



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

February 3, 2016

Mark Hollingshead, Administrator
Surgicare Center of Idaho
360 East Mallard Drive, Suite 125
Boise, ID 83706

RE: Surgicare Center of Idaho, Provider #13C0001014

Dear Dr. Hollingshead:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Surgicare Center of Idaho on January 28, 2016.

Based on the results of this survey, Surgicare Center Of Idaho 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

Enclosures

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

Printed: 02/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2016
NAME OF PROVIDER OR SUPPLIER SURGICARE CENTER OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 360 EAST MALLARD DRIVE. SUITE 125 BOISE, ID 83706	
(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 Ambulatory Surgery Center (ASC) is located on the first floor of a two story Type II (111) structure. Portable fire extinguishers, emergency lighting and exit signs are provided. The building has an automatic sprinkler system installed throughout. There are two (2) remotely located exit doors leading to the exterior. A one (1) hour rated wall assembly separates the ASC from other occupancies and the OR is classified as a suite. Procedures performed in the ASC are limited to local anesthesia.</p> <p>The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on January 28, 2016. The facility was surveyed under the 2000 Edition of the Life Safety Code 101, Chapter 21 Existing Ambulatory Health Care Occupancies and 42 CFR 416.44(b).</p> <p>The survey was conducted by: 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.