IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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DIVISION OF LICENSING & CERTIFICATION
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September 19, 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 Fire Life Safety Survey, which was concluded at Kootenai Outpatient Surgery Center on September 5, 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.

After you have completed your Plan of Correction, return the original to this office by **October 2, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001037	A. BUILDING 01 - ENTIRE ASC BLDG B. WING _____	09/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KOOTENAI OUTPATIENT SURGERY CENTER	707 IRONWOOD DRIVE COEUR D'ALENE, ID 83814

(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 The Ambulatory Surgery Center is located on the second floor of a three story Type II (222) structure and separated from an existing hospital. The floor of the ASC is divided into two (2) smoke compartments, separating the operating rooms and clinical support from the recovery area and the lobby. The facility has a Type 1 Essential Electrical System (EES), which is independently transferred off the hospital Emergency Power Supply System (EPSS). The building is fully protected by a fire alarm system which is interconnected with the hospital and is equipped with an automatic fire suppression system. The following deficiencies were cited during the annual Fire/Life Safety survey conducted on September 5, 2017. The survey was conducted under applicable provisions set forth in the Life Safety Code, 2012 Edition, Chapter 21, Existing Ambulatory Health Care Occupancy and 42 CFR 416.44(b). The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire, Safety and Construction	K 000		
K 211	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 20/21.2.2 through 20/21.2.11. 20.2.1, 21.2.1, 7.1.10.1	K 211	The carts in question were relocated to new locations at the time of the survey. Education was provided to all operating room staff via email as to why the carts could not continue to live in this location and where the new location is. The same education was provided to anestheis providers at the monthly department meeting. The assigned OR charge nurse will ensure this area is kept clear on a daily basis.	9/5/2017

RECEIVED
SEP 2 3 2017
FACILITY STANDARDS

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

Shannon Arrendale | DIRECTOR | 9/27/2017

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 211	Continued From page 1 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure means of egress were maintained free of obstructions to full, instant use in the event of an emergency. Failure to keep exit doors accessible has the potential to hinder evacuations during a fire or other emergency. This deficient practice affected all patients, staff and visitors on the date of the survey. Findings include: During the facility tour conducted on September 5, 2017 from approximately 11:30 AM to 1:00 PM, observation of the exit door leading from the smoke compartment which housed the four (4) operating rooms into the reception area, revealed the door was blocked by four (4) carts. Further observation revealed this was one of two required exit doors leading from this smoke compartment. When asked about the placement of these carts, the Hospital Engineer stated he was unsure of why the carts were blocking this exit. Actual NFPA standard: NFPA 101 Chapter 21, Existing Ambulatory Healthcare Occupancies 21.2.4.4 Not less than two exits of the types described in 39.2.2 shall be accessible from each smoke compartment.	K 211		
K 920	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and	K 920		

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K 920	Continued From page 2 Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that multiple-plug power strips, were used in patient care areas in accordance with NFPA 99. Failure to regularly verify and document the mechanical and electrical integrity of multiple outlet connection devices used in the operating room, has the potential to expose patients undergoing surgery to electrical failures and/or electrocution. This deficient practice affected all patients using OR 4, staff and visitors on the date of the survey. Findings include: During the facility tour conducted on September 5, 2017 from approximately 11:00 AM to 1:00 PM,	K 920	The power strip in question was immediately taken out of service. All power strips within the facility have been inventoried and added to the engineering verification program moving forward. The Clinical Manager will be responsible for ensuring any new patient care power strips will be communicated to engineering to be placed on the verification program.	9/5/2017

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K 920	Continued From page 3 observation of OR 4 revealed a multiple-plug cord wheel in use. Further inspection of this multiple outlet connection revealed the only inspection tag on the device was dated 1992 and two (2) outlets not in use were not provided a means to prevent use by non-medical equipment. When asked about the procedures used for verifying and documenting this device, the Engineer stated that it was not on any verification program. Actual NFPA standard: 10.2.3.6 Multiple Outlet Connection. Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cartmounted, provided that all of the following conditions are met: (1) The receptacles are permanently attached to the equipment assembly. (2)*The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets. (3) The ampacity of the flexible cord is in accordance with NFPA 70, National Electrical Code. (4)*The electrical and mechanical integrity of the assembly is regularly verified and documented. (5)*Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.	K 920		