



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RICHARD M. ARMSTRONG – Director

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January 22, 2016

Teresa Wellard, Administrator
Grand Teton Surgical Center
2290 Coronado Street
Idaho Falls, ID 83404

RE: Grand Teton Surgical Center, Provider #13C0001026

Dear Ms. Wellard:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Grand Teton Surgical Center on January 13, 2016.

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.

Teresa Wellard, Administrator
January 22, 2016
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 **February 4, 2016**, 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.

Sincerely,



MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001026	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2016
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NAME OF PROVIDER OR SUPPLIER GRAND TETON SURGICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2290 CORONADO STREET IDAHO FALLS, ID 83404
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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 Ambulatory Surgery Center is a single story, type V(111) building of approximately 5,000 s.f. that was completed in June of 1999. It is the sole occupant of the building. The Center is provided with a complete automatic sprinkler system designed/installed per NFPA Std 13 for a light hazard occupancy. There is a complete fire alarm/smoke detection system throughout. Emergency power is supplied by an automatic 23KW generator designed per NFPA Std 99 for a Type 3 system. Piped in medical gases and vacuum are provided and installed per NFPA Std 99 for a level 1 system. Portable fire extinguishers are provided throughout and there are two (2) exits from the Center with a service/employee entry on the east side of the facility.</p> <p>The following deficiencies were found during the annual fire/life safety survey conducted on January 13, 2016.</p> <p>The survey was conducted in accordance with the Life Safety Code, 2000 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies, in accordance with 42 CFR 416.44(b) and under the requirements set forth under the provisions Medicare (Title XVIII for certification as an Ambulatory Surgery Center - ASC)</p> <p>The Survey was conducted by:</p> <p>Nate Elkins Health Facility Surveyor Facility Fire Safety & Construction</p>	K 000	<p><i>RECEIVED</i> <i>JAN 23 2016</i> <i>FACILITY MANAGER</i></p> <p>CMS LIFE SAFETY CODE/NFPA STANDARD FOR AMBULATORY SURGICAL CENTERS was reviewed and a better understanding of standard was gained by the Director of Nursing.</p>	
K 050	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each</p>	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jessie A. Willard RN</i>	TITLE <i>Director of Nursing</i>	(X6) DATE <i>1-26-16</i>
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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	<p>Continued From page 1</p> <p>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</p> <p>This Standard is not met as evidenced by: Based on record review, the facility failed to ensure that fire drills were conducted once per shift per quarter. Failure to adequately train staff could hinder proper response during a fire or emergency event. This deficient practice affected six staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During record review of the fire drill reports on January 13, 2016 at approximately 1:30 PM revealed the facility did not conduct a fire drill for the 3rd quarter. When questioned, the administrator stated the facility was not sure of the requirement.</p> <p>Actual NFPA standard: 21.7.1.2*</p> <p>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 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.</p> <p>Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p> <p>A.21.7.1.2 Many health care occupancies conduct fire drills</p>	K 050	<p>CMS LIFE SAFETY CODE/NFPA STANDARD FOR AMBULATORY SURGICAL CENTERS was reviewed and a better understanding of standard was gained by the Director of Nursing.</p> <p><u>No less than 4 fire drills</u>, on an annual basis, with varying scenarios and at unexpected times, will be conducted in this facility from this date forward. These fire drills will be held at least 1 per calendar quarter. Staff training will also be conducted in staff education sessions. This surgical center operates on day shift only.</p> <p>This standard will be met to ensure the safety of our patients and staff. In addition these quarterly fire drills will ensure the continuance of our surgical center existence and our economic survival.</p> <p>The Director of Nursing will be responsible for ensuring a quarterly fire drill is conducted at this facility. Other disaster drills will be held in addition to fire drills.</p> <p>Fire drill held on January 22nd to satisfy the 1st quarter fire drill requirement.</p>	

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

Printed: 01/21/2016
FORM APPROVED
OMB NO. 0938-0391

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K 050	Continued From page 2 without disturbing patients by choosing the location of the simulated emergency in advance and by closing the doors to patients' rooms or wards in the vicinity prior to initiation of the drill. The purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan. Its purpose is not to disturb or excite patients. Fire drills should be scheduled on a random basis to ensure that personnel in health care facilities are drilled not less than once in each 3-month period. Drills should consider the ability to move patients to an adjacent smoke compartment. Relocation can be practiced using simulated patients or empty wheelchairs.	K 050		