication from the list.</p> <p>During an interview on 12/16/15 at 12:00 PM, the Medical Director, who was also the surgeon, stated he signed post-operative orders for patients that included administration of medications for pain and/or nausea. He stated he did not select a specific medication, however allowed the RN to administer medications for pain</p>	Q 181		

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Q 181	Continued From page 6 and/or nausea from the medications listed on the post-operative orders. He confirmed he did not require the RN to discuss the specific medication to be given prior to administration to the patient.	Q 181			
Q 241	<p>The ASC failed to ensure clarity in written orders for administration of post-operative medications. 416.51(a) SANITARY ENVIRONMENT</p> <p>The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</p> <p>This STANDARD is not met as evidenced by: Based on observation, policy review, facility document review and staff interview it was determined the ASC failed to maintain a functional and sanitary environment for patients receiving care at the facility. This failure had the potential to impact all patients receiving services at the ASC and placed patients at an increased risk for infections to occur. Findings include:</p> <p>During a tour of the facility on 12/15/15, beginning at 10:20 AM, the Administrator was interviewed about the ASC's infection control program as it related to laundering of the ASC linens. The laundry room was observed during the tour, which contained a household style washer and dryer. The Administrator stated the scrubs worn by staff were laundered in the facility and possibly mop heads, but the linens were contracted through a laundry service. She stated the CST performed laundry duties. When asked if a log was maintained which included temperature monitoring of the washer water and dryer</p>	Q 241	<p>The ASC has purchased a new washing machine that has a Sanitize cycle as well as a Self Clean+ cycle.</p> <p>Staff will be trained on the use of the new washing machine and laundry policy. (being installed on 01/13/2016)</p> <p>A log will be utilized to track loads of laundry done in the facility. The log will record the date, type of load and the amount of detergent/bleach used for each load.</p> <p>The log will document when the washing machine is cleaned.</p> <p>The administrator will monitor the log quarterly to ensure compliance. Once compliance is met, the log will be reported in bi-annual QA meetings.</p>		

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Q 241	<p>Continued From page 7</p> <p>temperature, she stated there was a log for the monthly cleaning of the washer only. When asked what type of laundry detergent was used she stated "regular laundry detergent" and opened the cupboard in the room where it was kept.</p> <p>A policy "Care of Linen" undated, stated "Patient gowns , sheets, pillow cases, blankets, towels, and washcloths will be laundered through a contract with Ameripride Linen Services. Bags of soiled linen will be collected and exchanged on a weekly basis. Bags are provided by the contractor. All O.R. [operating room] scrubs will be laundered in the facility laundry room. Clean scrubs will be stored in enclosed cupboards adjacent to the men's and women's locker rooms. The washing machine will be cleaned with a Clorox wash monthly. A log will be kept."</p> <p>The log documenting the monthly cleaning of the washer was posted in the room which contained the washer and dryer. The log was a blank piece of paper with "Monthly Clorox Rinse" handwritten at the top of the paper. Below that were dates with initials next to them. The dates on the log were 1/28/15, 2/26/15, 3/30/15, 4/29/15, 5/19/15, 6/23/15, 7/21/15, 8/25/15, 9/28/15, 10/29/15, and 11/25/15. There was no documentation of how much bleach was used or information regarding the length of the wash cycle or water temperature.</p> <p>The Infection Control Manual documented the ASC followed CDC guidelines for infection prevention. The CDC website, accessed on 12/17/15, stated "Commercial laundry facilities often use water temperatures of at least 160°F and 50-150 ppm of chlorine bleach to remove</p>	Q 241	<p>In the event the log is not being completed, staff will be re-educated and the log will be monitored weekly by the administrator until staff is compliant and then back to bi-annually.</p> <p>Policy has been updated. Policy and log attached.</p> <p>Completion date 01/15/2016</p>		

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Q 241	<p>Continued From page 8</p> <p>significant quantities of microorganisms from grossly contaminated linen. Studies have shown that a satisfactory reduction of microbial contamination can be achieved at water temperatures lower than 160°F if laundry chemicals suitable for low-temperature washing are used at proper concentrations. Instructions of the manufacturers of the machine and the detergent or wash additive should be followed closely."</p> <p>During an interview on 12/16/15 at 1:45 PM, the CST confirmed he performed the laundering for the facility. He stated he washed staff scrubs and the mop heads, but he would wash them seperately. The CST confirmed he kept the log of the monthly cleaning of the washing machine. He stated he used 1/2 a bottle of Clorox bleach for the monthly cleaning, or rinse, of the washer. The CST stated he would run a wash cycle, sometimes twice, and would pour the bleach in after the washer had filled with water. He confirmed he did not have a log for the loads washed, water temperature of the washer or dryer temperature, or amount of detergent or bleach used during each wash load.</p> <p>Without appropriate equipment, detergent, temperature monitoring, and staff training, the ASC would not be able to ensure scrubs were appropriately laundered by the facility.</p>	Q 241			