



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR  
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September 14, 2017

Jennie Rawlings, Administrator  
PCS Endoscopy Suite  
110 Vista Drive  
Pocatello, ID 83201-5824

RE: PCS Endoscopy Suite, Provider #13C0001041

Dear Ms. Rawlings:

This is to advise you of the findings of the Medicare survey of Pcs Endoscopy Suite, which was conducted on September 7, 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:

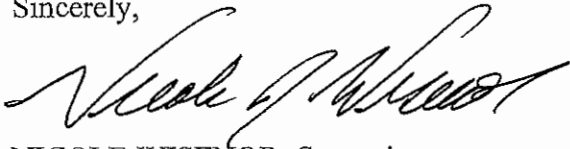
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date 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.

Jennie Rawlings, Administrator  
September 14, 2017  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 27, 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, written over a light blue horizontal line.

NICOLE WISENOR, Supervisor  
Non-Long Term Care

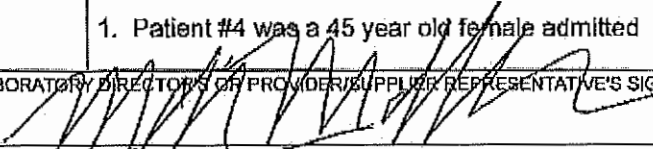
NW/pmt  
Enclosures

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

PRINTED: 09/13/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/07/2017
NAME OF PROVIDER OR SUPPLIER  PCS ENDOSCOPY SUITE			STREET ADDRESS, CITY, STATE, ZIP CODE 110 VISTA DRIVE POCATELLO, ID 83201	
(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
Q 000	INITIAL COMMENTS  The following deficiencies were cited during the Medicare recertification survey of your surgery center conducted from 9/05/17 to 9/07/17. Surveyors conducting the recertification were:  Laura Thompson, BSN, RN, HFS, Team Leader Kristin Inglis RN, HFS  Acronyms used in this report include:  ASC - Ambulatory Surgical Center H&P - History and Physical DON - Director of Nursing	Q 000		
Q 261	416.52(a)(1) ADMISSION ASSESSMENT  Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards or practice, and ASC policy.  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 a comprehensive H&P was completed within 30 days prior to surgery for 3 of 3 patients (#4, #5, and #7) who had orthopedic procedures performed and whose records were reviewed. This had the potential to interfere with assessment of the patients' readiness for surgery. Findings include:  1. Patient #4 was a 45 year old female admitted	Q 261	Based on the deficiencies cited regarding not having more than 30 days before. The physician will have the option to re consult within the 30 day window or do a hand written H&P on the already approved form prior to the procedure. See attached.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
 MEDICAL DIRECTOR 9/27/17

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 261	<p>Continued From page 1</p> <p>on 4/18/17, for a Tenex tenotomy of her right shoulder and left hip. Her record included an H&amp;P, signed by the surgeon, and dated on 1/18/17, 90 days prior to her surgery.</p> <p>2. Patient #5 was a 78 year old male admitted on 3/23/17, for a bilateral carpal tunnel procedure. His record included an H&amp;P, signed by the surgeon, and dated 2/14/17, 38 days prior to his surgery.</p> <p>3. Patient #7 was a 57 year old male admitted on 2/09/17, for a Tenex ultrasound debridement and irrigation of the right elbow. His record included an H&amp;P, signed by the surgeon, and dated on 1/04/17, 36 days prior to his surgery.</p> <p>The DON was interviewed on 9/07/17, starting at 10:05 AM. The H&amp;Ps for the orthopedic procedures were discussed. She stated certain procedures required a longer time for the insurance companies to approve payment. She confirmed the H&amp;Ps were greater than 30 days old.</p> <p>The ASC failed to ensure patients' comprehensive H&amp;Ps were performed within 30 days prior to their surgeries.</p>	Q 261			

PCS Endoscopy Suite, Provider #13C0001041

110 Vista Dr.

Idaho Falls, ID 83404

Medicare Survey of Endoscopy Suite Deficiencies

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FACILITY STANDARDS

Q261- Patient not having comprehensive H&P completed 30 days prior to procedure.

PCS Endoscopy Suite has updated the policies and procedures regarding proper authorization and care coordination. Please see policy attached.

Per policy, the LPN care coordinator will obtain patients medical record on any previous H&P performed and evaluate whether patient has had proper H&P performed. The provider will now review all H&P prior to procedure and will complete an updated H&P the day of procedure and is responsible for ensuring the H&P was completed appropriately.

This policy change was in effect on September 20, 2017.