



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
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August 11, 2016

Tom Thompson, Administrator
Healing Arts Day Surgery
222 West Iowa Avenue, Suite B
Nampa, ID 83686

RE: Healing Arts Day Surgery, Provider #13C0001023

Dear Mr. Thompson:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Healing Arts Day Surgery on August 9, 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.

Tom Thompson, Administrator
August 11, 2016
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **August 24, 2016**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,



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: 13C0001023	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2016
NAME OF PROVIDER OR SUPPLIER HEALING ARTS DAY SURGERY		STREET ADDRESS, CITY, STATE, ZIP CODE 222 WEST IOWA AVENUE, SUITE B NAMPA, ID 83686	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
K 000	INITIAL COMMENTS The Surgery Center occupies a one (1) hour separated portion of the first floor of a two (2) story building constructed in 1997/98 with occupancy of the building in July of 1998. The building construction type would be equivalent to Type II(111). The building is provided with a complete fire alarm system and sprinkler system. There are four (4) exits to grade from the ASC without traversing the remainder of the building. Piped in oxygen is provided to the procedure rooms, pre-op, and post-op. Emergency power is provided via an on-site automatic generator. The fire/life survey was conducted on August 9, 2016. The survey was conducted by: Nate Elkins, Supervisor Facility Fire Safety & Construction Program	K 000	
K 012	416.44(b)(1) LIFE SAFETY CODE STANDARD Buildings two or more stories in height and of Type II(000), III (200), or V (000) construction are equipped throughout with a supervised approved automatic sprinkler system in accordance with section 9.7. 20.1.6.3, 21.1.6.3 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of the quarterly testing, the obstruction investigation of the fire sprinkler system, and a fire watch policy. Failure to test and inspect the fire sprinkler system could allow the system to not function properly during a fire event. Findings include:	K 012	<p style="text-align: center;">RECEIVED SEP 13 2016 FACILITY COMPLAINTS</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 9/9/16

A 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 012	<p>Continued From page 1</p> <p>1.) During record review of the on August 9, 2016 at approximately 10:00 AM, the facility failed to provide quarterly testing documentation for the fire sprinkler system. The fire sprinkler system was observed in the basement as a full NFPA 13 system with no tags affixed to the system showing quarterly inspection completion.</p> <p>2.) During record review of the on August 9, 2016 at approximately 10:00 AM, the facility failed to provide a 5-year internal piping inspection documentation for the fire sprinkler system obstructive investigation.</p> <p>3.) During record review on August 9, 2016 at approximately 10:30 AM, revealed the facility failed to provide documentation showing a fire watch program policy on what to do in case of a system failure. When asked, the Administrator stated he was unaware of the fire watch policy.</p> <p>When asked, the Administrator stated he was unaware of the quarterly inspection and testing of the sprinkler system, the 5 year internal piping inspection requirements and a fire watch policy.</p> <p>Actual NFPA standard: Item #1 and #2 2-2.1 Sprinklers. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p>	K 012	<p><i>SEE ATTACHED P/C</i></p>	

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K 012	Continued From page 2 Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. See Table 2-1 Summary of Sprinkler Systems Inspection, Testing, and Maintenance Frequency Item #3 9.7.6* Sprinkler System Shutdown. 9.7.6.1 Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.	K 012	<i>SEE ATTACHED AC</i>	
K 051	416.44(b)(1) LIFE SAFETY CODE STANDARD A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. 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, it was determined that the facility had not ensured that the fire alarm system was tested/maintained annually as required and a fire watch policy and procedure. Failure to maintain the fire alarm system could result in the failure to provide early	K 051		

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K 051	<p>Continued From page 3 notification to building occupants when a fire occurs.</p> <p>Findings include:</p> <p>1.) During record review on August 9, 2016 at approximately 9:30 AM, revealed the facility failed to provide documentation of the annual testing and inspection of the fire alarm system. Upon further inspection of the fire alarm panel showed the two batteries were replaced on February 29, 2016.</p> <p>When asked, the Administrator stated he was unsure when the actual alarm testing was completed.</p> <p>2.) During record review on August 9, 2016 at approximately 9:30 AM, revealed the facility failed to provide documentation showing a fire watch policy on what to do in case of a system failure. When asked, the Administrator stated he was unaware of the fire watch policy.</p> <p>Actual NFPA standard: NFPA 101</p> <p>Item #1 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.</p> <p>Item #2 9.6.1.8* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified,</p>	K 051	<i>SEE ATTACHED POC</i>	

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K 051	Continued From page 4 and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.	K 051	<i>SEE ATTACHED POC</i>	
K 067	416.44(b)(1) LIFE SAFETY CODE STANDARD Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2. 20.5.2.1, 21.5.2.1 This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to complete 4-year interval testing on the dampers as required under NFPA 90A. Failure to ensure dampers will operate to manufacturer's specifications would allow smoke and dangerous gases to pass freely throughout the facility during a fire event. Findings include: During record review on August 9, 2016 at approximately 9:30 AM, the facility failed to provide a 4-year interval testing report of the dampers. It was observed during the tour that the facility had dampers located in the duct system. When asked, the facility was unaware of the dampers in the facility and the requirements for testing. Actual NFPA standard: NFPA 90A 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the	K 067		

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K 067	Continued From page 5	K 067	<i>SEE ATTACHED PC</i>		
K 144	latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. 416.44(b)(1) LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110, 8.4.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to load test the generator monthly. Failure to load test the generator monthly could lead to the system not operating correctly when required. Findings include: During record review on August 9, 2016 at approximately 10:30 AM of the facility's emergency generator reports for the 12 months preceding the survey, the facility was unable to provide documented monthly load testing of the emergency generator. When asked, the Administrator stated the facility was unaware of the load testing requirements. Actual NFPA Standard: NFPA 110, 6.4.1 and 6.4.2. Level 1 and level 2 Emergency Power Supply Sources (EPSS)s, including all appurtenant components, shall be inspected weekly and shall be exercised under load monthly for a minimum of 30 minutes.	K 144			

Plan of Correction Fire Life Safety

Healing Arts Day Surgery Center is submitting the following Plan of Correction for the Deficiencies which were identified by the Idaho Department of Health & Welfare, Fire Life Safety Surveyors on August 9, 2016. The following is a timeline for actions that will be taken and how Healing Arts Day Surgery Center will be implementing, training, validating and continually monitoring the below stated actions.

Deficiency 1 – Failure to provide quarterly testing of the fire sprinkler system.

Deficiency 2 – Failure to have a “Fire Watch” policy and procedure in place.

Deficiency 3 – Failure to have a 5 year inspection documented for the sprinkler system.

Deficiency 4 – Failure to have documented fire alarm system was tested/maintained annually.

Deficiency 5 – Failure to complete a 4 year damper test.

Deficiency 6 – Failure to provide documentation on the emergency generators monthly load test.

RECEIVED
AUG 25 2016
FACILITY STANDARDS

Action 1 – Failure to provide quarterly testing of the fire sprinkler system;

- A) We have scheduled with All Valley Fire, to be on-site on Wednesday 31st of August, to perform a quarterly inspection as well as they will be doing a 5 year inspection of the pipes and sprinkler system. We will also be contracting with All Valley Fire to be on a quarterly schedule for testing of the fire sprinkler system. This will be maintained under the supervision of Jared Silvis Healing Arts Day Surgery Center Administrator.

Action 2 – Failure to have a “Fire Watch” policy and procedure in place;

- A) We have written and implemented a “Fire Watch” policy that will be trained to current staff as well as practiced in upcoming emergency quarterly drills. Time of completion, by end of day 08/31/2016, this will be completed by Jared Silvis Healing Arts Day Surgery Center Administrator and Dr. Croitoru.

Action 3 – Failure to have a 5 year inspection documented for the sprinkler system;

- A) We have scheduled with All Valley Fire, to be on-site on Wednesday 31st of August, to perform a quarterly inspection as well as they will be doing a 5 year inspection of the pipes and sprinkler system. We will also be contracting with All Valley Fire to be on a quarterly schedule for testing of the fire sprinkler system. This will be maintained under the supervision of Jared Silvis Healing Arts Day Surgery Center Administrator.

Action 4 - Failure to have documented fire alarm system was tested/maintained annually;

- A) Requested and received a copy of the annual fire alarm system test performed by Crane Alarm dated 02/29/2016. 8/9/2016 NE

Action 5 - Failure to complete a 4 year damper test;

- A) We are in currently attempting to obtain our records from our past damper test from our previous HVAC contractor. If that shows out of date of the time period of 4 years, we will be scheduling a damper test/inspection with TML Heating & Air as soon as available. -Per HVAC company no dampers are installed on Healing Arts Day Surgery side of facility - Compliance 8/9/16 NE

Action 6 - Failure to provide documentation on the emergency generators monthly load test;

- A) We have scheduled a meeting with EC Power Systems on 08/19/2016 to preform and train administration and maintenance staff on how to properly perform and record monthly load test. This will be maintained under the supervision of Jared Silvis Healing Arts Day Surgery Center Administrator.