



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
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March 26, 2018

Carol Lugar, Administrator  
Boise Endoscopy Center  
425 West Bannock  
Boise, ID 83702

RE: Boise Endoscopy Center, Provider #13C0001024

Dear Ms. Lugar:

This is to advise you of the findings of the Medicare survey of Boise Endoscopy Center, which was conducted on March 22, 2018.

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:

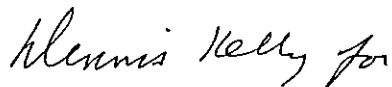
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date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

Carol Lugar, Administrator  
March 26, 2018  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **April 9, 2018**, 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 cursive script that reads "Dennis Kelly for".

NICOLE WISENOR, Supervisor  
Non-Long Term Care

NW/pmt  
Enclosures

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

PRINTED: 04/12/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/22/2018
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NAME OF PROVIDER OR SUPPLIER  BOISE ENDOSCOPY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 425 WEST BANNOCK BOISE, ID 83702
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Q 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your ASC conducted from 3/20/18 to 3/22/18. This report incorporates changes resulting from additional information received from the facility on 3/10/18.</p> <p>Surveyors conducting the recertification were:</p> <p>Laura Thompson, RN, BSN, HFS - Team Leader James Brown, RN, HFS</p> <p>Acronyms used in this report include:</p> <p>ASC - Ambulatory Surgery Center CDC - Centers for Disease Control and Prevention COPD - Chronic Obstructive Pulmonary Disease EGD - Esophagogastroduodenoscopy IDAPA - Idaho Administrative Procedure Act LPN - Licensed Practical Nurse RN - Registered Nurse RRR - Regular Rate and Rhythm</p>	Q 000	<p style="text-align: center;"><b>RECEIVED</b> MAY 03 2018 <b>FACILITY STANDARDS</b></p>	
Q 141	<p>ORGANIZATION AND STAFFING CFR(s): 416.46(a)</p> <p>Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation and staff interview and a review of the Idaho Board of Nursing Rules, it was determined the ASC failed</p>	Q 141		<p>To clarify - there is always a registered nurse available in the ASC.</p>

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

*[Handwritten Signature]*

TITLE

*Clinical Director*

(X6) DATE

*4/12/18*

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 141	<p>Continued From page 1</p> <p>to ensure nursing services were provided in accordance with Idaho Board of Nursing rules for 1 of 1 patient (Patient #17) whose care was observed. This had the potential to result in negative patient outcomes. Findings include:</p> <p>Idaho Board of Nursing rules, IDAPA 23.01.01 define the roles of RNs and of LPNs, as follows:</p> <p>- Section 401, "LICENSED REGISTERED NURSE (RN)" states "In addition to providing hands-on nursing care, licensed registered nurses work and serve in a broad range of capacities...(5-3-03)." Section 401.02 states "...Functions. A partial listing of tasks within the licensed registered nurse's function follows. This listing is for illustrative purposes only, it is not exclusive. The licensed registered nurse: (5-3-03)</p> <p>a. Assesses the health status of individuals and groups; (5-3-03)</p> <p>b. Utilizes data obtained by assessment to identify and document nursing diagnoses which serve as a basis for the plan of nursing care; (5-3-03)..."</p> <p>- Section 460, "LICENSED PRACTICAL NURSE (LPN)" states "Licensed practical nurses function in dependent roles. Licensed practical nurses, also referred to as LPNs, provide nursing care at the delegation of a licensed registered nurse, licensed physician, or licensed dentist pursuant to rules established by the Board...(5-3-03)." Section 460.02 states "...Functions. A partial listing of some of the functions that are included within the legal definition of licensed practical nurse, Section 54-1402(3), Idaho Code, (Nursing Practice Act) follows. This list is for example only,</p>	Q 141		

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Q 141	<p>Continued From page 2</p> <p>It is not complete. The licensed practical nurse: (5-3-03)</p> <p>a. Contributes to the assessment of health status by collecting, reporting and recording objective and subjective data; (5-3-03)..."</p> <p>However, the facility's "Pre-op Patient Care Procedure," reviewed 3/17, stated "The pre-op nurse will interview the patient. This interview will include vital signs, lung and heart sounds, prep outcome, pain and anxiety assessment and physical and mental limitations." The procedure did not differentiate between the LPN and the RN roles with regard to assessment and collection of patient data, per the Board of Nursing Rules</p> <p>Patient #17 was a 67 year old female who was admitted to the ASC on 3/21/18, for EGD and colonoscopy. Patient #17's record documented additional diagnoses of COPD and diverticulitis. Her procedure was observed on 3/21/18, beginning at 11:30 A.M, from her admission to the end of her procedure.</p> <p>Patient #17 was in the pre-operative area and the LPN was observed listening to Patient #17's lung sounds and heart sounds. She also was observed palpating Patient #17's abdomen.</p> <p>Additionally, Patient #17's record included a section titled "PATIENT ASSESSMENT- PREPROCEDURE" which was signed by the LPN. The section included "Respiratory Assessment: Breath sounds clear/equal/unlabored...Abdominal exam: soft and non-tender, Round [sic]...Heart exam: RRR without murmurs."</p>	Q 141	<p><i>The preop patient care will be a collaborative process. The RN will perform the physical exam portion to include heart and lung auscultation and examinations of the abdomen. The Lpn will participate in the admission process. The policy is revised to reflect these roles. Compliance completed 5/1/2018</i></p> <p><i>Ongoing monitoring of corrections is the responsibility of the clinical director. Charge nurse to verify weekly that compliance with policy change exists. Clinical Director to do observations monthly x 2 months and report observations and charge nurse report to QI Committee at July meeting. 5/2/18</i></p>	
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Q 141	Continued From page 3 As documented in the record the LPN's role was not limited to contributing to the assessment of health status by collecting, reporting and recording objective and subjective data in accordance with IDAPA 23.01.01.460.02(a). It was documented in Patient #17's record the LPN interpreted what she heard and felt in order to complete the "PATIENT ASSESSMENT - PREPROCEDURE" section of Patient #17's record.  The Clinical Director was interviewed on 3/21/18 at 3:45 PM. She confirmed the LPN did Patient #17's pre-procedure assessment. She stated she was unaware that LPN's could not perform assessments.  Patient #17 was not assessed by an RN prior to her procedure per IDAPA rules.	Q 141			
Q 241	SANITARY ENVIRONMENT CFR(s): 416.51(a)  The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.  This STANDARD is not met as evidenced by: Based on observation, policy review, manufacture instruction review, and staff interview, it was determined the ASC failed to ensure a sanitary environment for patients receiving care at the facility. This directly impacted 1 of 1 patients (Patient #17) whose procedure was observed and had the potential to impact all patients receiving services at the ASC. This resulted in patients being placed at an	Q 241	a review of the policy and procedure was completed by the infection control nurse with all staff during an inservice on 3/27/2018. Discussion included all events which require use of gloves, when to change gloves between tasks and patient care as well as use of hand sanitizer and hand washing. Ongoing monitoring will include observation in all areas including the procedure rooms by the infection control nurse. Observation will be reviewed with the clinical		

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Q 241	<p>Continued From page 4</p> <p>increased risk for infections. Findings include:</p> <p>1. An ASC policy "Hand Washing/Proper Attire," reviewed 3/17, stated all staff who were involved with patient care will wash their hands according to the CDC guidelines.</p> <p>The CDC "Guidelines for Hand Hygiene in Health-Care Settings" and "Hand Hygiene Basics" information accessed via the CDC website on 3/23/18, stated "Healthcare providers should practice hand hygiene at key points in time to disrupt the transmission of microorganisms to patients including: before patient contact; after contact with blood, body fluids, or contaminated surfaces (even if gloves are worn); before invasive procedures; and after removing gloves (wearing gloves is not enough to prevent the transmission of pathogens in healthcare settings)." The guidelines stated hand hygiene, either hand washing or decontamination with an alcohol based hand sanitizer, was recommended including when hands were not visibly soiled, after contact with patient's intact skin, when moving from a contaminated body site to a clean body site, and after contact with inanimate objects in the immediate vicinity of the patients.</p> <p>Additionally, a competency module for Infection Control used for education of staff was reviewed. The module stated the following:</p> <p>"Hand hygiene should be practiced</p> <ul style="list-style-type: none"> <li>- Immediately before touching a patient, performing an invasive procedure, or manipulating an invasive device.</li> <li>- Immediately after touching a patient, contaminated items or surfaces, or removing</li> </ul>	Q 241	<p>director and reported to the Quality Improvement Comm; Hee which oversees infection control.</p> <p>Inservice 3/27/2018</p> <p>Observation/Monitoring ongoing</p> <p>Infection preventionist- Compliance 3/27/2018</p>	

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Q 241	<p>Continued From page 5 gloves.</p> <ul style="list-style-type: none"> <li>- After removing gloves.</li> <li>- After touching items or surfaces in the immediate patient care environment, even if you didn't touch the patient while you were there.</li> <li>- After contact with blood, body fluids, or contaminated surfaces even if gloves are worn."</li> </ul> <p>Staff did not follow the policy, CDC guidelines, or education provided as follows:</p> <p>Patient #17 was a 67 year old female who was admitted to the ASC on 3/21/18, for an EGD and colonoscopy. Patient #17's procedures were observed on 3/21/18 beginning at 11:38 AM, when she was taken to the procedure room. RN A and RN B were in the procedure room prior to the arrival of Patient #17. Both RNs were wearing gloves, a gown, and eye protection when Patient #17 arrived.</p> <p>The EGD was the first procedure, which began at 11:53 AM and ended at 12:12 PM. Both RNs were observed touching Patient #17 on her arm, face, and body to help reposition, documenting on the computer, retrieving medications and needed supplies, and adjusting her oxygen delivery device. During that time RN A and RN B did not remove their gloves or perform hand hygiene. Examples include:</p> <ul style="list-style-type: none"> <li>- RN A was observed increasing patient #17's oxygen flow rate due to low oxygen saturations. RN A did not change gloves and perform hand hygiene prior to returning to Patient #17's bedside.</li> </ul>	Q 241		



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Q 241	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- RN A was observed decreasing Patient #17's oxygen flow rate. RN A did not change gloves and perform hand hygiene prior to returning to Patient #17's bedside.</li> <li>- RN A was observed opening a medication drawer with keys and drawing up additional medication. RN A did not change gloves and perform hand hygiene prior to removing the medication, syringe, and needle from the drawer or prior to returning to Patient #17's bedside.</li> <li>- RN B was observed opening a medication drawer with keys, retrieving medication and a syringe, and placing the keys in his pocket without removing or changing his gloves. Additionally, he did not perform hand hygiene prior to returning to Patient #17's bedside.</li> <li>- RN B was observed documenting on a bedside computer without changing gloves and performing hand hygiene prior to returning to Patient #17.</li> </ul> <p>During an interview on 3/22/18 beginning at 9:00 AM, RN A was informed of the observations regarding the missed opportunities for hand hygiene during Patient #17's procedures. RN A disagreed with the observations and stated she removed her gloves and performed hand hygiene "like 20 times."</p> <p>RN A and RN B failed to follow the ASC's policy and CDC guidelines for hand hygiene.</p> <p>2. A tour was conducted of the ASC beginning at 9:10 AM on 3/20/18, with the Clinical Director. The nursing station of the ASC was observed. At</p>	Q 241		

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Q 241	Continued From page 7 the nursing station in a drawer was a glucometer device inside a black bag. The Clinical Director stated the glucometer was used for patients diagnosed with diabetes. The glucometer was an Accu-Chek Aviva Plus manufactured by Roche. In the same drawer was the manufacturer's instruction booklet which documented on the front of the cover it was for "Single patient use only."  The Clinical Director was shown the manufacturer's instructions and she confirmed the booklet stated it was for single patient use. She immediately removed the glucometer from the nursing station.  The ASC did not follow the manufacturer's instructions for the glucometer.	Q 241	<i>replaced</i> The glucometer with an Accu-Chek Performa. Staff was inserviced on use & cleaning of the glucometer as well as how to perform the controls. Inservice included importance of single use device versus multi patient used devices. Glucometer replaced 3/24/2018 Inservice 3/24/2018 & 3/27/2018. Compliance 3/27/2018 ongoing monitoring. Clinical Director		