



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – 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

August 29, 2017

Shannon Arrendale, Administrator
Kootenai Outpatient Surgery Center
707 Ironwood Drive
Coeur D'Alene, ID 83814

RE: Kootenai Outpatient Surgery Center, Provider #13C0001037

Dear Ms. Arrendale:

This is to advise you of the findings of the Medicare survey of Kootenai Outpatient Surgery Center, which was conducted on August 24, 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:

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.

Shannon Arrendale, Administrator
August 29, 2017
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 11, 2017**, 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". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 08/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2017
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NAME OF PROVIDER OR SUPPLIER KOOTENAI OUTPATIENT SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 707 IRONWOOD DRIVE COEUR D'ALENE, ID 83814
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(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
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Q 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your surgery center conducted from 8/21/17 to 8/24/17. Surveyors conducting the recertification were:</p> <p>Laura Thompson, BSN, RN, HFS, Team Leader Trish O'Hara, RN, HFS</p> <p>Acronyms used in this report include:</p> <p>ASC - Ambulatory Surgical Center Cholecystectomy - removal of the gallblader Laparoscopic - a minimally invasive surgical procedure using small incisions OR - Operating Room RN - Registered Nurse</p>	Q 000		
Q 162	<p>416.47(b) FORM AND CONTENT OF RECORD</p> <p>The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:</p> <ol style="list-style-type: none"> (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. 	Q 162	<p>Completion of implant documentation will be added as an item within chart reviews for completion of medical records.</p> <p>This will allow for missed implant documentation to be corrected within 1-2 days following the procedure.</p> <p>100% of medical records are reviewed by chart analysts for completion. Missing signatures and documentation are reviewed and returned to the physician or nurse needing to correct and/or complete documentation. If time allows, physicians are asked to complete medical records the next time they are on the surgery schedule. Otherwise, notification of items needing authentication or completion are faxed to the physicians office. Nursing staff will complete missing documentaiton the next time they are on the schedule to work.</p>	9/5/2017

RECEIVED
SEP 18 2017
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shannon Arrendale</i>	TITLE <i>Director</i>	(X6) DATE <i>9/10/2017</i>
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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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Q 162	Continued From page 1 (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure medical records were complete for 1 of 20 patients (Patient #9) whose records were reviewed. This failure resulted in a lack of documented implant identification and the inability to track a patient's implant accurately. Findings include: Patient #9 was a 73 year old male seen at the ASC on 6/19/17, for laparoscopic placement of a peritoneal dialysis catheter in the abdominal cavity. His record included a form titled "Implants." The form was blank. Review of his record showed no identifying information related to the implanted abdominal catheter. During an interview on 8/24/17 at 2:30 PM, the OR charge nurse confirmed the missing identification information for Patient #9. She stated the information should have been included on the "Implants" form. The ASC failed to ensure Patient #9's record included documentation of his implant.	Q 162	Chronic non-compliance will result in implementation of the progressive disciplinary process for offending RN who fails to complete implant documentation. Implant documentaiton will become a documentation metric for the Operating Room team for the next year. Responsible: Business Office Manager for chart analysis process Clinical Manager for monitoring RN non-compliance and discipline process if necessary.		
Q 184	416.48(a)(3) VERBAL ORDERS Orders given orally for drugs and biologicals must be followed by a written order signed by the prescribing physician.	Q 184			

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Q 184	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records and staff interview, it was determined the ASC failed to ensure verbal orders were signed by the physician for 1 of 2 patients (Patient #1) who had verbal orders and whose records were reviewed. This failure had the potential to result in patients receiving medications and treatments without orders. Findings include:</p> <p>Patient #1 was a 70 year old female admitted to the ASC on 1/24/17, for a laparoscopic cholecystectomy. She had a diagnosis of gall stones. Therefore, her gallbladder was to be removed.</p> <p>Patient #1's record included documentation she was allergic to Penicillin. The surgeon ordered a prophylactic antibiotic prior to her surgery. The antibiotic ordered was Ancef. According to Drugs.com, a nationally recognized pharmaceutical internet site accessed 8/28/17, Ancef may be used preoperatively to reduce the incidence of certain postoperative infections in patients undergoing surgical procedures which are classified as contaminated or potentially contaminated, such as a cholecystectomy. Ancef is classified as a cephalosporin, which is a group of broad-spectrum antibiotics resembling penicillin. The Drugs.com website stated caution should be exercised because there may be hypersensitivity for an allergic reaction in those patients allergic to Penicillin.</p> <p>Patient #1's record included a verbal order, dated 1/24/17 at 10:00 AM, which stated "Okay to give Ancef [with] PCN [Penicillin] allergy." The order was written by the RN. There was no signature</p>	Q 184	<p>Authentication of verbal orders is already part of above referenced chart analysis. Moving forward, RNs receiving, documenting and implementing verbal orders will place a signature flag on the written verbal order on the medical record as a flag for chart analysts to return chart to the ordering physician for authentication.</p> <p>This process will hold both the documenting RN and the ordering physician accountable for authentication.</p> <p>Chronic non-compliance will be tracked and reported to the Clinical Review Committee and subsequently to the board. One or both committees will take action for correction.</p> <p>Responsible: RN Clinical Manager</p>	9/5/2017	

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Q 184	Continued From page 3 by the physician verifying the order. During an interview on 8/24/17 at 11:15 AM, an RN reviewed Patient #1's record and confirmed the verbal order was not signed by the physician.	Q 184		
Q 220	416.50 NOTICE - POSTING ... The ASC must also post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the ASC failed to ensure patient rights information was posted. This resulted in the potential for patients and their representatives to not be fully informed of their rights. Findings include: During a tour of the facility with the Clinical Manager on 8/21/17 at 12:00 PM, a notice of patient privacy practices was posted in the waiting room. The patient privacy practices posted, described how medical information about the patient may be used and disclosed. The posting also described how the medical information may be accessed by the patient. There was not a posting in the ASC which included the notice of patient rights. During the tour on 8/21/17 at 12:20 PM, the Clinical Manager confirmed, during the tour, the information posted in the waiting room did not include patient rights. She also confirmed patient	Q 220	The patient rights document was posted in the ASC lobby prior to the completion of the survey. The document will be reviewed on an annual basis for needed updates and replaced if needed. Responsible: Business Office Manager	8/24/2017

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Q 220	Continued From page 4 rights were not posted in the waiting room or another area of the ASC.	Q 220		
Q 221	<p>The ASC did not post patient rights information in an area where it was likely to be noticed by patients or by the patient's representative.</p> <p>416.50(a) NOTICE OF RIGHTS</p> <p>An ASC must, prior to the start of the surgical procedure, provide the patient, or the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights as set forth in this section. The ASC's notice of rights must include the address and telephone number of the State agency to which patients may report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview it was determined the ASC failed to ensure patient rights information included the correct name and telephone number of the State Agency to whom patients could report complaints. This resulted in the potential for patients and their representatives to not be fully informed of their rights. Findings include:</p> <p>A tour was conducted of the ASC on 8/21/17 beginning at 12:00 PM with the Clinical Manager. Patient Rights information was not posted in the waiting area. The admission packet did include patient rights information. However, contact information for the State Agency was not on the form and was not provided for patients if they had a complaint. The Clinical Manager confirmed the</p>	Q 221	<p>The Patient Rights Document was updated with the missing State Agency's phone number and address prior to completion of the survey.</p> <p>This was the document that was posted in the lobby as well as is made available to each patient at the time of check in.</p> <p>This document will be reviewed on an annual basis and updated as needed.</p> <p>Responsible: Business Office Manager</p>	8/24/2017

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Q 221	Continued From page 5 State Agency information was not provided in the Patient Rights information given to the patients upon admission to the ASC. The facility did not ensure patients were provided with the State Agency's phone number or address for complaints or concerns.	Q 221		