



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSS BARRON – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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PHONE 208-334-6626
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July 5, 2017

Marlon Michel, Administrator
Southern Idaho Surgery Center
3235 N. Towerbridge Way, Suite 100
Meridian, ID 83646-5721

RE: Southern Idaho Surgery Center, Provider #13C0001069

Dear Dr. Michel:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Southern Idaho Surgery Center on June 30, 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.

Marlon Michel, Administrator
July 5, 2017
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **July 18, 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

Enclosures

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

PRINTED: 07/03/2017
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001069 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SOUTHERN IDAHO SURGERY CENTER, PLLC B. WING _____ | (X3) DATE SURVEY COMPLETED 06/30/2017 |
| NAME OF PROVIDER OR SUPPLIER SOUTHERN IDAHO SURGERY CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3235 N TOWERBRIDGE WAY, SUITE 100 MERIDIAN, ID 83646 | |
| (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 Southern Idaho Surgery Center is located on the first floor of a type V(111) building. The structure was originally built in 2007 and is an approximately 7,256 square foot, two-story medical office building and the ASC occupies approximately 3,521 square feet on the first floor. The ASC has three exits to grade. The building is equipped with an elevator and automatic fire suppression system in accordance with NFPA 13. There is a manual fire alarm system with smoke detection throughout. The ASC portion of the building is equipped with piped medical gas and a diesel fueled, Type 1 EES system with automatic transfer. The following deficiencies were cited during the recertification fire/life safety survey conducted on June 30, 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). The survey was conducted by: Nate Elkins, Supervisor Facility Fire Safety & Construction Program | K 000 | | |
| K 345 | NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm Systems - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily | K 345 | The Fire Alarm Systems testing and Maintenance was performed on April 28, 2017. Kc with Fire Sentry was here in April with the rest of the fire system people to run the inspections. The original report was misplaced so another copy was sent over. When asked about the date | 7-17-2017 |

JUL 17 2017
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Echo Williams

TITLE

OFFICE MANAGER

(X6) DATE

7/17/2017

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 345 | Continued From page 1 available. 9.6.1.3, 9.6.1.5 This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain the installed Fire Alarm system. Failure to maintain the fire alarm system could result in the inability for the system to provide notification of alarms, supervisory, and trouble conditions; to alert the occupants. This deficient practice affected three patients, staff, and visitors on the day of survey. Findings Include: During review off the facility records on June 30, 2017, it was determined that the facility did not have an annual fire alarm system inspection and testing report. The last report noted was April 24, 2016. Upon further observation of the fire alarm control panel revealed no written documentation of an annual inspection and testing. When asked, the facility manager stated she thought the annual inspection and testing of the fire alarm system was completed. Actual NFPA Reference: NFPA 25 14.4.5* Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. See. Table 14.4.5 Testing Frequencies | K 345 | being placed on the fire alarm panel, he stated he thought it had been written in. (Appendix A) | |
| K 712 | NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm | K 712 | There were three (3) fire drills performed in 2016. The write ups were placed in the incorrect section of the binder so they were not easily found. They were in the disaster drill section. There was a drill ran | |

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| K 712 | <p>Continued From page 2 .</p> <p>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 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 conduct the required fire drills. Failure to conduct fire drills will inhibit staff to be familiar with the signals and emergency action required under varied conditions to aid in the evacuation of occupants. This deficient practice affected three patients, staff, and visitors on the date of survey.</p> <p>Findings Include:</p> <p>During record review of the fire drill reports on June 30, 2017, it was determined that the facility failed to conduct fire drills on each shift per quarter. The facility produced only one documented fire drill for the 1st quarter of the year. When asked, the facility manager stated she was aware of the lack of fire drills.</p> <p>Actual NFPA Reference: NFPA 101</p> | K 712 | <p>in September of 2016 and one in November of 2016. We were short a drill from the second quarter. We had change in nursing staff/Director of Nursing and there was a lack of follow through done by the Governing Body. It wasn't realized as missing until early in the third quarter when a new Director of Nursing was hired. (Appendix B, C) To ensure that the lack of fire drills does not occur again Policy has been adapted to allow for a member of the Governing Body to administer the drill if the Director of Nursing or the Medical Director is unavailable to run the fire drill by the appointed deadline. (Appendix D)</p> <p>7-17-17</p> |

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| K 712 | Continued From page 3 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 | | | |