



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

August 29, 2018

Wendy Stoehr, Administrator
Advanced Dermatology and Skin Surgery
1700 West Riverston drive
Coeur d' Alene ID 83814

RE: Advanced Dermatology and Skin Surgery, Provider #13C0001070

Dear Ms. Stoehr:

This is to advise you of the findings of the Medicare survey of Advanced Dermatology and Skin Surgery, which was conducted from August 20, 2018 to August 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.

Wendy Stoehr, Administrator
August 29, 2018
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 11, 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 that reads "Dennis Kelly RN". The signature is written in a cursive style with a large, stylized "D" at the beginning.

DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DK/pmt
Enclosures

RECEIVED

SEP 07 2018

FACILITY STANDARDS

September 7, 2018

Dennis Kelly, RN, Supervisor
Idaho Department of Health and Welfare
PO BOX 83720
Boise, ID 83720-0009

Dear Mr. Kelly:

You were in our facility on August 20th, 2018- August 22nd, 2018 for an on-site survey. Two deficiencies were cited at this time and in accordance with protocol I submitted our plan of correction for those deficiencies on September 7th, 2018.

Also in accordance to protocol, please find the follow-up to our given Plan of Correction for both deficiencies which include a copy of the transfer agreement between Advanced Dermatology and Kootenai Health. As well as the Patient's Rights sheet that is posted throughout the facility.

Please let me know if you require any further information.

Sincerely,



Jennifer Lowman, ASC Administrator
Advanced Dermatology and Skin Surgery

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

PRINTED: 09/07/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001070 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/22/2018 |
|---|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER ADVANCED DERMATOLOGY AND SKIN SURGERY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WEST RIVERSTONE DRIVE 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 000 | INITIAL COMMENTS | Q 000 | | |
| Q 042 | <p>The following deficiencies were cited during the Medicare recertification survey of your facility conducted on 8/20/18 to 8/22/18. Surveyors conducting the recertification survey were:</p> <p>Brian Osborn, RN, HFS - Team Leader James Brown, RN, HFS</p> <p>HOSPITALIZATION CFR(s): 416.41(b)</p> <p>(1) The ASC must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the ASC. (2) This hospital must be a local, Medicare participating hospital or a local, nonparticipating hospital that meets the requirements for payment for emergency services under §482.2 of this chapter. (3) The ASC must - (i) Have a written transfer agreement with a hospital that meets the requirements of paragraph (b)(2) of this section; or (ii) Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of paragraph (b)(2) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on facility document review and staff interview, it was determined the facility failed to have a written transfer agreement with a local Medicare participating hospital. This had the potential for poor patient outcomes in the event of a medical emergency, patient transfer, and/or</p> | Q 042 | <p style="text-align: center;">RECEIVED SEP 07 2018 FACILITY STANDARDS</p> | |

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

TITLE

(X6) DATE

[Handwritten Signature]

ASC SUPERVISOR

9/7/18

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 042 | Continued From page 1 hospitalization. Findings Include: The facility's local Medicare participating hospital transfer agreement was requested from the Administrator on 8/21/18, at 8:18 AM. On 8/21/18, at 9:14 AM, the Administrator stated she could not find the facility transfer agreement, but stated she would continue to look. On 8/22/18, at 9:23 AM, the Administrator confirmed the facility did not have a written transfer agreement with a local Medicare participating hospital. She stated she had been in contact with the nearest acute care hospital to get an agreement written and signed as soon as possible. The facility failed to have a written transfer agreement with a local Medicare participating hospital. | Q 042 | | |
| Q 221 | NOTICE OF RIGHTS CFR(s): 416.50(a) 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. This STANDARD is not met as evidenced by: Based on observation, facility admission packet review, and staff interview, it was determined the facility failed to ensure patient rights information included the correct address and telephone | Q 221 | | |

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| Q 221 | <p>Continued From page 2</p> <p>number of the State Agency to whom patients could report complaints. This had the potential for patients and their representatives to not be fully informed of their rights. Findings include:</p> <p>Facility Patient Rights information was not complete. Examples include:</p> <ol style="list-style-type: none"> 1. Upon arrival at the Facility on 8/20/18 at 9:15 AM, surveyors observed the area where all patients waited prior to procedures. Patient Rights information was posted in the lobby; however, the information did not include the correct address and telephone number of the State Agency where patients and patient representatives could submit complaints. 2. A facility patient admission packet was reviewed. The packet included a copy of Patient Rights information; however, the information did not include the correct address and telephone number of the State Agency where patients and patient representatives could submit complaints. <p>The Administrator was interviewed on 8/21/18, beginning at 12:45 PM. She confirmed Patient Rights information posted in the lobby, and included in patient admission packets, did not include the correct address and telephone number of the State Agency where patients and patient representatives could submit complaints.</p> <p>The facility did not ensure patients were provided with the State Agency's phone number or address for complaints.</p> | Q 221 | | | |

| Prefix Tag | How deficiency will be corrected | Person Responsible for Correction | Date Correction will be completed | Monitors for Compliance |
|------------|---|------------------------------------|-----------------------------------|---|
| Q042 | A written transfer agreement between Kootenai Health and Advanced Dermatology was signed on August 28 th , 2018 by Joseph Cvancara, MD and Ronald Lahner. Please see attached. | Jennifer Lowman, ASC Administrator | 8/28/2018 | All contracts will be reviewed and discussed annually at Annual Medical Meeting with GB, or sooner if needed. The need for changes to the contract(s) will be made by the GB. |
| Q221 | The patient's rights information has been updated in all locations to inform patients of the correct telephone number and address of the Idaho Department of Health and Welfare. These updates include the postings in the patient waiting room as well as the patient admissions package. All staff was educated on the correct address and telephone number. Please see attached. | Jennifer Lowman, ASC Administrator | 8/28/2018 | All posted information will be reviewed and updated as needed annually or sooner if needed by GB. The need for changes to posted information will be done by GB. |