



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 11, 2018

Joseph Peterson, Administrator
Ambulatory Surgery Center of Burley
1344 Hiland Avenue, Suite E
Burley, ID 83318

RE: Ambulatory Surgery Center Of Burley, Provider #13C0001028

Dear Mr. Peterson:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Ambulatory Surgery Center Of Burley on August 27, 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.

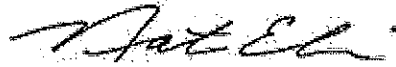
Joseph Peterson, Administrator
September 11, 2018
Page 2 of 2

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 **September 24, 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: 09/07/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001028	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2018	
NAME OF PROVIDER OR SUPPLIER AMBULATORY SURGERY CENTER OF BURLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 1344 HILAND AVENUE, SUITE E BURLEY, ID 83318		
(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 Ambulatory Surgery Center (ASC) is located in a portion of the first floor of a medical office building of Type V (000) construction. The ASC portion of the medical office building is physically separated from the general office practice by a one (1) hour separation. The building has an electronically monitored fire alarm system with smoke detection throughout but is unsprinklered. The Essential Electrical System is supplied by a natural gas powered, on-site automatic generator, complying with NFPA 99 for a Type 1 system. The generator transfer switch is located in the basement. There are three (3) remote exits from the ASC directly to the exterior. There are ABC portable fire extinguishers throughout.</p> <p>The following deficiencies were cited during the fire/life safety survey conducted on August 27, 2018. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies and Chapter 39, Existing Business Occupancies in accordance with 42 CFR 416.44.</p> <p>The Survey was conducted by:</p> <p>Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction</p>	K 000	<p style="text-align: center;">RECEIVED SEP 21 2018 FACILITY STANDARDS</p>	
K 911	<p>Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other List in the REMARKS section, any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the</p>	K 911		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Cindy Mangum RN TITLE *Nurse Manager* (X6) DATE *9-2018*

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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K 911	<p>Continued From page 1 applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the Essential Electrical System (EES) generator was equipped with a remote manual stop station in accordance with NFPA 110. Failure to provide a remote manual stop station has the potential to prevent shutdown of the emergency generator during a system malfunction, or unintentional operation. This deficient practice affected staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During the facility tour on August 27, 2018 from approximately 12:30 PM to 2:00 PM, a remote manual stop station for the EES generator could not be located. When asked, the facility manager stated the facility was not equipped with a remote stop station.</p> <p>Actual NFPA standard:</p> <p>NFPA 99 6.4.1.1.16.2 Safety indications and shutdowns shall be in accordance with Table 6.4.1.1.16.2. (SEE TABLE)</p> <p>NFPA 110 5.6.5.6* All installations shall have a remote manual stop station of a type to prevent</p>	K 911	<p><i>Remote shut-off switch has been installed for EES generator. Labeled with "Emergency shut-off switch".</i></p> <p><i>9-19-18</i></p>	

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K 911	Continued From page 2 inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. 5.6.5.6.1 The remote manual stop station shall be labeled.	K 911		
K 918	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the	K 918		

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K 918	<p>Continued From page 3</p> <p>emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the generator for the EES (Essential Electrical System) was maintained in accordance with NFPA 110. Failure to inspect and test EES generators could result in a lack of system reliability during a power loss. This deficient practice affected staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>1.) During review of the facility generator inspection and testing records on August 27, 2018, from approximately 9:30 AM to 10:30 AM, the facility failed to provide documentation for an annual inspection and a three year, four hour load test of the generator. When asked, the facility Manager stated the facility was unaware of the missing inspections and load test requirement.</p> <p>Actual NFPA standard:</p> <p>NFPA 110 8.4 Operational Inspection and Testing. 8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. 8.4.9* Level 1 EPSS shall be tested at least once within every 36 months. 8.4.9.1 Level 1 EPSS shall be tested continuously for the duration of its assigned class (see Section 4.2). 8.4.9.2 Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test</p>	K 918	<p>Annual inspection is completed to include 4 hour load test of generator.</p> <p>Safety manager and Nurse manager will assure annual inspection is complete by way of a Equipment maintenance checklist which we have developed posted</p>	<p>9/13/18</p> <p>9/13/18</p>
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K 918	<p>Continued From page 4 after 4 continuous hours.</p> <p>8.4.9.3 The test shall be initiated by operating at least one transfer switch test function and then by operating the test function of all remaining ATSS, or initiated by opening all switches or breakers supplying normal power to all ATSS that are part of the EPSS being tested.</p> <p>8.4.9.4 A power interruption to non-EPSS loads shall not be required.</p> <p>8.4.9.5 The minimum load for this test shall be as specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3.</p> <p>8.4.9.5.1 For a diesel-powered EPS, loading shall be not less than 30 percent of the nameplate kW rating of the EPS. A supplemental load bank shall be permitted to be used to meet or exceed the 30 percent requirement.</p> <p>8.4.9.5.2 For a diesel-powered EPS, loading shall be that which maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>8.4.9.5.3 For spark-ignited EPSs, loading shall be the available EPSS load.</p> <p>8.4.9.6 The test required in 8.4.9 shall be permitted to be combined with one of the monthly tests required by 8.4.2 and one of the annual tests required by 8.4.2.3 as a single test.</p> <p>8.4.9.7 Where the test required in 8.4.9 is combined with the annual load bank test, the first 3 hours shall be at not less than the minimum loading required by 8.4.9.5 and the remaining hour shall be at not less than 75 percent of the nameplate kW rating of the EPS.</p>	K 918		



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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

September 10, 2018

Joseph Peterson, Administrator
Ambulatory Surgery Center of Burley
1344 Hiland Avenue, Suite E
Burley, ID 83318

RE: Ambulatory Surgery Center Of Burley, Provider #13C0001028

Dear Mr. Peterson:

This is to advise you of the findings of the Emergency Preparedness Survey conducted at Ambulatory Surgery Center of Burley on August 27, 2018.

Based on the results of this survey, Ambulatory Surgery Center of Burley was found to be in substantial compliance with the fire/life safety requirements set forth in the Emergency Preparedness Rules, 42 CFR 416.54.

Thank you for the courtesies extended to us during our visit. If we can be of help to you, please call our office at (208)334-6626, option 3.

Sincerely,

A handwritten signature in black ink, appearing to read "Nate Elkins". The signature is fluid and cursive.

Nate Elkins
Supervisor
Facility Fire Safety and Construction Program

NE/lj

Enclosures

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E 000	<p>Initial Comments</p> <p>The Ambulatory Surgery Center (ASC) is located in a portion of the first floor of a medical office building of Type V (000) construction. The ASC portion of the medical office building is physically separated from the general office practice by a one (1) hour separation. The building has an electronically monitored fire alarm system with smoke detection throughout but is unsprinklered. The Essential Electrical System is supplied by a natural gas powered, on-site automatic generator, complying with NFPA 99 for a Type 1 system. The generator transfer switch is located in the basement. There are three (3) remote exits from the ASC directly to the exterior. There are ABC portable fire extinguishers throughout.</p> <p>The facility was found to be in substantial compliance during the initial Emergency Preparedness Survey conducted on August 27, 2018. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 416.54.</p> <p>The Survey was conducted by:</p> <p>Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction</p>	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Cindy Managem RN TITLE
Nurse Manager (X6) DATE
9-20-18

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.