



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

September 29, 2016

Debbie Ferrel, Administrator
Endoscopy Center
1151 Hospital Avenue, Building A
Pocatello, ID 83201

RE: Endoscopy Center, Provider #13C0001038

Dear Ms. Ferrel:

This is to advise you of the findings of the Medicare survey of Endoscopy Center, which was conducted on September 15, 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.

Debbie Ferrel, Administrator
September 29, 2016
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 12, 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,

A handwritten signature in black ink, appearing to read "Nicole Wisenor", written in a cursive style.

NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 10/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1151 HOSPITAL AVENUE, BUILDING A POCATELLO, ID 83201
---	--

(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	INITIAL COMMENTS The following deficiencies were cited during the recertification survey of your ASC, conducted on 9/14/16 and 9/15/16. Surveyors conducting the survey were: Gary Guiles RN, HFS, Team Leader Laura Thompson RN, BSN, HFS Kristin Inglis RN, HFS Acronyms used in this report include: ASC - Ambulatory Surgery Center EPA - United States Environmental Protection Agency H&P - History and Physical Examination IV - Intravenous RN - Registered Nurse	Q 000		
Q 242	416.51(b) INFECTION CONTROL PROGRAM The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. This STANDARD is not met as evidenced by: Based on observation, policy review, and staff interview, it was determined the ASC failed to ensure hand hygiene was performed in accordance with ASC policies, that manufacturer's instructions were followed, and that EPA healthcare approved products were used. This failure directly impacted 1 of 1 patient	Q 242		

RECEIVED
DEC 13 2016
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Tanya Firth RN</i>	TITLE <i>nurse manager</i>	(X6) DATE <i>11-03-16</i>
--	-------------------------------	------------------------------

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: 12/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2016
NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1151 HOSPITAL WAY, BUILDING A POCATELLO, ID 83201		
(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 242	<p>Continued From page 1</p> <p>(Patient #18) observed during a procedure and had the potential to impact all the patients receiving care at the ASC. This resulted in an increased risk of infection. Findings include:</p> <p>1. The ASC's "Hand Hygiene Policy and Procedure" approved by the ASC's Governing Body on 2/04/12, stated the following clinical situations required hand hygiene:</p> <ul style="list-style-type: none"> - Before having direct contact with patients - After contact with patients intact skin, (e.g. when taking a pulse or blood pressure, and lifting a patient) - After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient - After removing gloves <p>Patient #18 was a 69 year old female admitted on 9/15/16 for a colonoscopy. Patient #18's endoscopic procedure was observed by 2 surveyors on 9/15/16, beginning at 10:09 AM and ending at 10:39 AM. The RN caring for Patient #18 during her colonoscopy did not perform hand hygiene when entering the room, during the procedure, or before leaving the room, as follows:</p> <p>The RN wheeled Patient #18, via stretcher, into the procedure room, hooked Patient #18 to the monitoring equipment and put on gloves. The RN prepared the medication for conscious sedation, labeled the syringes, and injected Patient #18's first dose of medication through the IV line. During the procedure the RN touched Patient #18 with her gloved hands 3 times (on Patient #18's</p>	Q 242			

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

PRINTED: 12/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2016
NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1151 HOSPITAL WAY, BUILDING A POCATELLO, ID 83201		
(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 242	<p>Continued From page 2</p> <p>right arm and hair). The RN typed on the computer keyboard, touched Patient #18's monitor, documented on paper, drew up more medication and injected medication a second time via IV line. The RN unhooked Patient #18 from the monitor, then removed her gloves and wheeled Patient #18 out of the room.</p> <p>The RN wore the same set of gloves during Patient #18's entire procedure, removing them before she left the room. The sink with soap and water and hand sanitizer was located on the opposite side of Patient #18 from where the RN was working.</p> <p>An interview was conducted with the Infection Control RN beginning at 11:23 AM on 9/15/16. She stated staff was expected to perform hand hygiene per the ASC policy.</p> <p>The ASC failed to ensure appropriate hand hygiene was performed by the RN caring for Patient #18.</p> <p>2. The ASC's reprocessing of a colonoscope was observed on 9/15/16 starting at 10:28 AM. The Reprocessing Technician stated they followed SGNA (Society of Gastrointestinal Nurses and Associates) guidelines for high level disinfection of flexible endoscopes.</p> <p>Precleaning was observed in the procedure room after Patient #18 was removed from the room at 10:39 AM. The Reprocessing Technician utilized a suction device to pull fluid through the endoscope lumens. When asked what the fluid was, the Reprocessing Technician stated it was undiluted ENDOCHOICE, an enzymatic cleaner.</p>	Q 242			

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

PRINTED: 12/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2016
NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1151 HOSPITAL WAY, BUILDING A POCATELLO, ID 83201		
(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 242	<p>Continued From page 3</p> <p>The label on the ENDOCHOICE included Directions for Use. The Directions for Use specified the product should be diluted ½ ounce in 1 gallon of water for most cleaning.</p> <p>When asked, the Reprocessing Technician stated she was not sure why she chose to use undiluted ENDOCHOICE, but that SGNA recommended the use of a detergent for precleaning.</p> <p>The ASC failed to follow manufacturer's directions during the precleaning process.</p> <p>3. The ASC's terminal cleaning of the 2 procedure rooms utilized a floor disinfectant. The container of Spartan's "Damp Mop" cleaner for the floor was observed. There was no label information stating the cleaner was a disinfectant, or that it was approved for healthcare facility use by the EPA.</p> <p>The ASC's policy "Cleaning and Sanitation of the Surgical Suite," approved by the Governing Body on 10/23/03, stated that the floor should be "...wiped with an antimicrobial [sic] solution..." if soiled and "...wet mopped with an antimicrobial [sic] solution..." at the end of each procedure day.</p> <p>The Nurse Manager was interviewed on 9/15/16 starting at 11:23 AM. She stated the representative for the distributor of the floor cleaner stated it was a disinfectant, but she did not see information on the label.</p> <p>The website spartanchemical.com was accessed on 9/22/16. There was no information that the Damp Mop product was a disinfectant or that it was approved for use in a healthcare facility.</p>	Q 242			

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

PRINTED: 12/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2016
NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1151 HOSPITAL WAY, BUILDING A POCATELLO, ID 83201		
(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 242	Continued From page 4	Q 242			
Q 261	<p>The ASC failed to use an EPA healthcare approved floor disinfectant.</p> <p>416.52(a)(1) ADMISSION ASSESSMENT</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, and review of medical records, it was determined the ASC failed to ensure a comprehensive medical H&P was completed for 1 of 1 patient (Patient #18) whose procedure was observed. This impeded the physician's ability to anticipate medical problems that could result in complications. Findings include:</p> <p>Patient #18 was a 69 year old female who had colonoscopy performed on 9/15/16. A surveyor met her in the waiting room at 9:15 AM on 9/15/16, prior to the procedure, and surveyors observed her continuously until her discharge at 11:20 AM on 9/15/16.</p> <p>Patient #18's H&P, dated 9/15/16 at 10:00 AM, stated she had a history of porcine heart valve replacement. The H&P stated her heart, lungs, airway, and abdomen were "Normal." Her "ADMISSION ASSESSMENT," also dated 9/15/16 at 10:00 AM, did not document a physical</p>	Q 261		11/3/16	

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

PRINTED: 12/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2016
NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1151 HOSPITAL WAY, BUILDING A POCATELLO, ID 83201		
(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 5 assessment by the physician.</p> <p>The H&P was observed by the surveyor. The physician did not touch Patient #18 or listen to her chest or abdomen. It was not clear how he determined Patient #18's heart, lungs, airway, and abdomen were normal.</p> <p>The Nurse Manager was interviewed on 9/15/16 beginning at 3:30 PM. She reviewed Patient #18's medical record. She stated a hands on physical examination by the physician was required by ASC policy. She stated the physician who performed the procedure usually performed a hands on examination.</p> <p>The physician failed to perform a comprehensive H&P on Patient #18 prior to her colonoscopy.</p>	Q 261			

Q 242 INFECTION CONTROL PROGRAM

Action: : Endoscopy Center, LLC has a policy in place named "Hand Hygiene Policy and Procedure" which states we follow the Center for Disease Control (CDC) recommendations for hand hygiene. All staff is expected to follow these recommendations for hand hygiene. Endoscopy Center LLC staff members are required to review our policy and procedure and to also take a hand hygiene training course on the CDC website titled "Clean Hands Count for Healthcare Providers." All patient care areas that are not located near a sink will have access to immediate hand sanitizer.

Improvement of the process: Through this process the staff at Endoscopy Center, LLC will become compliant in performing hand hygiene. Endoscopy Center LLC will provide continuing education to staff on the importance of performing the recommended CDC hand hygiene practices thus preventing the spread of healthcare associated infections.

Completion date: Immediate implementation

Monitoring and tracking: Endoscopy Center LLC. will monitor hand hygiene practices through a Hand Hygiene Quality Improvement study to ensure all staff are compliant.

Plan is implemented by Tanya Firth, RN, Nurse Manager

Q 261 ADMISSION ASSESSMENT

Action: Time Out policy and procedure has been changed and updated to include verification that a comprehensive history and physical has been performed prior to the start of the procedure. This includes a physical examination (i.e. listening to heart and lung sounds.)

Improvement of the process: Endoscopy Center, LLC has policies in place named "Patient History and Physical Examination" and "Pre-Anesthetic Assessment" that states a history and physical must be within 30 days of the procedure and that a physical examination will be made by the physician "immediately prior" to the procedure with the understanding that "immediately prior" indicates the time frame of one hour prior to the procedure. To improve the process of making sure this has been accomplished a verification has been added to our Time Out Policy. We now verify with physician that he has performed a physical examination on each patient to include listening to heart and lung sounds.

Completion date: Immediate implementation

Monitoring and tracking: Procedures will not begin until time out has occurred and physical examination by the physician has been verified. The time of the "time out" will continue to be documented on Intra-Procedure Monitoring Record. Charts will be audited daily to make sure time-out has occurred and been documented.

Plan is implemented by Tanya Firth, RN, Nurse Manager