

COPY



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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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

May 25, 2018

Tina Botai, Administrator
North Idaho Pain Center
1686 W Riverstone Drive, Suite 2
Coeur D'Alene, ID 83814-5779

RE: North Idaho Pain Center, Provider #13C0001058

Dear Ms. Botai:

This is to advise you of the findings of the Medicare survey of North Idaho Pain Center, which was conducted on May 17, 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:

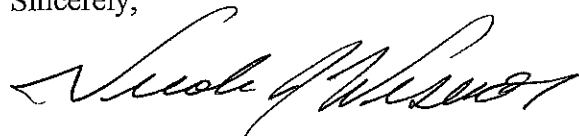
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Ambulatory Surgery Center into compliance, and that the Ambulatory Surgery Center 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.

Tina Botai, Administrator
May 25, 2018
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **June 6, 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 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/nw
Enclosures

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

PRINTED: 05/24/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2018
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NAME OF PROVIDER OR SUPPLIER NORTH IDAHO PAIN CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1606 W RIVERSTONE DRIVE, SUITE 2 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	INITIAL COMMENTS The following deficiencies were cited during the Medicare recertification survey of your surgery center conducted from 5/14/18 to 5/17/18. Surveyors conducting the recertification were: Laura Thompson, RN, BSN, HFS - Team Leader Trish O'Hara, RN, HFS Acronyms used in this report include: ASC - Ambulatory Surgery Center DON - Director of Nursing	Q 000		
Q 002	DEFINITIONS CFR(s): 416.2 As used in this part: Ambulatory surgical center or ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions set forth in subparts B and C of this part. The ambulatory surgical center must comply with state licensure requirements. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the ASC failed to operate as a distinct entity, functioning only as an ASC during the days and times specifically allotted to the ASC. This failure directly impacted 2 of 2 patients (Patients #20 and #21) whose procedures were observed, and had the potential to impact all patients receiving services from the ASC. This failure	Q 002	see attachment D	7/1/18

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Dina Botai* TITLE: *Practice Administrator* (X6) DATE: *6/4/18*

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 002	<p>Continued From page 1</p> <p>resulted in the reception area and waiting room being utilized by patients being seen in both the ASC and the clinic during ASC operating hours. Findings include:</p> <p>1. The ASC was located adjacent to a physician clinic. The reception area and waiting room of the physician clinic was utilized by the clinic and the ASC. During the ASC's operating hours, the reception area and waiting room were utilized for patients seen in the ASC as well as for patients being seen in the clinic. Examples include:</p> <p>a. Patient #20 was scheduled for a procedure at 9:20 AM on 5/16/18. An observation of her arrival was conducted. She completed paperwork at the clinic's reception desk and then took a seat in the clinic waiting area before being escorted to the ASC. After the completion of her procedure she left the ASC and again conducted business at the clinic's reception desk before leaving the facility.</p> <p>b. Patient #21 was scheduled for a procedure at 1:00 PM on 5/16/18. An observation of her arrival was conducted. She completed paperwork at the clinic's reception desk and then took a seat in the clinic waiting area before being escorted to the ASC. After the completion of her procedure she left the ASC and again conducted business at the clinic's reception desk before leaving the facility.</p> <p>The Admissions Receptionist was interviewed on 5/16/18 at 3:00 PM. She stated when patients presented for scheduled ASC procedures the clinic's reception desk verified demographic and insurance information, collected copay monies, and had patients sign a "Conditions for Admission" form, if needed. The reception desk</p>	Q 002		
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Q 002	Continued From page 2 then notified the ASC the patient was waiting. She stated the clinic's reception desk was also responsible for scheduling follow up appointments for ASC patients after their procedure.	Q 002		
Q 221	<p>The facility failed to operate as a distinct entity from the adjacent physician clinic.</p> <p>NOTICE OF RIGHTS CFR(s): 416.50(a)</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 review of medical records, review of the Patient Rights notification, and staff interview, it was determined the ASC failed to ensure comprehensive patient rights information was provided prior to the start of their procedures for 18 of 18 patients (Patients #2 - #19) whose records were reviewed. This resulted in potential interference with the patients' ability to exercise their rights. The findings include:</p> <p>1. The ASC's patient rights information was incomplete as follows:</p> <p>An ASC patient admission packet was reviewed.</p>	Q 221	<p>NOTE: The Medicare Beneficiaries website for the Office of the Medicare Beneficiary Ombudsman was on our patients rights & responsibilities.</p>	5/16/18

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Q 221	<p>Continued From page 3</p> <p>The packet included an ASC document titled "Conditions of Admission" which was present in Patient #2 - #19's medical record. The document included a section titled "Patient Rights and Responsibilities." This section stated "I have been provided and understand the Patient Rights and Responsibilities" and was Initialed by the patient.</p> <p>The patient rights information did not include the address and telephone number of the State Agency where patients and patient representatives could submit complaints.</p> <p>The Facility Administrator was interviewed on 5/16/18 at 10:30 AM. She confirmed the Patient Rights information, included in patient admission packets, did not include the address and telephone number of the State Agency where patients and their representatives could submit complaints.</p> <p>Additionally, Patients #2 - #5, #8 - #12, and #14 - #19's medical records did not include documentation that Patient Rights information was provided prior to each patient's most recent procedure. Examples included, but were not limited to, the following:</p> <p>a. Patient #9 was a 61 year old female who had a procedure performed on 3/29/18. Her "Conditions of Admission" was dated 11/10/11.</p> <p>b. Patient #2 was a 66 year old female who had a procedure performed on 10/26/17. Her "Conditions of Admision" was dated 6/21/12.</p> <p>c. Patient #3 was a 55 year old male who had a procedure performed on 10/24/17. His</p>	Q 221	<p>The patients rights & ③ 5/30/18 responsibilities were updated with the state Agency address and phone number, "Idaho Bureau of Facility Standards", P.O. Box 83700 Boise, ID phone - (208) 334-6626. An example is provided.</p> <p>A policy was written to ④ assure at each visit a patient will receive a copy. Monitoring will be done when surgery center nursing staff completes the "Consent for procedure" form.</p>

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Q 221	Continued From page 4 "Conditions of Admission" was dated 6/18/14. d. Patient #5 was a 64 year old female who had a procedure performed on 2/08/18. Her "Conditions of Admission" was dated 11/28/17. In an interview on 5/16/18 at 3:00 PM, the Admissions Receptionist stated when she admitted established patients for subsequent procedures, she did not obtain an updated "Conditions of Admission." She stated the patient's original "Conditions of Admission," including the notice of Patient Rights, was copied into their current medical record.	Q 221	The administrator is responsible for this notice. This notice will better enable us to inform our patients of their rights.	5/16/18
Q 222	NOTICE OF RIGHTS - POSTING CFR(s): 416.50(a)(1)(i) (1)[...] In addition, the ASC must - (i) Post written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to post comprehensive patient rights in an area likely to be noticed by patients. This failure directly	Q 222	The patient rights and responsibilities document is framed and hung in the ASC waiting room. This improves the patient's ability to be aware of their rights/responsibilities. The above follows the policy & procedure I.I.A. already in place. To monitor, the administrator will check that rights & responsibility are hanging in the ASC waiting room during random weekly checks.	5/16/18

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Q 222	<p>Continued From page 5</p> <p>impacted 2 of 2 patients (Patients #20 and #21) whose procedures were observed, and had the potential to impact all patients receiving services from the ASC. This had the potential to result in patients and their representatives not being fully informed of their rights. Findings include:</p> <p>The ASC was located adjacent to a physician clinic. The reception area and waiting room of the physician clinic was utilized by the clinic and the ASC. During the ASC's operating hours, the reception area and waiting room were utilized for patients seen in the ASC as well as for patients being seen in the clinic. Examples included:</p> <p>a. Patient #20 was scheduled for a procedure at 9:20 AM on 5/16/18. An observation of her arrival was conducted. She completed paperwork at the clinic's reception desk and then took a seat in the clinic waiting area before being escorted to the ASC.</p> <p>b. Patient #21 was scheduled for a procedure at 1:00 PM on 5/16/18. An observation of her arrival was conducted. She completed paperwork at the clinic's reception desk and then took a seat in the clinic waiting area before being escorted to the ASC.</p> <p>A tour of the facility was conducted, on 5/14/18 beginning at 9:00 AM, with the Facility Administrator. Patient Rights were not posted in the clinic waiting room where Patients #20 and #21 had waited for their procedures. Patient Rights information was posted in the ASC waiting room. However, this waiting room was not routinely used by ASC patients according to the Facility Administrator, in an interview on 5/15/18 at 8:00 AM.</p>	Q 222			

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Q 222	Continued From page 6 Additionally, the information posted did not include the address and telephone number of the State Agency where patients and patient representatives could submit complaints. The Facility Administrator was interviewed on 5/16/18 at 10:30 AM. She confirmed the Patient Rights information was not noticeably posted and did not include the address and telephone number of the State Agency where patients and their representatives could submit complaints.	Q 222		
Q 223	NOTICE - PHYSICIAN OWNERSHIP CFR(s): 416.50(b) The ASC must disclose, in accordance with Part 420 of this subchapter, and where applicable, provide a list of physicians who have financial interest or ownership in the ASC facility. Disclosure of information must be in writing. This STANDARD is not met as evidenced by: Based on staff interview, review of the patient admission packet, and medical record review, it was determined the ASC failed to ensure required patient rights information regarding physician ownership was disclosed to 18 of 18 patients (Patients #2 - #19) who had procedures at the ASC and whose records were reviewed. This resulted in a lack of information which patients could use to make informed decisions. Findings include: The Facility Administrator was interviewed on 5/14/18 at 8:45 AM. She stated the ASC was	Q 223	The notice of physicians owners financial interest is posted in the waiting room of the ASC with the patients rights & responsibility. We have updated the Rights and Responsibilities to identify Dr. Magnuson as the owner operator of the ASC. It is written in a manner that is easily understood. It will be distributed to each patient at admission into the surgery center. Monitoring will consist of weekly check in waiting room. (continue)	5/16/18

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Q 223	Continued From page 7 solely owned by one physician. The medical records of Patients #2 - #19 were reviewed and did not contain information indicating patients were informed of the physician's ownership of the ASC. On 5/14/18 at 10:30 AM, the Facility Administrator provided a patient admission packet. The document titled "Patient Rights and Responsibilities," included in the packet, identified the physician as the director of the facility but did not contain information relative to the physician's ownership of the ASC. The ASC did not disclose the physician's financial interest in the facility.	Q 223	The patient will have awareness that Dr. Magnuson is the owner of the ASC and has financial interest. This awareness will improve their rights as our patient. This will better enable us to inform the patient of their rights. The administrator will be responsible.	5/16/18
Q 224	ADVANCED DIRECTIVES CFR(s): 416.50(c)(1)(2)(3) The ASC must comply with the following requirements: (1) Provide the patient or, as appropriate, the patient's representative with written information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms. (2) Inform the patient or, as appropriate, the patient's representative of the patient's rights to make informed decisions regarding the patient's care. (3) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.	Q 224	Reception staff has been trained on informing patients about Advanced Directive Information. The conditions of Admission, Advanced Directive was update to reflect an updated patient wish per admission. This will ensure compliance at each admission. Subsequent visits will follow this policy also. (cont.)	

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Q 224	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to provide Advance Directives information in a timely manner to 15 of 18 patients (Patients #2- #5, #8 - #12, and #14 - #19) who had procedures at the ASC and whose records were reviewed. This had the potential to interfere with coordination of patient care by not reflecting the patient's current Advance Directive status. Findings include:</p> <p>1. An ASC document titled "Conditions of Admission" was present in each patient's medical record. The document included a section titled "Advance Directive." This section explained that the patient had the right to have an Advance Directive. The document also contained an area for patients to indicate if they had an Advance Directive, if they would like an Advance Directive form, or if they were not interested in Advance Directive information. A patient signature was required acknowledging they received the information.</p> <p>Patients #2- #5, #8 - #12, and #14 - #19's records documented Advance Directive information was not provided prior to the patient's most recent procedure. Examples included, but were not limited to, the following:</p> <p>a. Patient #9 was a 61 year old female who had a procedure performed on 3/29/18. Her "Conditions of Admission" was dated 11/10/11.</p> <p>b. Patient #2 was a 66 year old female who had a procedure performed on 10/26/17. Her "Conditions of Admission" was dated 6/21/12.</p> <p>c. Patient #3 was a 55 year old male who had a</p>	Q 224	<p>This will ensure compliance and will give the attending personnel needed information regarding patients wishes. This policy will be reviewed by the Administration at least every 2 years.</p>	
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Q 224	Continued From page 9 procedure performed on 10/24/17. His "Conditions of Admission" was dated 6/18/14. d. Patient #5 was a 64 year old female who had a procedure performed on 2/08/18. Her "Conditions of Admission" was dated 11/28/17. In an interview on 5/16/18 at 3:00 PM, the Admissions Receptionist stated when she admitted established patients, for subsequent procedures, she did not obtain an updated "Conditions of Admission." She stated the patient's original "Conditions of Admission" was copied into their current medical record. When asked if the same process for providing Advance Directive information was in place for all patients, including Patients #2 - #19, the Admissions Receptionist stated it was.	Q 224		
Q 245	INFECTION CONTROL PROGRAM CFR(s): 416.51(b)(3) The program is - Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. This STANDARD is not met as evidenced by: Based on policy review, staff interview and medical record review, it was determined the ASC failed to ensure an active system for the identification of infection was developed,	Q 245	Action: At discharge patients will be advised that they will receive a form post procedure via the patient portal. If any of the following occur: • increased redness or swelling at injection site. • temperature of greater than 100.1° (cont..)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2018
NAME OF PROVIDER OR SUPPLIER NORTH IDAHO PAIN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1686 W RIVERSTONE DRIVE, SUITE 2 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
Q 245	<p>Continued From page 10</p> <p>implemented, and monitored for all patients of the ASC, including 18 of 18 patients (Patients #2 - #19) who had procedures in the ASC and whose records were reviewed. This resulted in a lack of an effective infection control surveillance system for post surgical infections. Findings include:</p> <p>The ASC's Infection Prevention Plan, updated 5/09/17, stated "Patients are called and questioned at appropriate intervals post-procedure to determine if any signs of infection exist...Patients who are not reached by phone call receive a letter inquiring about status." This plan was not implemented, as follows:</p> <p>Patient #7's record included a document titled "Telephone Follow Up." However, the form was dated the same date as the current procedure date, 2/07/18.</p> <p>The form included information about signs and symptoms of infection from the patient's previous visit, which occurred on 11/27/17 (2.5 months prior). No additional information related to signs and symptoms of infection from the 11/27/17 procedure was included in Patient #7's record.</p> <p>When asked about the form, on 5/16/18 at 4:00 PM, the DON stated it was not a post procedure telephone follow up. She stated the only monitoring for signs and symptoms of infection took place at the patient's next visit following their procedure. The DON confirmed the follow up visit may not occur for several months post procedure.</p> <p>When asked if the same monitoring process for signs and symptoms of infection was in place for all patients, including Patients #2 - #19, the DON</p>	Q 245	<p>• drainage & injection</p> <p>The patient will contact our ASC. The form would be interactive and stored in the patient's chart for responding and tracking.</p> <p>Improvement: This allows us to develop an "active surveillance" program which meets our infection control policy. This allows us to track accurately & actively our possible infection rate.</p> <p>Implementation: This program is in development with our EHR software provider to send the form encrypted, and be interactive for our nurses to follow up.</p> <p>Completion: 7/1/2018</p> <p>Monitoring & Tracking: This policy will be reviewed/revised annually and presented at the governing board meeting.</p>	

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

PRINTED: 05/24/2018
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Q 245	Continued From page 11 stated it was. When asked whether they used other methods for obtaining post procedure infection rates, she stated they used to send out a questionnaire to patients, but they no longer did. She stated they did not actively investigate for possible infections by other means. The ASC failed to develop and implement an active surveillance program for the identification of post procedure infections.	Q 245	Responsible person: Machel Barnhart, RN.		

North Idaho Pain Center, LLC
Date Survey Completed 5/17/18

Q002 Distinct Entity
CFR (s)416.2:

Action: Please see the map called Emergency Exit Plan. That map identifies the changes we have implemented to comply with the standard and adhere to the "distinct entity" facility. With this implementation the ASC will be able to function as a wholly separate and clearly distinguishable entity.

The flow will be as follows: Patients will continue to come through the common entrance and will be escorted to the ASC check in desk. The administrative assistant will escort the patients to her office where they will be admitted to our ASC. The administrative assistant office is located in the ASC billing. Once the patient is checked in they will be brought back to our ASC waiting area until it is time for their appointment. Patients will then be checked out with the ASC administrative assistant.

Administrative records, contracts, personnel files and billing information will be kept in the ASC billing office.

Improvement: These changes will enable the ASC to function independently as a distinct entity. This will meet the standard.

Implementation: These changes are scheduled for 6/12/18. There are logistics to moving desks, phones, computers.

Completion date: 6/12/18

Monitoring and tracking: This policy along with all our policies will be reviewed on a yearly basis by the administrator and the director of nursing. It will be presented to the Governing Board annually.

Responsible person: The Medical Director, Scott Magnuson, the Administrator, Tina Botai.