



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF LICENSING & CERTIFICATION
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August 12, 2016

Rita Kinney, Administrator
Coeur d'Alene Foot & Ankle Surgery
101 Ironwood Drive, Suite 131
Coeur d'Alene, ID 83814

RE: Coeur d'Alene Foot & Ankle Surgery, Provider #13C0001016

Dear Ms. Kinney:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Coeur D'Alene Foot & Ankle Surgery on August 1, 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.

Rita Kinney, Administrator
August 12, 2016
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **August 25, 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,



Nate Elkins
Supervisor
Facility Fire Safety & Construction Program

NE/lj

Enclosures

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

Printed: 08/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2016
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NAME OF PROVIDER OR SUPPLIER COEUR D'ALENE FOOT & ANKLE SURGERY	STREET ADDRESS, CITY, STATE, ZIP CODE 101 IRONWOOD DRIVE. SUITE 131 COEUR D'ALENE, ID 83814
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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	INITIAL COMMENTS The Ambulatory Surgery Center is located at the end of a single story strip mall of Type V (111) construction. The facility does not have an automatic sprinkler system, but is equipped with an automatic fire alarm system, portable fire extinguishers and emergency lighting. A one (1) hour rated wall assembly separates the ASC from the rest of the strip mall. The following deficiencies were cited during the fire/life safety survey conducted on August 1, 2016. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies in accordance with 42 CFR 416.44(b) The survey was conducted by; Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	K 000	<p><i>PLEASE SEE ATTACHED POC</i></p> <p>RECEIVED AUG 26 2016 FACILITY STANDARDS</p>	
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 Record review and interview, the facility failed to ensure the fire alarm system was maintained in accordance with NFPA 72. Failure to maintain fire alarm system sensitivity could result in a lack of system performance during a fire. This deficient practice affected all patients, staff and visitors on the date of the survey.	K 051		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rita Kinney</i>	TITLE <i>RN MANAGER</i>	(X6) DATE <i>08-23-2016</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 051	<p>Continued From page 1</p> <p>Findings include:</p> <p>During review of facility fire alarm inspection records conducted on August 1, 2016 from approximately 9:30 AM to 10:00 AM, records provided revealed the fire alarm system for the facility was a non-addressable system and no record was provided for sensitivity testing. The facility contacted their vendor charged with maintaining the fire alarm system during the survey process and interview of the vendor revealed the system was a non-addressable system and no sensitivity testing had been conducted within the last five years.</p> <p>Actual NFPA standard:</p> <p>NFPA 101 Chapter 21 EXISTING AMBULATORY HEALTH CARE OCCUPANCIES</p> <p>21.3.4 Detection, Alarm, and Communications Systems. 21.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 21.3.4.2 through 21.3.4.5.</p> <p>9.6 FIRE DETECTION, ALARM, AND COMMUNICATIONS SYSTEMS 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction</p>	K 051		

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K 051	Continued From page 2 NFPA 72 Chapter 7 Inspection, Testing, and Maintenance 7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods: (1) Calibrated test method (2) Manufacturer ' s calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and	K 051		

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K 051	Continued From page 3 cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.	K 051		
K 147	416.44(b)(1) LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. 9-1.2 (NFPA 99), 20.5.1, 21.5.1 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure safe operating room equipment was provided safe electrical connections directly to the fixed wiring of the structure in accordance with NFPA 70. Failure to provide safe electrical installations could result in electrocution and/or fires by arcing. This deficient practice affected all patients, staff and visitors on the date of the survey. Findings include: During the facility tour conducted on August 1, 2016 from approximately 10:00 AM to 12:00 PM, observation of the OR on the northeast side of the facility revealed equipment used in the OR plugged into a three-to-one (3-1) multiple plug extension cord, then plugged into a relocatable power tap and finally into the wall outlet. When asked, the Administrative Operation Manager stated she was not aware the equipment was powered in this manner. Actual NFPA standard:	K 147		

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K 147	<p>Continued From page 4</p> <p>NFPA 101 Chapter 21 21.5 BUILDING SERVICES 21.5.1 Utilities. Utilities shall comply with the provisions of Section 9.1. Exception: Existing installations shall be permitted to be continued in service, provided that the systems do not present a serious hazard to life.</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70</p> <p>400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.8. (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings (6) Where installed in raceways, except as otherwise permitted in this Code</p>	K 147		

Coeur d'Alene Foot & Ankle Surgery Center
Providers Plan of Correction Fire Life Safety

Provider #13C001016

08-22-16

RECEIVED

AUG 26 2016

K051 Life Safety code Standard 416.44 (b) (1)

FACILITY STANDARDS

Pages 1-3 Plan of Correction for failing to ensure that fire alarm system was maintained in accordance with NFPA 72.

Action that has been taken to correct specific deficiency:

The Coeur d'Alene Foot & Ankle Surgery Center is committed to providing a safe environment for all patients, staff and visitors. Towards that end, the ASC has contracted with Lee Lorenz, owner of Security Solutions, to conduct an annual facility fire alarm inspection of the ASC fire alarm system. The most recent inspection of the ASC fire alarm system occurred this year and the system received a "pass status" by the aforementioned vendor, so the ASC thought the system was in compliance. However, this most recent Fire and Life Safety Survey determined that full compliance with code was not met. Mr. Lorenz and ASC staff had several conversations with Mr. Elkins and Mr. Burbank to determine if the older system at the ASC needed to be updated / replaced.

Security Solutions conducted a sensitivity test on several of the smoke detectors on August 11, 2016 and the results were not within acceptable standard. Mr. Lorenz was given a copy of this Survey result and again communicated with Mr. Elkins on August 17th as to the exact equipment (conventional or addressable) and testing required to achieve compliance.

The Governing Body of the Coeur d'Alene Foot & Ankle Surgery Center approved the update and contacted the building owners, Parkwood Business Properties, to initiate the process of the installation of new smoke detectors as well as a new panel to ensure compliance with K051 Life Safety code Standard 416.44.

The new equipment was installed August 18th and a copy of the invoice is enclosed as demonstration of the correction of the deficiency. The safety of patients, staff and visitors is no longer compromised.

Completion date for correction of deficiency: August 18, 2016.

Title of the Person responsible for monitoring the changes in the system to ensure compliance is achieved and maintained: Rita Kinney, Administrator. Upon her retirement within the next year, Michelle Kopriva, RN, Infection Control Manager, will be assuming the Administrator position. Also the Quality Assurance Review Committee and Governing Body of the Coeur d'Alene Foot & Ankle Surgery Center (consisting of the medical staff of the Surgery Center in addition to the owners) will be monitoring the compliance.

K147 Life Safety Code Standard 416.44 (b) (1)

Pages 4-5 Plan of Correction for failing to ensure safe electrical equipment by providing safe electrical connections directly to the fixed wiring of the structure in accordance with NFPA 70.

Action that has been taken to correct specific deficiency: Operating room equipment was rearranged so that the three-to-one multiple plug extension cord and the relocatable power tap in the northeast side of the facility was no longer needed and both were removed from the operating room. Equipment is now connected directly to the fixed wiring of the structure and the safety of patients, staff and visitors is assured.

Completion date for correction of deficiency: August 02, 2016.

Title of the Person responsible for monitoring the changes in the system to ensure compliance is achieved and maintained: Rita Kinney, Administrator. Upon her retirement within the next year, Michelle Kopriva, RN, Infection Control Manager, will be assuming the Administrator position. Also the Quality Assurance Review Committee and Governing Body of the Coeur d'Alene Foot & Ankle Surgery Center (consisting of the medical staff of the Surgery Center in addition to the owners) will be monitoring the compliance.