



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

May 26, 2017

Karen Sines, Administrator  
North Idaho Cataract & Laser Center  
1814 Lincoln Way  
Coeur D'Alene, ID 83814

RE: North Idaho Cataract & Laser Center, Provider #13C0001009

Dear Ms. Sines:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at North Idaho Cataract & Laser Center on May 19, 2017.

Based on the results of this survey, North Idaho Cataract & Laser Center was found to be in substantial compliance with the fire/life safety requirements set forth in the Life Safety Code, 2000 Edition, for Ambulatory Surgery Centers.

Thank you for the courtesies extended to us during our visit. If we can be of help to you, please call our office at (208)334-6626 option 3.

Sincerely,

NATE ELKINS  
Supervisor  
Facility Fire Safety and Construction Program

NE/lj

Enclosures

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

PRINTED: 05/26/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE ASC</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH IDAHO CATARACT &amp; LASER CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LINCOLN WAY COEUR D'ALENE, ID 83814</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 Ambulatory Surgery Center occupies the basement level of a one story medical office building. The building's construction is Type V (000), it has a fire alarm system, and is unsprinklered. The first floor is at least one (1) hour separated from the basement level. There are three (3) remotely located exits from the Center with one (1) directly to the exterior via a ramp to grade, one to the building's main entry vestibule with stairs and a lift to grade and a rear exit with stairs to grade. The ASC is subdivided into two (2) smoke zones. Medical Air and Oxygen are provided through piped systems. Emergency power is supplied by a UPS system.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on May 19, 2017. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Ambulatory Health Care Occupancies, in accordance with 42 CFR 416.44(b).</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.