



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 18, 2016

Crystal Baisch, Administrator
Sinus Surgery Center - Idaho
3085 E. Magic View Dr. Ste. 140
Boise, ID 83642

RE: Sinus Surgery Center-- Idaho, Provider #13C0001062

Dear Ms. Baisch:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Sinus Surgery Center - Idaho on February 10, 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.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Crystal Baisch, Administrator
February 18, 2016
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **March 2, 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, option 3.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. P. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

PRINTED: 02/18/2016
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 01 - ASC B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
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NAME OF PROVIDER OR SUPPLIER SINUS SURGERY CENTER - IDAHO	STREET ADDRESS, CITY, STATE, ZIP CODE 727 E RIVER PARK LANE SUITE 200 BOISE, ID 83706
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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 (000) construction. The portion of the building housing the ASC and attached clinic was approved in July 15, 2015 and occupied as an ASC in January 2016. The ASC occupies approximately 2,344 square feet of the approximately 5,900 square feet of the combined space. The ASC is separated from the attached clinic by a (1) one hour rated wall assembly. There are (3) three exit directly to the exterior. The ASC and the attached clinic are fully sprinklered and has a fire alarm/smoke detection system with off-site monitoring. Emergency power for the ASC is provided by a Type I system with on-site diesel powered automatic generator with battery back up lighting throughout facility. Piped in medical gas is provided as well as a central vacuum system. The HVAC system provides fire/smoke dampers with access panels on the clinic side of the facility. There are portable fire extinguishers provided throughout.</p> <p>The following deficiencies were cited during the initial survey conducted on February 10, 2016. 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		
K 029	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Hazardous areas separated from other parts of</p>	K 029		

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Baisch</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2/22/2016</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 029	<p>Continued From page 1</p> <p>the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with smoke partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems. 8.4, 38.3.2, 39.3.2</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, operational testing and interview, the facility failed to ensure that hazardous areas were protected with self-closing doors. Failure to provide self-closing doors for hazardous areas would allow smoke and dangerous gases to pass freely through the facility and hinder egress of occupants during a fire event. This deficient practice affected staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During the facility tour on February 10, 2016, observation and operational testing of the door leading to the gas-fired water heater and vacuum pump room revealed the door was not equipped with a self-closing door. When asked, the Administrator stated she was unaware the door was required to self-close.</p> <p>Actual NFPA standard:</p> <p>3.3.13.2 Area, Hazardous. An area of a structure or building that poses a degree of hazard greater than that normal to the general occupancy of the building or structure, such as areas used for the storage or use of combustibles or flammables; toxic, noxious, or corrosive materials; or heat-producing appliances.</p> <p>38.3.2 Protection from Hazards.</p>	K 029		

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K 029	Continued From page 2 38.3.2.1* Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.4. 8.4.1.2 In new construction, where protection is provided with automatic extinguishing systems without fire-resistive separation, the space protected shall be enclosed with smoke partitions in accordance with 8.2.4. Exception No. 1: This requirement shall not apply to mercantile occupancy general storage areas and stockrooms protected by automatic sprinklers in accordance with Section 9.7. Exception No. 2: This requirement shall not apply to hazardous areas in industrial occupancies protected by automatic extinguishing systems in accordance with 40.3.2. 8.2.4.3.5 Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8.	K 029	Automatic door closure will be placed on the door leading to the gas-fired water heater and vacuum pump room by the Contractor on February 23, 2016. The administrator will ensure the closure is added. The OR Manager will monitor the door daily to ensure it is closed. In the event it does not self close, the Administrator will be notified and the door/closure repaired immediately.	2/23/16
K 051	416.44(b)(1) LIFE SAFETY CODE STANDARD A manual fire alarm system, not a pre-signal type, is provided in accordance with 9.6 to automatically warn the building occupants. Fire alarm system has initiation, notification and control functions. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide manual fire alarm pull stations inside the facility. Failure to provide manual fire	K 051		

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K 051	<p>Continued From page 3</p> <p>alarm pull stations inside the facility could delay occupant notification and emergency crew response during an emergency event. This deficient practice affected staff and visitors on the date of survey.</p> <p>Findings include:</p> <p>During the facility tour on February 10, 2106 between 2:00 PM and 4:30 PM, observation of the facility revealed lack of manual fire alarm pull stations inside the facility. When asked, the Administrator stated she was aware of the missing pull stations and had already contacted a company for install.</p> <p>Actual NFPA Standard:</p> <p>20.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 20.3.4.2 through 20.3.4.5.</p> <p>9.6.2 Signal Initiation. 9.6.2.1 Where required by other sections of this Code, actuation of the complete fire alarm system shall occur by any or all of the following means of initiation, but shall not be limited to such means: (1) Manual fire alarm initiation (2) Automatic detection (3) Extinguishing system operation 9.6.2.2 Manual fire alarm boxes shall be approved for the particular application and shall be used only for fire-protective signaling purposes. Combination fire alarm and guard 's tour stations shall be acceptable.</p>	K 051			

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K 051	Continued From page 4 9.6.2.3 A manual fire alarm box shall be provided in the natural exit access path near each required exit from an area, unless modified by another section of this Code. 9.6.2.4* Additional manual fire alarm boxes shall be located so that, from any part of the building, no horizontal distance on the same floor exceeding 200 ft (60 m) shall be traversed to reach a manual fire alarm box. 9.6.2.5 For fire alarm systems using automatic fire detection or waterflow detection devices, not less than one manual fire alarm box shall be provided to initiate a fire alarm signal. This manual fire alarm box shall be located where required by the authority having jurisdiction. 9.6.2.6* Each manual fire alarm box on a system shall be accessible, unobstructed, and visible	K 051	Pull stations are being installed on February 23, 2016. They should be completed and inspected by February 29 th , 2016. The Administrator will ensure the pull stations are installed. An annual fire system inspection will be performed. Annual and quarterly fire drills are performed.	2/23/16	
K 067	416.44(b)(1) LIFE SAFETY CODE STANDARD Heating, ventilating, and air-conditioning shall comply with the manufacturer's specifications and section 9.2. 20,5.2.1, 21.5.2.1 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to complete testing on its dampers as required under NFPA 90A. Failure to ensure dampers will operate to manufacturer's specifications would allow smoke and dangerous gases to pass freely throughout the facility during a fire event. This deficient practice affected staff and visitors on the date of survey. Findings include:	K 067	Administrator obtained HVAC Inspection (attached). The Administrator will schedule a HVAC inspection to be performed every 4 years. All findings will be addressed and fixed.	12/16/15 2/23/16	

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K 067	<p>Continued From page 5</p> <p>During the facility tour on February 10, 2016 at approximately 3:45 PM, observation above the false ceiling tiles revealed the Heating Ventilation and Air Conditioning ducts passing through the 1-hr fire wall that housed fire/smoke dampers. Upon further investigation of the facility records revealed no documentation of 4-year interval testing of dampers. When asked, the Administrator stated she was unaware of the dampers.</p> <p>Actual NFPA standard:</p> <p>NFPA 90A 3-4.7 Maintenance.</p> <p>At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.</p>	K 067		