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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 4, 2018

Clark Brinton, Administrator
Emerald Surgical Center
811 North Liberty
Boise, ID 83704

RE: Emerald Surgical Center, Provider #13C0001017

Dear Mr. Brinton:

On May 29, 2018, a follow-up visit of your facility, Emerald Surgical Ceuter, was conducted to verify corrections of deficiencies noted during the survey of March 21, 2018.

We were able to determine that the **Condition for Coverage Infection Control (42 CFR 416.51)** is now met.

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,

NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/nw
Enclosures
ec: Patrick Thrift, Survey & Certification Manager Region X
Julius Bunch, Certification & Enforcement Manager Region X

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001017	A. BUILDING ______ B. WING ______	R 05/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD SURGICAL CENTER	811 NORTH LIBERTY 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
{Q 000}	INITIAL COMMENTS No deficiencies were cited during the Medicare follow-up survey of your facility on 5/29/18. Your facility was found to be in full compliance with 42 CFR 416 Conditions for Coverage for Ambulatory Surgery Centers. Surveyors conducting the follow-up survey were: Brian Osborn RN, HFS - Team Leader Laura Thompson RN, BSN, HFS	{Q 000}		

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

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.