



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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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

May 8, 2018

Steven Farro, Administrator
Idaho Endoscopy Center
6259 West Emerald Street
Boise, ID 83704

RE: Idaho Endoscopy Center, Provider #13C0001010

Dear Mr. Farro:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Idaho Endoscopy Center on April 26, 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:

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.

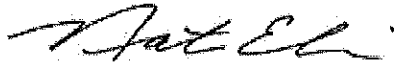
Steven Farro, Administrator
May 8, 2018
Page 2 of 2

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 **May 21, 2018**, 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

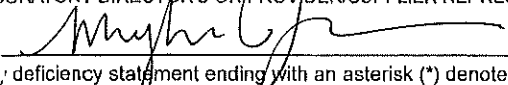
NE/lj

Enclosures

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

Printed: 05/03/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER IDAHO ENDOSCOPY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6259 WEST EMERALD STREET BOISE, ID 83704		
(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
E 000	Initial Comments The facility is a single story, type II (000) construction, with a two hour separation between the business office and the endoscopy clinic. The facility is fully protected by a fire sprinkler system. Smoke detection covers the corridors, the physical plant and the patient recovery rooms. A Type 1 EES provides backup power for the facility. The following deficiencies were cited during the Emergency Preparedness Survey conducted on April 26, 2018. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 416.54. The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety & Construction	E 000	<p>RECEIVED MAY 18 2018 FACILITY STANDARDS</p>	
E 024	Policies/Procedures-Volunteers and Staffing CFR(s): 416.54(b)(5) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs	E 024		E024 The Emergency Action Disaster Recovery Plan policy was modified to include Emergency Volunteer Management. The policy will be adopted at the May 22, 2018 Board meeting.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Medical Director** (X6) DATE **5/18/18**

; 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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NAME OF PROVIDER OR SUPPLIER IDAHO ENDOSCOPY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6259 WEST EMERALD STREET BOISE, ID 83704		
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E 024	<p>Continued From page 1 during an emergency.</p> <p>*[For RNHCs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency.</p> <p>This Standard is not met as evidenced by: Based on record review, it was determined the facility failed to develop an emergency plan, policies and procedures addressing the use of volunteers during an emergency. Lack of a plan, policy and procedure specific to the use of volunteers, potentially hinders the facility's ability to provide continuity of care during a disaster. This deficient practice had the potential to affect patients, staff and visitors in the facility on the date of the survey.</p> <p>Findings include:</p> <p>Review of provided emergency plan, policies and procedures conducted on 4/26/18 from 1:00 - 2:00 PM, failed to demonstrate a plan, policy or procedure on the use of volunteers.</p> <p>Reference: 42 CFR 416.54 (b) (5)</p>	E 024		
E 026	<p>Roles Under a Waiver Declared by Secretary CFR(s): 416.54(b)(6)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and</p>	E 026	<p>E026 The Emergency Action Disaster Recovery Plan policy was modified to include Roles under a waiver. The policy will be adopted at the May 22, 2018 Board meeting.</p>	05/22/18

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NAME OF PROVIDER OR SUPPLIER IDAHO ENDOSCOPY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6259 WEST EMERALD STREET BOISE, ID 83704		
(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
E 026	<p>Continued From page 2 procedures must address the following:]</p> <p>(8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> <p>*[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials.</p> <p>This Standard is not met as evidenced by: Based on record review, it was determined the facility failed to document the role it would take under an 1135 waiver as declared by the Secretary and the provisions of care as required under this action if identified by emergency management officials. Failure to plan for alternate means of care and the facility role under an 1135 waiver, has the potential to limit facility options during an emergency. This deficient practice potentially affects reimbursement and continuity of care for patients, support and outside physician service, staff and visitors housed on the date of the survey, along with the available surge needs of the community during a disaster.</p> <p>Findings include:</p> <p>On 4/26/18 from 1:00 - 2:00 PM, review of the provided emergency plan, policies and procedures, did not demonstrate a defined role undertaken by the facility under the declaration of an 1135 waiver, should that condition be enacted by the Secretary.</p>	E 026		

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NAME OF PROVIDER OR SUPPLIER IDAHO ENDOSCOPY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6259 WEST EMERALD STREET BOISE, ID 83704		
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E 026	Continued From page 3 Reference: 42 CFR 416.54 (b) (6)	E 026		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - IDAHO ENDOSCOPY CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018	
NAME OF PROVIDER OR SUPPLIER IDAHO ENDOSCOPY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6259 WEST EMERALD STREET BOISE, ID 83704		
(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	<p>INITIAL COMMENTS</p> <p>The facility is a single story, type II (000) construction, with a two hour separation between the business office and the endoscopy clinic. The facility is fully protected by a fire sprinkler system. Smoke detection covers the corridors, the physical plant and the patient recovery rooms. A Type 1 EES provides backup power for the facility.</p> <p>The facility was found to be in substantial compliance during the fire/life safety survey conducted on April 26, 2018. 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.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety & Construction</p>	K 000	<p>RECEIVED</p> <p>MAY 18 2018</p> <p>FACILITY STANDARDS</p>	

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

TITLE

(X6) DATE

A 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.