



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

April 28, 2017

Kylin Kovac, Administrator  
Idaho Foot Surgery Center  
1540 Elk Creek Drive  
Idaho Falls, ID 83404-8322

RE: Idaho Foot Surgery Center, Provider #13C0001008

Dear Dr. Kovac:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Idaho Foot Surgery Center on April 20, 2017.

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.

Kylin Kovac, Administrator

April 28, 2017

Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **May 11, 2017**, 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

Enclosure

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE ASC BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/20/2017</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>IDAHO FOOT SURGERY CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1540 ELK CREEK DRIVE IDAHO FALLS, ID 83404</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
--------------------	--	---------------	---	----------------------

K 000	<p><b>INITIAL COMMENTS</b></p> <p>The Center is located in the free standing building containing the general office practice of the Physician. The building is a single story structure, with a basement that contains an employee break room, residential laundry and storage spaces. The certificate of occupancy is dated July 18, 2006.</p> <p>Services provided within the ASC are limited to procedures not requiring general anesthesia nor are services provided that require the use of life support equipment. The building is provided with a manual fire alarm system with limited smoke detection and the system is off-site monitored. Emergency power is supplied by a 15K on site natural gas generator. Emergency lighting, exit signage and portable fire extinguishers are provided in the building.</p> <p>The following deficiencies were cited during the fire/life safety survey conducted on April 3, 2017. The facility was surveyed under the Life Safety Code, 2012 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies in accordance with 42 CFR 416.44(b).</p> <p>The Survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	K 000		
K 712	<p><b>NFPA 101 Fire Drills</b></p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures</p>	K 712	<p><b>NFPA 101 Fire Drills</b></p> <p>Fire drills will once again be conducted quarterly at unexpected times for the staff and under varying conditions. This will ensure IFSC operates under compliance of the Life Safety Code requirements. The drills will train staff and prepare them for an actual occurrence of a facility fire. They will</p>	<p>MAY 11 2017</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wlicia Pys</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/10/17</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE ASC BUILDING  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/20/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>IDAHO FOOT SURGERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1540 ELK CREEK DRIVE IDAHO FALLS, ID 83404</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	
K 712	<p>Continued From page 1</p> <p>and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 20.7.1.4 through 20.7.14.7</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly for each shift. Failure to conduct quarterly fire drills could leave staff unprepared to react during a fire. This deficient practice affected patients, staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During review of facility inspection and maintenance records conducted on April 3, 2017 from approximately 1:00 PM to 3:00 PM, no records were provided demonstrating a fire drill had been conducted since January of 2016. When asked about the missing drills, the Administrator stated she was aware some of the drills had not been completed.</p> <p>Actual NFPA standard:</p> <p>21.7* Operating Features. 21.7.1 Evacuation and Relocation Plan and Fire Drills.  21.7.1.4* Fire drills in ambulatory health care</p>	K 712	<p>Continued from page 1</p> <p>be familiar with procedures for the safe evacuation of patients and other staff members, and knowledge as to when and how to properly use fire extinguishers. In order to ensure fire drills are conducted quarterly at IFSC, a schedule of anticipated drill dates has been created for the Emergency Disaster and Safety Officer to use as a reminder and guidance (Appendix A). A fire drill has already been completed for the 2nd quarter on 4/20/17 (Appendix B). Documentation of the quarterly drills will be done through the "Emergency/Disaster Drill Report Form". This form will indicate the date, time, and type of drill, participants, description of drill, problems encountered, recommended corrective actions, ect. The schedule of drill dates, with the administrator signature, will also serve as a tracking and monitoring method. The Emergency Disaster and Safety Officer, Alicia, will be responsible for implementation of quarterly fire drills.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE ASC BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/20/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>IDAHO FOOT SURGERY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1540 ELK CREEK DRIVE IDAHO FALLS, ID 83404</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
K 712	Continued From page 2 facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.  21.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.	K 712		
K 918	NFPA 101 Electrical Systems - Essential Electric System  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and	K 918	NFPA 101 Electrical Systems - Essential Electric System The weekly maintenance and test logs of the emergency power supply system will continue to be maintained and will not be removed from the facility. The monthly maintenance and testing log will now include a monthly load test among the other monthly tests that are required (Appendix C). The addition of the monthly load test will ensure that a sufficient amount of power is constantly available, for support of all equipment used, in the event of power failure. It will allow IFSC to operate under the compliance of the Life Safety Code requirements. The first monthly load test was conducted on 5/8/17 by the generator maintenance company and the Administrator. For the test, all equipment to be used on a regular surgical day was turned on. The total Amps used were read off from an Amp reader and documented on the log. The Amps used were 9.1 out of the 62 that is supplied by the generator. For future monthly load testing, all equipment will be turned on during the 30 min. generator test to indicate daily load is supported. Upon the arrival of any new equipment the load	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE ASC BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/20/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>IDAHO FOOT SURGERY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1540 ELK CREEK DRIVE IDAHO FALLS, ID 83404</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
K 918	<p>Continued From page 3</p> <p>circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Power Supply System (EPSS) was inspected weekly and exercised monthly in accordance with NFPA 110. Failure to inspect and test generator systems could result in system failure during a power outage or other emergency. This deficient practice affected patients, staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During review of provided facility maintenance and inspection records conducted on April 3, 2017 from approximately 1:00 PM to 3:00 PM, no records were provided indicating a monthly load test was performed on the generator and no weekly inspections were provided for either March or April of 2017. When asked, the Administrator stated she was unsure as to the requirements for generator inspection and load testing.</p> <p>Actual NFPA standard:</p> <p>NFPA 110</p> <p>8.4 Operational Inspection and Testing. 8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.</p>	K 918	<p>Continued from page 3</p> <p>amount will once again be read from an Amp reader by the generator maintenance company. This will ensure the new load is supported by the generator in the event of power outage. Load testing for the generator began on 5/8/17(Appendix D) and will continue on a monthly basis. The log to document this has been updated as of 5/8/17. Weekly maintenance testing is once again being completed. Signatures indicating that tests are completed will be included on both the weekly generator log and the monthly generator log. After thorough training and instruction from the generator maintenance technician, the Administrator will conduct both the weekly and monthly generator maintenance and testing.</p>	