



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

TAMARA PRISOCK—ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

June 24, 2016

Deborah Wensink, Administrator  
Sawtooth Surgery Center  
115 Falls Avenue West  
Twin Falls, ID 83303

RE: Sawtooth Surgery Center, Provider #13C0001003

Dear Ms. Wensink:

This is to advise you of the findings of the Medicare survey of Sawtooth Surgery Center, which was conducted on June 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:

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.

Deborah Wensink, Administrator  
June 24, 2016  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **July 08, 2016**, and keep a copy for your records.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,



GARY GILES  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

GG/pmt  
Enclosures



# SAWTOOTH SURGERY CENTER

July 7, 2016

Idaho Department of Health & Welfare  
3232 Elder St.  
PO Box 83720  
Boise, ID 83720-0009

**RECEIVED**  
JUL 11 2016  
**FACILITY STANDARDS**

Re: Plan of Correction for Sawtooth Surgery Center

Dear Mr. Guiles:

Attached you will find the required written Plan of Correction for the Medicare survey. This Plan of Correction addresses deficiencies detailed in the site visit completed on June 10, 2016.

If you have any questions or comments, please feel free to contact me at any time.

Sincerely,

Deborah Wensink  
Administrator

Email address: [Debbie.wensink@sawtoothasc.com](mailto:Debbie.wensink@sawtoothasc.com)

---

**"A Community of Caring"**

115 Falls Avenue West • Twin Falls, Idaho 83301  
(208) 733-1662 • Fax: (208) 734-1023

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303	
(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
Q 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your surgery center conducted from 6/08/16 to 6/10/16. Surveyors conducting the recertification were:</p> <p>Gary Guiles, RN, HFS, Team Leader Teresa Hamblin, RN, MS, HFS Kristin Inglis, RN, HFS Brian Osborn, RN, HFS</p> <p>Acronyms used in this report include:</p> <p>AORN - Association of Perioperative Registered Nurses ASC - Ambulatory Surgery Center CRNA - Certified Registered Nurse Anesthetist DDS - Doctor of Dental Surgery EPA - Environmental Protection Agency gm - gram LPN - Licensed Practical Nurse ID - Identification H&amp;P - History and Physical Examination HRS/hrs - Hours IM - Intramuscular IUSS - Immediate Use Steam Sterilization IV - Intravenous IVP - IV push IVPB - Intravenous Piggyback LPN - Licensed Practical Nurse mcg - micrograms MG/mg - milligrams min - minute MS - Morphine Sulfate OR - Operating Room PACU - Post Anesthesia Care Unit PAR - Post-Anesthesia Recovery PO - By Mouth</p>	Q 000		

RECEIVED  
JUL 11 2016  
FACILITY STANDARDS

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

TITLE

(X6) DATE

*Deborah A. [Signature]*

*Administrator*

*July 7, 2016*

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.

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303	
(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
Q 000	Continued From page 1 PRN/prn - As Needed Q - Every RN - Registered Nurse	Q 000		
Q 041	416.41(a) CONTRACT SERVICES  When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure CRNA contracted services were provided in a safe and effective manner for 12 of 21 patients (#2, #3, #9, #11, #12, #13, #14, #15, #16, #17, #19, and #22) whose records were reviewed and who had postoperative orders. This resulted in unclear medication orders and a lack of direction to nursing staff who administered medications. This had the potential to result in excessive and unsafe medication administration and adverse patient outcomes, such as respiratory depression. Findings include:  1. Anesthesia services were provided by a company that contracted with the facility. The company provided 4 CRNAs for anesthesia services. Medication orders by the CRNAs lacked specificity to provide clear direction to nursing staff responsible to carry out those orders. These orders allowed nursing staff the ability to administer one or all narcotics, singularly or in combination, without direction as to which medication to administer first, what range to begin titration, the safe maximum dose for each medication, frequency of administration, or the period of time needed between different medication administrations (e.g., time needed	Q 041	Q041 416.41(a) CONTRACT SERVICES PLAN OF CORRECTION: CRNA contracted services will be provided in a safe and effective manner through provision of medication orders that provide for clear direction to the nursing staff. SYSTEMIC CHANGES: The Center Director is working closely with the contracted anesthesia services to develop a new pre-printed order set for medications that are clear, unambiguous and coordinate with the physician orders. Orders for multiple medications will be written in accordance with evidence based clinical practice guidelines, not allowing discretion by the nurses interpreting the orders to practice outside their scope of practice. Prn range orders will have a specific dose tied directly to a pain scale or other objective measure. Until revision of pre-printed orders are complete, CRNA's and nursing staff have been educated (Attachment A: In-service) to ISMP's "Guidelines for Standard Order Sets" (Attachment A.2) and the need to provide written medication orders that includes: <ul style="list-style-type: none"><li>• Coordination with physician orders</li><li>• Written direction as to which medication to administer first</li><li>• Range to begin titration</li><li>• Increments of titration amounts</li><li>• Desired titration goals for nursing staff to base their outcomes</li><li>• Safe maximum dose for each medication</li><li>• Frequency of medication</li><li>• Period of time needed between different medications administrations.</li></ul>	7/10/2016

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 041	<p>Continued From page 2 between administering MS and then Demerol).</p> <p>Additionally, the CRNA orders did not clearly state the desired titration goals for the nursing staff to base their outcomes (e.g., titrating a narcotic to keep a patient's pain level at a score of 5 or less on a scale of 0 [no pain] to 10 [highest level of pain]). The titration portion of the orders did not specify in what increments to increase or decrease medication amounts.</p> <p>The CRNA orders did not specifically state whether the medications could be repeated up to the maximum dosage or whether they could only be administered once regardless of whether the maximum dose was given or not. For example, for an order for Demerol 10 -100 mg IV, if Demerol 10 mg was administered and found not to be effective, it was unclear whether Demerol could be administered again within the hour, up to the maximum amount of 100 mg allowed in the range referenced in the order.</p> <p>The CRNA post-anesthesia orders did not coordinate effectively with physician post-operative orders. It was unclear if nursing staff were to follow one or both providers' orders and in what order.</p> <p>CRNA orders allowed nursing staff to administer amounts of narcotics that were excessive.</p> <p>The Medical Director was interviewed on 6/09/16 at 11:47 AM. He stated the orders were written to allow nursing judgment on what to give patients. He acknowledged there was room for interpretation as to how they would be administered and it was possible, though not likely, for nursing staff to give too many narcotics.</p>	Q 041	<p>Nurses are directed to contact the prescriber prior to administration of medication when orders are either not clear, not written according to guidelines or not well understood. Medication safety will be included in the annual competency training for nursing staff and include appropriate guidelines for medication orders.</p> <p><b>RESPONSIBLE PARTY AND MONITORING:</b> The Center Director is responsible for ensuring nurses do not administer medication unless medication orders are specific and provide clear direction.</p> <p>The new pre-printed medication order set will be reviewed and approved by the Governing Body prior to implementation.</p> <p>Until the pre-printed order set is implemented, the Center Director or designee will monitor the interim written medication orders daily to ensure they meet the established criteria and if found unacceptable, will contact the prescriber for correction. (<b>Attachment B: Medication Orders Audit Tool</b>)</p> <p>The Center Director will provide the results of this survey, actions taken, results of monitoring activities and any additional action taken to the quarterly QAPI Committee meetings for review and recommendations.</p> <p>Recommendations will be submitted to the Governing Body for review and approval.</p>		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 041	Continued From page 3  The Consulting Pharmacist was interviewed on 6/10/16 at 8:00 AM. She acknowledged the orders should be clearer. She stated "if they gave multiple [narcotics] at once, we would be in trouble."  The following patient records had conflicting, incomplete, and potentially unsafe post anesthesia medication orders which were open to nursing staff interpretation when administering:  a. Patient #12 was a 45 year old male who had arthroscopic knee surgery on 2/18/16.  "POST ANESTHESIA RECOVERY ORDERS," dated 2/18/16, untimed, and signed by the CRNA included:  "In PAR: titrate ordered IV/IM narcotic or antiemetic: MS 1-10 mg IV Q [blank line] prn pain, May repeat [blank line] times Demerol 25-100 mg IV Q [blank line] prn pain, May repeat [blank line] times Fentanyl 25-100 mcg IV Q [blank line] prn pain, May repeat [blank line] times Phenergan 6.25-12.5 mg IV Q [blank line] prn nausea and vomiting, May repeat 1 times."  Percocet contains Oxycodone and Acetaminophen. MS, Demerol, Fentanyl, and Oxycodone are all narcotic analgesics. Phenergan and Zofran are for the treatment of nausea.  Physician's "Post-Operative Orders," dated 2/18/16 at 8:30 AM, for Patient #12 included:	Q 041			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAWTOOTH SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 FALLS AVENUE WEST TWIN FALLS, ID 83303</b>		
(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	
Q 041	<p>Continued From page 4</p> <p>"Pain: Percocet 5/325 mg 1-2 tabs po q4 hours," and "Nausea: Zofran 4 mg IV [illegible word] 8 hours prn."</p> <p>These combined orders allowed nursing staff to give Patient #12 narcotic medication up to MS 10 mg IV and Demerol 100 mg IV and Fentanyl 100 mcg IV and Percocet 5/325 mg po.</p> <p>These combined orders allowed nursing staff to give Patient #12 anti-emetic medication up to Phenergan 12.5 mg IV and Zofran 4 mg IV.</p> <p>Nursing medication administration records indicated an LPN administered the following medications post-operatively to Patient #12:</p> <p>11:30 AM: Demerol 25 mg IV for "Body Shakes" with a pain rating of "2" 11:35 AM: Demerol 25 mg IV for "Body Shakes" with a pain rating of "2" 12:10 AM: Oxycodone 10 mg for a pain rating of "2"</p> <p>The LPN who administered pain medications to Patient #12 was interviewed on 6/09/16 beginning at 9:50 AM. She stated she made the decision to administer Demerol instead of the other medications. She stated she made this decision based on the orders and without input from other personnel. She stated she administered Demerol to Patient #12 because he had body shakes and she thought Demerol worked best for those. She stated Patient #12 continued to complain of pain and she then administered Percocet. She stated she interpreted the Demerol order to mean she could continue to give doses of Demerol until the patient received 100 mg even though the order did not state more than 1 dose was authorized.</p>	Q 041			



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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303	
(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
Q 041	<p>Continued From page 5</p> <p>She stated it was up to the nurse to decide which medications to use to treat patients.</p> <p>b. Patient #15 was a 62 year old male who had surgery to debride his right shoulder on 10/21/15.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 10/21/15 at 9:40 AM, and signed by the CRNA included:</p> <p>"In PAR: titrate ordered IV/IM narcotic or antiemetic: Demerol 25-50 mg IV Q 10 prn pain Fentanyl 25-50 mcg IV Q 10 prn pain Phenergan 6-12 mg IV X 2 prn nausea and vomiting Zofran 4 mg IV X 2 prn nausea and vomiting."</p> <p>Physician's undated and untimed "Post-Operative Orders," for Patient #15 included:</p> <p>"Pain: Norco 10-235/Percocet 5/325 1-2 tabs po q4-6 [hours]."</p> <p>Norco contains hydrocodone which is a narcotic analgesic.</p> <p>These combined orders would allow nursing staff to give Demerol 50 mg IV and Fentanyl 50 mcg IV and Norco and Percocet as well as the anti-nausea medication.</p> <p>Nursing medication administration records indicated an LPN administered the following medications post-operatively to Patient #15:</p> <p>12:55 PM: Fentanyl 25 mcg IV for a pain rating of "2" 1:40 PM: 2 Percocet for a pain rating of "2"</p>	Q 041		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303	
(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
Q 041	Continued From page 6  The RN who was in charge of Patient #15's PACU care was interviewed on 6/09/16 beginning at 11:50 AM. She confirmed the orders and stated the orders left the decision to the nurse regarding which narcotics and anti-nausea medications to administer.  c. Patient #3 was a 50 year old female who had gall bladder surgery on 5/19/16.  "POST ANESTHESIA RECOVERY ORDERS," dated 5/19/16 at 8:18 AM, and signed by the CRNA included:  "In PAR: titrate ordered IV/IM narcotic or antiemetic: MS 1-10 mg IV Q 1 hr prn pain, may repeat 0 times Demerol 10-100 mg IV Q 1 hr prn pain, May repeat 0 times Fentanyl 50-100 mcg IV Q 1 hr prn pain, May repeat 0 times Phenergan 6-12 mg IV X 1 prn nausea and vomiting, May repeat 0 times"  "Post-Operative Orders" by the physician, dated 5/19/16 at an illegible time, included Norco for pain and Zofran for nausea. The dosages of the medications were not legible.  These combined orders would allow nursing staff to give Patient #3 narcotic medication up to MS 10 mg IV and Demerol 100 mg IV and Fentanyl 100 mcg, and an unspecified dose of Norco and anti-emetic medication up to Phenergan 12 mg and an unspecified dose of Zofran.  The nursing medication administration record	Q 041		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303	
(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
Q 041	<p>Continued From page 7</p> <p>documented Patient #3 was administered medication, as follows:</p> <p>9:15 AM: Fentanyl 25 mcg IVP for a pain rating of "4"</p> <p>9:15 AM: 2 Norco 5/325 mg PO for a pain rating of "4"</p> <p>9:30 AM: Fentanyl 25 mcg IVP for a pain rating of "6"</p> <p>The orders were confirmed by the RN Charge Nurse for PACU during an interview on 6/10/16 at 10:52 AM.</p> <p>d. Patient #22 was a 5 year old male who had surgery to repair a fractured finger on 5/12/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 5/12/16 at 7:15 AM, and signed by the CRNA included:</p> <p>"In PAR: titrate ordered IV/IM narcotic or antiemetic: Demerol 10-40 mg IV Q 1 hr prn pain"</p> <p>There were no physician post-operative orders.</p> <p>These orders allowed nursing staff to give narcotic medications to Patient #22 up to Demerol 40 mg IV.</p> <p>The nursing medication administration record did not indicate any medication was given.</p> <p>The orders were confirmed by the RN Charge Nurse for PACU during an interview on 6/10/16 at 10:59 AM.</p> <p>e. Patient #17 was a 3 year old female who had</p>	Q 041		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 041	<p>Continued From page 8</p> <p>a full mouth dental rehabilitation surgery under general anesthesia on 5/16/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 5/16/16 at 10:40 AM, and signed by the CRNA included:</p> <p>"Demerol 5 mg IV Q 10 prn pain, May repeat 4 times Fentanyl 5 mcg IV Q 10 prn pain, may repeat 4 times"</p> <p>The DDS's "Post-Operative Orders," dated 5/16/16 at 10:40 AM, included the following orders for Patient #17:</p> <p>"Pain: Children's Tylenol and/or Ibuprofen if not already given in OR per weight of child based on package dosing PO. PRN: Fever, pain, or prophylactically for inflammation."</p> <p>The above orders allowed the nurse to administer a total of 40 mg of Demerol and 40 mcg of Fentanyl within a 40 minute time frame to a 3 year old child following a dental procedure. Also, the order did not indicate how the nurse would differentiate between pain and post-operative delirium in a 3 year old patient.</p> <p>According to nursing administration records, Patient #17 received no narcotics.</p> <p>During an interview on 6/10/16 at 11:15 AM, the Charge Nurse for PACU confirmed that the CRNA orders on Patient #17 were not clear, and that it was left to nursing judgment to determine the medication dosages given to patients in the PACU.</p>	Q 041			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 041	<p>Continued From page 9</p> <p>f. Patient #16 was a 69 year old male who had an umbilical hernia repair on 5/16/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 5/16/16 at 1:00 PM, and signed by the CRNA included:</p> <p>"MS 1-10 mg IV Q 1 hr prn pain, may repeat 0 times Demerol 10-100 mg IV Q 1 hr prn pain, may repeat 0 times Fentanyl 50-100 mcg IV Q 1 hr prn pain, may repeat 0 times"</p> <p>The above orders allowed the nurse to administer 10 mg of MS, 100 mg of Demerol and 100 mcg of Fentanyl within a non-specified time frame.</p> <p>According to nursing medication administration records, Patient #16 did not receive narcotic medications following surgery.</p> <p>During an interview on 6/10/16 at 11:15 AM, the Charge Nurse for PACU confirmed that the CRNA orders on Patient #16 were not clear and that it was left to nursing judgment to determine the medication dosages given to patients in the PACU.</p> <p>g. Patient #19 was a 46 year old female who had an abdominoplasty with liposuction and lip injection on 5/16/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 5/31/16 at 7:45 AM, and signed by the CRNA, included:</p> <p>"MS 1-10 mg IV Q 1 hr prn pain, may repeat 0 times</p>	Q 041			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 041	<p>Continued From page 10</p> <p>Demerol 10-100 mg IV Q 1 hr prn pain, may repeat 0 times Fentanyl 50-100 mcg IV Q 1 hr prn pain, may repeat 0 times"</p> <p>The above orders allowed the nurse to administer 10 mg of MS, 100 mg of Demerol and 100 mcg of Fentanyl within a non-specified time frame.</p> <p>Patient #19's "POST OP ORDERS," dated 5/31/16 but not timed by the surgeon, included:</p> <p>"Norco 10 1-2 PO every 6-8 hours as needed PRN pain Valium 5 mg 1 PO every 6-8 hours as needed for muscle spasm."</p> <p>According to medication administration records, Patient #19 received 5 mg of Valium at 1:50 PM and 2 Norco tablets PO at 2:50 PM for a pain rating of 2.</p> <p>During an interview on 6/10/16 at 11:15 AM, the RN Charge Nurse for PACU confirmed the CRNA orders for Patient #19 were not clear, and that it was left to nursing judgment to determine the medication dosages given to patients in the PACU.</p> <p>h. Patient #2 was a 60 year old female who had a bunionectomy of the left foot on 6/08/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 6/08/16, and signed by the CRNA, included:</p> <p>"In PAR: titrate ordered IV/IM narcotic antiemetic: MS 2 mg IV Q 5 min prn pain, May repeat 4 times Demerol 10 mg IV Q 5 min prn pain, May repeat</p>	Q 041			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 041	<p>Continued From page 11 9 times Fentanyl 25 mcg IV Q 5 min prn pain, May repeat 3 times"</p> <p>These orders allowed nursing staff to give narcotic medication to Patient #2 up to MS 2 mg IV, Demerol 10 mg IV, and Fentanyl 25 mcg IV.</p> <p>Nursing medication administration records documented no post anesthesia medications were given to Patient #2.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16, at 11:24 AM. She reviewed Patient #2's post anesthesia medication orders and confirmed they were not clear or complete. She stated the orders were confusing and left too much to the interpretation of nursing staff administering the medications.</p> <p>i. Patient #9 was a 29 year old male who had left clavicle surgery on 4/08/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 4/08/16, and signed by the CRNA, included:</p> <p>"In PAR: titrate ordered IV/IM narcotic antiemetic: MS 1-10 mg IV Q 1 hr prn pain, May repeat 0 times Demerol 10-100 mg IV 1 hr prn pain, May repeat 0 times Fentanyl 50-100 mcg IV Q 1 hr prn pain, May repeat 0 times"</p> <p>These orders allowed nursing staff to give narcotic medication to Patient #9 up to MS 10 mg IV, Demerol 100 mg IV, and Fentanyl 100 mcg IV.</p>	Q 041			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 041	<p>Continued From page 12</p> <p>Nursing medication administration records documented no post anesthesia medications were given to Patient #9.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16, at 11:24 AM. She reviewed Patient #9's post anesthesia medication orders and confirmed they were not clear or complete. She stated the orders were confusing and left too much to the interpretation of nursing staff administering the medications.</p> <p>j. Patient #11 was a 1 year old male who had an amputation of a finger and nail bed repair on 4/14/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 4/14/16, and signed by the CRNA, included:</p> <p>"In PAR: titrate ordered IV/IM narcotic antiemetic Demerol 5-20 mg IV"</p> <p>These orders allowed nursing staff to give narcotic medications to Patient #11 up to Demerol 20 mg IV. Also, the order did not indicate how the nurse would differentiate between pain and post-operative delirium in a 1 year old patient.</p> <p>Nursing medication administration records documented no post anesthesia medications were given to Patient #11.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16, at 11:24 AM. She reviewed Patient #11's post anesthesia medication orders and confirmed they were not clear or complete. She stated the orders were confusing and left too much to the interpretation of nursing staff</p>	Q 041			



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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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
Q 041	<p>Continued From page 13 administering the medications.</p> <p>k. Patient #13 was a 72 year old female who had a simple mastectomy on 4/07/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS," dated 4/07/16, and signed by the CRNA, included:</p> <p>"In PAR: titrate ordered IV/IM narcotic antiemetic: Demerol 25 mg IV Q 10 prn pain Fentanyl 25 mcg IV Q 10 prn pain Phenergan 12.5 mg IV x 2 prn nausea and vomiting Zofran 4 mg IV x 2 prn nausea and vomiting"</p> <p>These orders allowed nursing staff to give narcotic medication to Patient #13 up to Demerol 25 mg IV and Fentanyl 25 mcg IV. Additionally, this allowed nursing staff to give anti-emetic medication to Patient #13 up to Phenergan 12.5 mg IV and Zofran 4 mg IV.</p> <p>Nursing medication administration records documented no post anesthesia medications were given to Patient #13.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She reviewed Patient #13's post anesthesia medication orders and confirmed they were not clear or complete. She stated the orders were confusing and left too much to the interpretation of nursing staff administering the medications.</p> <p>l. Patient #14 was a 77 year old male who had a colonoscopy on 5/27/16.</p> <p>"POST ANESTHESIA RECOVERY ORDERS,"</p>	Q 041		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAWTOOTH SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 FALLS AVENUE WEST TWIN FALLS, ID 83303</b>		
(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	
Q 041	Continued From page 14 dated 5/27/16, and signed by the CRNA, included:  "In PAR: titrate ordered IV/IM narcotic antiemetic: Demerol 50 mg IV Q 15 min prn pain, May repeat 1 times Fentanyl 50 mcg IV Q 15 min prn pain, May repeat 3 times"  These orders allowed nursing staff to give medication to Patient #14 up to Demerol 50 mg IV and Fentanyl 50 mcg IV. There were no orders to contact a physician for pain following a colonoscopy that was severe enough to require treatment with narcotic medications.  Nursing medication administration records documented no post anesthesia medications were given to Patient #14.  The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She reviewed Patient #14's post anesthesia medication orders and confirmed they were not clear or complete. She stated the orders were confusing and left too much to the interpretation of nursing staff administering the medications.  CRNA post-anesthesia orders lacked coordination, clarity, specificity, and safe parameters. The ASC failed to ensure contracted CRNA services were provided in a safe and effective manner.	Q 041			
Q 141	416.46(a) ORGANIZATION AND STAFFING  Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with	Q 141	Q141 416.46(a) ORGANIZATION AND STAFFING  PLAN OF CORRECTION: An RN will be designated to direct the nursing services at all times.	6/13/2016	

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 141	<p>Continued From page 15</p> <p>recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC.</p> <p>This STANDARD is not met as evidenced by: Based on review of the organizational chart, record review, and staff interview, it was determined the facility failed to ensure an RN was designated to direct the nursing services provided at the facility for all patients admitted to the ASC after 5/04/16, including 13 of 22 patients (#1, #2, #3, #4, #5, #8, #14, #16, #17, #19, #20, #21, and #22) whose records were reviewed. This resulted in a lack of delineation of patient care responsibilities for nurses and had the potential to negatively impact patient care. Findings include:</p> <p>1. The "ORGANIZATIONAL CHART," dated 1/2015, was reviewed. It included a "NURSE MANAGER" position over nursing services, including "ADMITTING AND PRE-OP, PACU, INTRA-OP, CONSULTING PHARMACIST."</p> <p>The Administrator was interviewed on 6/10/16 at 11:30 AM. She stated the individual in the Nurse Manager position, also called the RN Clinical Director, was no longer working there. She stated her last day onsite was 5/04/16.</p> <p>Patient records were reviewed and documented admission dates after 5/04/16 as follows:</p> <p>a. Patient #1 admitted on 6/08/16. b. Patient #2 admitted on 6/08/16. c. Patient #3 admitted on 5/19/16. d. Patient #4 admitted on 5/11/16. e. Patient #5 admitted 5/17/16. f. Patient #8 admitted on 5/12/16.</p>	Q 141	<p>SYSTEMIC CHANGES: The Center Director appointed a current RN as interim Director of Nurses on 6/13/2016 (<b>Attachment C: Board Resolution: Interim appointment</b>). The job description and responsibilities for the role were reviewed with the RN appointed interim and all staff and physicians notified to the change. The Center Director is currently seeking a permanent FT RN to fill the DON role.</p> <p>RESPONSIBLE PARTY AND MONITORING: The Center Director is responsible for ensuring an RN is appointed and functioning as the Director of Nurses. The Center Director will provide leadership support to the interim DON and conduct daily assessments to ensure the DON is providing appropriate delineation of patient care responsibilities for nurses. The Center Director will provide the results of this survey, actions taken, results of monitoring activities and any additional action taken to the quarterly QAPI Committee meetings for review and recommendations. Recommendations will be submitted to the Governing Body for review and approval.</p>		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 141	<p>Continued From page 16</p> <p>g. Patient #14 admitted on 5/27/16. h. Patient #16 admitted on 5/16/16. i. Patient #17 admitted on 5/16/16. j. Patient #19 admitted on 5/16/16. k. Patient #20 admitted on 6/09/16. l. Patient #21 admitted on 5/13/16. m. Patient #22 admitted on 5/12/16.</p> <p>On 6/10/16 at 11:30 AM, the Administrator stated the facility had been actively seeking a replacement but had not yet found one. When asked who nursing staff could talk to for nursing support, she referenced the Clinical Corporate Director, who lived in another state.</p> <p>The Clinical Corporate Director was interviewed by telephone on 6/10/16 at 1:10 PM. She stated the last time she was at the facility was on 3/31/16, to attend a board meeting. She stated she planned to be onsite on 6/27/16 and 6/28/16, to help with action plans, credentialing files, quality assessment, audits, and observations. When asked if she had been appointed as an Interim Director of Nursing, she replied "No, not to my knowledge."</p> <p>The RN Charge Nurse for PACU was interviewed on 6/10/16 at 11:50 AM. When asked who was available to talk to if she had a nursing or clinical question, she stated she would turn to the other Charge Nurse first, and if the Charge Nurse was not available she might talk to an anesthetist or the Medical Director. When asked when the last nursing staff meeting was held, she stated it was the end of April. She denied being aware of anyone functioning in the Director of Nursing role.</p> <p>A staff RN who worked in the OR and who occasionally functioned in a Charge Nurse role</p>	Q 141			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303	
(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
Q 141	Continued From page 17 was interviewed on 6/10/16 at 12:04 PM. When asked who she would turn to with a nursing question if she needed help, she stated she would seek out the regular Charge Nurse, talk to an anesthetist, or talk to the Administrator, if available. The staff RN stated prior to 5/04/16, she brought her clinical questions to the Clinical RN Director. She stated the Clinical RN Director position was currently vacant.  Another staff RN who worked in the OR was interviewed on 6/10/16 at 12:09 PM. When asked, she stated she was not aware of anyone functioning as a Director of Nursing. She stated she would talk to the charge nurses, look up policies on her own, or ask the Administrator if she needed help.  During the exit conference on 6/10/16 at 2:10 PM, the Medical Director stated they would be willing to appoint an Interim Director of Nursing immediately, while searching for a permanent replacement. He stated he did not realize that was an option to appoint an interim Director, and he would see that it happened by next week.	Q 141		
Q 162	The facility did not have an appointed and functioning Director of Nursing. 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.	Q 162	Q162 416.47(B) FORM AND CONTENT OF RECORD PLAN OF CORRECTION: A current, complete and accurate medical record shall be maintained. SYSTEMIC CHANGES 1. The Center Director educated physicians and anesthesia providers on the requirements for maintaining a complete and current medical record.	7/10/2016

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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
Q 162	<p>Continued From page 18</p> <p>(3) Pre-operative diagnostic studies (entered before surgery), if performed.</p> <p>(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.</p> <p>(5) Any allergies and abnormal drug 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 record review and staff interview, it was determined the facility failed to ensure medical records were accurate, legible, and complete for 15 of 22 patients (#2, #3, #5, #7, #9, #11, #12, #13, #15, #16, #17, #18, #19, #21, and #22) whose records were reviewed. Illegible medication orders and missing information resulted in lack of clarity and had the potential to result in medication errors and negatively impact patient safety. Findings include:</p> <p>1. Patient #3 was a 50 year old female who had gall bladder surgery on 5/19/16.</p> <p>"Post-operative Orders," dated 5/19/16, included orders for Norco for pain and Zofran for nausea. The dosages were not legible. The orders included a return post-op appointment date which was also not legible.</p> <p>During an interview on 6/10/16 at 10:52 AM, the RN Charge Nurse for PACU confirmed the illegibility. She stated she was unable to read it.</p> <p>2. Patient #18 was a 71 year old male who had a</p>	Q 162	<p>They were provided with the following documents;</p> <ul style="list-style-type: none"> <li>• "Good Medical Practice and the law: Physician Documentation" (Attachment D)</li> <li>• The Institute for Safe Medication Practices (ISMP) List of Error-Prone Abbreviations, Symbols, and Dose Designations (Attachment E)</li> <li>• A memo (Attachment F) addressing surveyor observations regarding physician and anesthesia documentation that were: <ul style="list-style-type: none"> <li>*illegible</li> <li>*missing units of measurement for medications</li> <li>*recovery room orders written 8 days prior to the procedure</li> <li>*missing time from signatures <ul style="list-style-type: none"> <li>no designation when to administer a medication preoperatively</li> </ul> </li> <li>*leaving checkboxes unchecked</li> <li>*not completing orders by filling in the blanks</li> <li>*total doses of anesthesia medications not indicated</li> <li>*missing times with signatures</li> </ul> </li> </ul> <p>Nursing staff were also educated via in-service on the requirements for maintaining a complete and current medical record. Nurses were instructed to promptly contact the physician or anesthesia provider with any observed incomplete, inaccurate or unsafe documentation for immediate clarification and correction. Nurses were provided with the following documents;</p> <ul style="list-style-type: none"> <li>• Nursing Documentation Self Study Module (Attachment G)</li> <li>• The Institute for Safe Medication Practices (ISMP) List of Error-Prone Abbreviations, Symbols, and Dose Designations (Attachment E).</li> </ul>	

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 162	<p>Continued From page 19 colonoscopy with biopsy on 4/29/16.</p> <p>Patient #18's anesthesia record included 5 medications, Versed, Fentanyl, Diprivan, Decadron, and one illegible medication, none of which included the unit of measurement of the medications.</p> <p>During an interview on 6/10/16 at 11:01 AM, the RN Charge Nurse for PACU confirmed the missing units of measurement.</p> <p>3. Patient #22 was a 5 year old male who had a finger fracture repair on 5/12/16.</p> <p>Patient #22's anesthesia record included 4 medications administered to him. The record did not include the units of measurement of the medications, such as mg or mcg. The medication names were not legible.</p> <p>During an interview on 6/10/16 at 10:59 AM the RN Charge Nurse for PACU confirmed the missing units of measurement.</p> <p>4. Patient #2 was a 60 year old female who had a surgical bunionectomy of the left foot on 6/08/16.</p> <p>Patient #2's record included a "Post-operative Orders" form dated 5/31/16 at 4:00 PM, and signed by the physician.</p> <p>However, Patient #2 did not have surgery until 6/08/16. The post operative order was written 8 days prior to the procedure.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She reviewed Patient</p>	Q 162	<p><b>RESPONSIBLE PARTY AND MONITORING:</b> The Center Director or designee is responsible for oversight of compliance with documentation in the medical records. The nursing staff will conduct ongoing daily audits of 100% of the medical records for 3 consecutive weeks of compliance, utilizing a checklist to assess for incomplete, inaccurate or unsafe documentation. (<b>Attachment H: Medical Record Audit tool</b>) If found, it is promptly brought to the attention of the offender for correction. Once 3 weeks of consecutive compliance is achieved, charts will be audited during routine auditing conducted prior to filing of the medical record. Peer review of physicians now includes assessing for compliance with medical abbreviations and other documentation requirements and will be reflected on their performance profile form that is reviewed during reappointment decisions.</p> <p>Going forward, documentation requirements will be included in the annual education program for physicians, staff, and allied health and completion of the requirements will be maintained in their file. The Center Leader reports the results of compliance from chart audits to the QAPI Committee for review and recommendations.</p> <p>The MEC will report results from peer review and the QAPI will report their recommendations from chart audits to the Governing Body quarterly for review and approval.</p>		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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
Q 162	<p>Continued From page 20</p> <p>#2's record and confirmed the post operative orders were written too far in advance of his surgical date.</p> <p>5. Patient #13 was a 72 year old female who had a simple mastectomy on 4/07/16.</p> <p>Patient #13's record included a "MEDICATION RECONCILIATION," dated 4/06/16, and signed by the physician. The check-box labeled "May continue all pre-op medication" was not checked. Additionally, the option for "CONTINUE ON DISCHARGE" was not marked "yes" or "no" for Patient #13's pre-op medications.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She confirmed Patient #13's discharge medication reconciliation order was incomplete.</p> <p>6. Patient #7 was a 74 year old male who had an excision of a right parotid tumor on 4/06/16.</p> <p>Patient #7's record included "POST ANESTHESIA RECOVERY ORDERS," dated 4/06/16, and signed by the CRNA. The "Discharge Home" section included a signature and date, but no time.</p> <p>Patient #7's record also included "Pre-Operative Orders," dated 4/06/16, and signed by the physician. The orders included "Ancef 2 gm IVPB prior to OR." The order did not indicate an administration time.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She reviewed Patient #7's record and confirmed the pre-operative medication and discharge orders were</p>	Q 162		



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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAWTOOTH SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 FALLS AVENUE WEST TWIN FALLS, ID 83303</b>		
(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	
Q 162	<p>Continued From page 21 incomplete.</p> <p>7. Patient #5 was a 68 year old male who had a cataract extraction and intraocular lens insertion on 5/17/16.</p> <p>Patient #5's record included a "SURGICAL HISTORY &amp; PHYSICAL," dated 5/17/16, and signed by the physician. The updated H&amp;P review was signed and dated by the physician, but not timed.</p> <p>Patient #5's record also included "PHYSICIAN DISCHARGE ORDERS," dated 5/04/16, and signed by a physician. The form listed the following discharge medications:</p> <ul style="list-style-type: none"> <li>- "Tylenol 650 MG PO Q 4 HRS PRN"</li> <li>- "500 MG DIAMOX PO AT DISCHARGE"</li> </ul> <p>Neither of the discharge medications were listed on the "MEDICATION RECONCILIATION" form. Additionally, the "MEDICATION RECONCILIATION" form was signed by the discharge RN on 5/15/16, two days before the surgical procedure.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She reviewed Patient #5's record and confirmed the updated H&amp;P was not timed, the medication reconciliation discharge medication order was incomplete, and the form was incorrectly dated by the RN.</p> <p>8. Patient #9 was a 29 year old male who had left clavicle surgery on 4/08/16.</p> <p>Patient #9's record included a H&amp;P form, dated 4/05/16. The H&amp;P pre-surgical update</p>	Q 162			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 162	<p>Continued From page 22</p> <p>verification was signed by the physician, but the date and time were not legible.</p> <p>Patient #9's record also included "GENERAL PHYSICIAN ORDERS," signed by the physician, but not dated or timed for pre or post op orders. Additionally, his record included a "MEDICATION RECONCILIATION," dated 4/08/16, and signed by the physician. The check-box labeled "May continue all pre-op medication" was not checked. Additionally, the option for "CONTINUE ON DISCHARGE" was not marked "yes" or "no" for Patient #9's pre-op medications.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She reviewed Patient #9's record and confirmed the H&amp;P pre surgical update verification was illegible, the pre and post operative orders were not dated or timed, and the medication reconciliation discharge medication order was incomplete.</p> <p>9. Patient #11 was a 1 year old male who had an amputation of his finger and nail bed repair on 4/14/16.</p> <p>Patient #11's record included "POST ANESTHESIA RECOVERY ORDERS," dated 4/14/16, and signed by the CRNA. The "Discharge to PACU" and "Discharge Home" sections were signed and dated by the CRNA, but not timed. Patient #11's record also included "Physician Orders for Outpatient Surgery," signed by the physician, but not dated or timed for the pre surgical, intra surgical, post surgical, and discharge orders.</p> <p>The RN Charge Nurse for PACU was interviewed on 6/09/16 at 11:24 AM. She reviewed Patient</p>	Q 162			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 162	<p>Continued From page 23</p> <p>#11's record and confirmed the pre surgical, intra surgical, post surgical, and discharge orders were not dated and timed.</p> <p>10. Patient #21 was a 62 year old female who had an upper endoscopy on 5/13/16.</p> <p>Patient #21's anesthesia record included 3 IV medications that were administered, Fentanyl, Versed and Propofol.</p> <p>The Fentanyl and Versed were one time doses. The record included a number next to each medication. However, it did not include the units of measurement for her medications, such as mg or mcg. The Propofol was charted as an infusion. However, no rate of infusion was documented in her record. Additionally, the total doses of her medications administered during her procedure were not documented in the "Totals" section of her anesthesia record.</p> <p>During an interview on 6/10/16 at 11:15 AM the RN Charge Nurse for PACU confirmed the documentation on the anesthesia record for Patient #21 was incomplete.</p> <p>11. Patient #16 was a 69 year old male who had an umbilical hernia repair with mesh on 5/16/16.</p> <p>Patient #16's anesthesia record included 6 IV medications that were administered, Fentanyl, Versed, Decadron, Odansetron, and 2 medications that were illegible. The record included a number next to each medication. However, it did not include the units of measurement for his medications, such as mg or mcg. Additionally, the total doses of his medications administered during his surgery were</p>	Q 162			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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
Q 162	<p>Continued From page 24 not documented in the "Totals" section of his anesthesia record.</p> <p>During an interview on 6/10/16 at 11:15 AM the RN Charge Nurse for PACU confirmed the documentation on the anesthesia record for Patient #16 was incomplete.</p> <p>12. Patient #17 was a 3 year old female who had a full mouth dental rehabilitation under general anesthesia on 5/16/16.</p> <p>Her anesthesia record included 3 IV medications that were administered, Fentanyl, Decadron, and Zofran. The record included a number next to each medication. However, it did not include the units of measurement for her medications, such as mg or mcg. Additionally, the total doses of her medications administered during her surgery were not documented in the "Totals" section of her anesthesia record.</p> <p>During an interview on 6/10/16 at 11:15 AM the RN Charge Nurse for PACU confirmed the documentation on the anesthesia record for Patient #17 was incomplete.</p> <p>13. Patient #19 was a 49 year old female who had an abdominoplasty with liposuction and lip injection on 5/31/16.</p> <p>Her anesthesia record included 4 IV medications that were administered, Diprivan, Decadron, Zofran, and Dilaudid. The record included a number next to each medication. However, it did not include the units of measurement for her medications, such as mg or mcg. Additionally, the total doses of her medications administered during her surgery were not documented in the</p>	Q 162		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 162	<p>Continued From page 25</p> <p>"Totals" section of her anesthesia record.</p> <p>During an interview on 6/10/16 at 11:15 AM the RN Charge Nurse for PACU confirmed the documentation on the anesthesia record for Patient #19 was incomplete.</p> <p>14. Patient #12 was a 45 year old male who had arthroscopic knee surgery on 2/18/16.</p> <p>Patient #12 had "POST ANESTHESIA RECOVERY ORDERS" by the CRNA, dated 2/18/16 but not timed, which stated:</p> <p>"In PAR: titrate ordered IV/IM narcotic or antiemetic: MS 1-10mg IV Q [blank line] prn pain, May repeat [blank line] times Demerol 25-100 mg IV Q [blank line] prn pain, May repeat [blank line] times Fentanyl 25-100 mcg IV Q [blank line] prn pain, May repeat [blank line] times Phenergan 6.25-12.5 mg IV Q [blank line] prn nausea and vomiting, May repeat 1 times."</p> <p>"Post-Operative Orders" by the physician, dated 2/18/16 at 8:30 AM, stated:</p> <p>"Pain: Percocet 5/325 mg 1-2 tabs po q4 hours" and "Nausea: Zofran 4 mg IV [illegible word] 8 hours prn."</p> <p>Patient #12's physician orders were not legible and the CRNA orders were not complete. They contained blank lines which were not filled out and they were not timed.</p> <p>Nursing medication administration records stated Patient #12 was given Oxycodone 10 mg by</p>	Q 162			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 162	Continued From page 26 mouth for a pain rating of 2.  The LPN who administered pain medications to Patient #12 was interviewed on 6/09/16 beginning at 9:50 AM. She confirmed the orders were not complete and legible. She stated she gave 2 Percocet tablets to Patient #12 on 2/18/16 at 12:10 PM even though Oxycodone was documented. The documentation was not correct.  15. Patient #15 was a 62 year old male who had surgery to debride his right shoulder on 10/21/15.  Patient #15's "Post-Op Orders" by the physician, not dated or timed, stated "Norco 10-325/Percocet 5/325 1-2 tabs po q4-6 [hours]."  Patient #15's orders by the CRNA were not complete. The orders were not dated or timed. The orders for Norco and Percocet were not separated which created confusion.  The RN who was in charge of Patient #15's PACU care was interviewed on 6/09/16 beginning at 11:50 AM. She confirmed the documentation and stated the orders were not clear or timed.	Q 162			
Q 181	416.48(a) ADMINISTRATION OF DRUGS  Drugs must be prepared and administered according to established policies and acceptable standards of practice.	Q 181	Q181 416.48(a) ADMINISTRATION OF DRUGS PLAN OF CORRECTION: Patient identifiers will be used prior to administration of medication.	7/10/2016	

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 181	Continued From page 27  This STANDARD is not met as evidenced by: Based on policy review, observation, and staff interview, it was determined the facility failed to provide safe medication administration. This failure directly impacted 1 of 2 patients (#2) whose care was observed and had the potential to impact all patients receiving medications at the facility. This had the potential to place patients at risk of medication errors, resulting in negative outcomes. Findings include:  The facility's medication administration policy, revised 2/12/13, was reviewed. The policy stated "prior to the administration of any medication, patients are identified using two (2) identifiers. These identifiers are checked either verbally with the patient or responsible adult caregiver, using the patient's name band, or check of the patient's chart."  Patient #2 was a 60 year old female who had a left foot surgical bunion removal on 6/08/16. Her care was observed on 6/08/16 in PACU Room 3.  At 10:30 AM, Patient #2's OR RN was observed entering PACU Room 3 to administer a pre surgical antibiotic medication (Ancef). The OR RN was observed administering the medication without using patient identifiers. Additionally, the OR RN did not check Patient #2's ID band.  The OR RN was interviewed on 6/10/16 at 12:14 PM. When asked if she used 2 patient identifiers or checked Patient #2's ID band prior to administering the pre surgical antibiotic medication, the OR RN stated she did not use any patient identifiers or check Patient #2's ID band prior to administering the medication.	Q 181	SYSTEMIC CHANGES: The Center Director educated the staff via in-service ( <b>Attachment A: In-service</b> ) to the <b>Medication Administration policy (Attachment A.3)</b> and the requirement for the patient to be identified, using two identifiers, prior to the administration of any medication. <b>RESPONSIBLE PARTY AND MONITORING:</b> The Center Director is responsible for ensuring patient identity is verified with two identifiers prior to nurses administering medications. The Center Director or designee will conduct 5 observations daily of the nurses in the preoperative and recovery room to ensure patient identity is verified according to policy prior to administration of medication. These daily observations will continue for 3 consecutive weeks of compliance followed by a minimum of 5 observations monthly. Any variance will result in return to daily observations and the cycle repeated until there is evidence of consistency. ( <b>Attachment I: Patient Identifier Audit tool</b> ) The Center Director will provide audit results to the QAPI Committee for review and recommendation. Recommendations will be submitted quarterly to the Governing Body for review and approval.		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 181	Continued From page 28	Q 181			
Q 241	<p>The facility failed to ensure Patient #2's identification was verified prior to medication administration and in accordance with facility policy.</p> <p>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, staff interview and review of infection control documentation and policies, it was determined the facility failed to provide appropriate environmental and instrument cleaning. This failure directly impacted 1 of 2 patients (#2) whose care was observed and had the potential to impact all patients receiving care at the facility. These systemic failures resulted in the potential of increased risk of patient infections and communicable diseases. Findings include:</p> <p>1. Patient #2 was a 60 year old female who had a left foot surgical bunion removal on 6/08/16. Her care was observed on 6/08/16.</p> <p>a. At 9:00 AM, Patient #2's care was observed in PACU Room 3. Collections of dust were noted to all elevated (5 feet tall and higher) horizontal surfaces of the room which included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- The top of the suction canister.</li> <li>- The top of the opened suction tubing.</li> <li>- The top of the opened yankauer (oral suctioning</li> </ul>	Q 241	<p>Q241 416.51(a) SANITARY ENVIRONMENT</p> <p>PLAN OF CORRECTION: The facility will provide for appropriate environmental and instrument cleaning.</p> <p>SYSTEMIC CHANGES:</p> <p>1. The Center Director spoke with the contracted housekeeping services regarding the dust found on the horizontal surfaces in the PACU and OR suite. The Center Director will create a daily checklist of required cleaning for sign-off by the housekeeping staff. The Center Director educated staff via in-service (<b>Attachment A: In-service</b>) to the policy "<b>Cleaning Operating Room -Surgical Suite</b>" (<b>Attachment A.1</b>) regarding the requirement for damp dusting of all horizontal surfaces in each OR prior to the first scheduled procedure of the day. This task was added to a daily OR checklist for the staff to checkoff when task completed.</p> <p>2. The Center Director has educated the scheduler and OR Manager to review scheduling patterns and co-ordinate scheduling with available instrumentation to allow for adequate time to complete all critical elements of reprocessing. Instruments sets will be evaluated to determine specific instrument needs and quantities. Under-utilized instruments and instrument sets will be evaluated to determine if additional sets can be created for high volume procedures or if purchase of additional instrumentation will be needed.</p>	7/10/2016	



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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303		
(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	
Q 241	<p>Continued From page 29 tool).</p> <ul style="list-style-type: none"> <li>- The top of the cardiac monitor.</li> <li>- The top of the cardiac monitor's wall-mounted support bar.</li> <li>- The overhead sprinkler heads.</li> </ul> <p>A facility policy titled "DISINFECTION of NON-CRITICAL DEVICES," revised 2/12/16, was reviewed. The policy included "Housekeeping surfaces require regular cleaning and removal of soil and dust."</p> <p>b. At 11:02 AM, Patient #2's care was observed in OR Suite 3. Collections of dust were noted to elevated (7 feet tall and higher) horizontal surfaces of the room which included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- The top of the Marquet light bar.</li> <li>- The overhead sprinkler heads.</li> </ul> <p>A facility policy titled "CLEANING Operating Room-Surgical Suite," revised 4/30/09, was reviewed. The policy included "All horizontal surfaces in the OR (e.g., furniture, surgical lights, booms, equipment) are damp dusted with at fresh lint-free cloth moistened with EPA approved germicidal solution before the first scheduled procedure of the day."</p> <p>The facility Administrator was interviewed on 6/10/16 at 10:14 AM. The above findings were brought to her attention and she was asked what her expectation for dust removal was. The facility Administrator stated all areas were to be cleaned and dusted thoroughly and she would be bringing these concerns to contracted housekeeping services immediately.</p>	Q 241	<p>Staff, surgeons, and vendors have been in-serviced over reasons to avoid IUSS, the alternative approaches put in place, that if IUSS is necessary to perform, adhering to standards and IFUs without shortcuts, and the goal to significantly reduce or eliminate reliance on IUSS on an ongoing basis. The <b>daily log (Attachment K)</b> for IUSS was revised to include:</p> <ul style="list-style-type: none"> <li>• Reason for IUSS</li> <li>• Items processed</li> <li>• Type of cycle</li> <li>• Cycle parameters used</li> <li>• Monitoring result</li> <li>• Operator information</li> </ul> <p><b>RESPONSIBLE PARTY AND MONITORING:</b> The Center Director is responsible for ensuring a dust free environment and that IUSS is not routinely performed due to lack of instrumentation.</p> <p>1. The Center Director or designee will perform weekly inspections for one full quarter of the cleaning logs for completion and of the facility's horizontal surfaces for dust. If standards are met, future inspections will be conducted monthly. (<b>Attachment J – Cleaning audit tool</b>)</p> <p>2. The Center Director or designee will track management of IUSS by evaluating the IUSS logs weekly. Data will be evaluated to determine if IUSS rate is decreasing on an ongoing basis.</p> <p>The Center Director will provide the results of this survey, actions taken, results of monitoring activities and any additional action taken to the quarterly QAPI Committee meetings for review and recommendations. Recommendations will be submitted to the Governing Body for review and approval.</p>		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAWTOOTH SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 FALLS AVENUE WEST TWIN FALLS, ID 83303</b>		
(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	
Q 241	<p>Continued From page 30</p> <p>The facility failed to provide a sanitary environment for surgical services.</p> <p>2. The facility's policy "Infection Control Program," effective 7/14/2013, named AORN among its guidelines for infection control. During an interview on 6/08/16, starting at 9:20 AM, the LPN Manager of Sterile Processing verified the facility used AORN as their guideline for sterile processing.</p> <p>a. The AORN 2015 Edition "Guidelines for Perioperative Practice" Chapter on Sterilization and Disinfection, Recommendation VII.a stated IUSS should not be used as a substitute for sufficient instrument inventory. IUSS was recorded on the facility's log 44 times in 5 months. According to the log, of the 44 items, shoulder arthroscopy instrumentation IUSS occurred between cases on the following dates and frequencies:</p> <p>2/12/16 x 1 3/30/16 x 2 3/31/16 x 1 4/20/16 x 2 Unreadable date x 1 4/27/16 x 1</p> <p>During an interview on 6/08/16 starting at 9:20 AM, the LPN Manager of Sterile Processing stated the shoulder instruments were sterilized by IUSS when more than 1 surgery requiring the instruments was scheduled on the same day, due to inadequate inventory of the shoulder instruments.</p> <p>During an interview on 6/09/16, at 12:00 PM, the RN Charge Nurse for the OR confirmed shoulder</p>	Q 241			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303	
(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
Q 241	<p>Continued From page 31</p> <p>instrumentation was sterilized using IUSS due to having only one set of shoulder instruments.</p> <p>The facility failed to ensure nationally recognized IUSS recommendations were implemented.</p> <p>b. The AORN 2015 Edition "Guidelines for Perioperative Practice," Chapter on Sterilization and Disinfection, Recommendation VII.g.1 stated IUSS documentation was to include specific information which included:</p> <ul style="list-style-type: none"> <li>- The reason for the IUSS.</li> <li>- The type of cycle (e.g., gravity-displacement, dynamic air removal).</li> <li>- The cycle parameters used (e.g. temperature, duration of cycle).</li> <li>- Monitoring result.</li> <li>- The operator information ( i.e. the person who initiated the cycle, person who retrieved the item from the sterilizer).</li> </ul> <p>The facility's IUSS log was reviewed and did not include the above information.</p> <p>Further, the AORN Guidelines stated the IUSS documentation was to include the items processed. However, the facility's log did not include specific information. For example, the log stated "Endo Stuff" instead of the specific endoscopic tool and "laparoscopic instruments" instead of the specific instruments.</p> <p>During an interview on 6/08/16, starting at 9:20 AM, the LPN Manager of Sterile Processing verified that the IUSS log did not contain all items required by AORN guidelines.</p> <p>The facility failed to ensure the IUSS</p>	Q 241		

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAWTOOTH SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 FALLS AVENUE WEST TWIN FALLS, ID 83303</b>		
(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	
Q 241 Q 261	Continued From page 32 documentation included complete information. 416.52(a)(1) ADMISSION ASSESSMENT  Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards or practice, and ASC policy.  This STANDARD is not met as evidenced by: Based on record review, policy review, and staff interview, it was determined the facility failed to ensure comprehensive H&P assessments were completed by a physician not more than 30 days before the date of the scheduled surgery for 5 of 22 patients (#3, #4, #5, #8, and #20) whose records were reviewed. This resulted in incomplete or outdated H&Ps, which had the potential to interfere with the assessment of patient readiness and appropriateness for surgery. Findings include:  1. The facility's policy "HISTORY-PHYSICAL," dated 7/14/13, stated "Each patient has a comprehensive medical history and physical assessment..."  a. Patient #4 was a 76 year old female who had cataract surgery on 5/11/16. Her H&P examination, dated 5/11/16, included a physical examination that was focused on her eyes. There was no documentation of a comprehensive physical examination.	Q 241 Q 261	Q261 416.52(a)(1) ADMISSION ASSESSMENT PLAN OF CORRECTION: A comprehensive medical history and physical will be performed not more than 30 days prior to the date of the patient's scheduled procedure. SYSTEMIC CHANGES: The Center Director educated the physicians verbally and staff via in-service ( <b>Attachment A: In-service</b> ) of the requirements for an H&P. Staff have been instructed to review H&P's for currency and completeness prior to a patient's arrival to the procedure room and notify the physician regarding any expired or incomplete H&P's. Patients will not be taken to the procedure room until a current and updated H&P is on the medical record. RESPONSIBLE PARTY AND MONITORING: The Center Director is responsible for ensuring a current and complete H&P on the medical record prior to the scheduled procedure. The Center Director or designee will conduct and document daily chart audits for 3 weeks of 100% compliance. ( <b>Attachment H: Medical Record Audit tool</b> ) Once achieved, currency and completeness of the H&P will be audited during the routine auditing conducted prior to filing of the medical record. Any variance will result in addressing the issue with physicians and staff. The Center Director will provide the results of this survey, actions taken, results of monitoring activities and any additional action taken to the quarterly QAPI Committee meetings for review and recommendations. Recommendations will be submitted to the Governing Body for review and approval.	7/10/2016	

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAWTOOTH SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 FALLS AVENUE WEST TWIN FALLS, ID 83303</b>		
(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	
Q 261	<p>Continued From page 33</p> <p>During an interview on 6/10/16 at 10:57 AM, the RN Charge Nurse for PACU confirmed the limited physical examination.</p> <p>b. Patient #8 was a 3 year old male who had a chalazion (inflammatory lesion of the eye) removed from his right eyelid on 5/12/16. His H&amp;P examination, dated 5/09/16, included a physical examination that was focused on his eye. There was no documentation of a comprehensive physical examination.</p> <p>During an interview on 6/10/16 at 11:05 AM, the RN Charge Nurse for PACU confirmed the limited physical examination.</p> <p>c. Patient #5 was a 68 year old male who had a cataract extraction and an intraocular lens insertion on 5/17/16. His H&amp;P examination, dated 5/04/16, included a physical examination that was focused on his eyes. There was no documentation of a comprehensive physical examination.</p> <p>During an interview on 6/09/16 at 11:24 AM, the RN Charge Nurse confirmed the limited physical examination.</p> <p>d. Patient #20 was a 69 year old male who had cataract surgery on 6/09/16. His H&amp;P examination, dated 6/08/16, included a physical examination that was focused on his eyes. There was no documentation of a comprehensive physical examination.</p> <p>During an interview on 6/10/16 starting at 11:15 AM, the RN Charge Nurse for PACU confirmed the limited physical examination.</p>	Q 261			

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

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/10/2016
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  SAWTOOTH SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 115 FALLS AVENUE WEST TWIN FALLS, ID 83303
---	--

(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
--------------------	--	---------------	---	----------------------

Q 261	<p>Continued From page 34</p> <p>The facility failed to ensure comprehensive H&amp;Ps were completed.</p> <p>2. The "HISTORY-PHYSICAL," policy stated H&amp;P were to be completed "...no more than 30 days prior to the procedure."</p> <p>Patient #3 was a 50 year old female who had gallbladder surgery on 5/19/16. Her H&amp;P examination was dated 4/04/16, greater than 30 days prior to the surgery.</p> <p>During an interview on 6/10/16 at 10:52 AM, the RN Charge Nurse for PACU confirmed the date of the H&amp;P.</p> <p>The facility failed to ensure H&amp;Ps were completed no more than 30 days prior to surgery.</p>	Q 261		
-------	--	-------	--	--