



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  
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December 11, 2018

Scott Berger, Administrator  
Pleasant View Surgery Center  
4171 West Expo Parkway  
Post Falls, ID 83854-7322

RE: Pleasant View Surgery Center, Provider #13C0001073

Dear Mr. Berger:

This is to advise you of the findings of the Medicare survey of Pleasant View Surgery Center, which was conducted on November 28, 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:

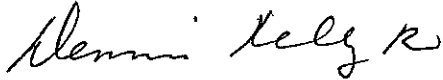
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date 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.

Scott Berger, Administrator  
December 11, 2018  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **December 21, 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 cursive script that reads "Dennis Kelly".

DENNIS KELLY, RN, Supervisor  
Non-Long Term Care

DK/pmt  
Enclosures

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

PRINTED: 01/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  11/28/2018
NAME OF PROVIDER OR SUPPLIER  PLEASANT VIEW SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4171 WEST EXPO PARKWAY POST FALLS, ID 83854		
(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	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your facility conducted on 11/26/18 to 11/28/18. Surveyors conducting the recertification survey were:</p> <p>Brian Osborn, RN, HFS - Team Leader Teresa Hamblin, RN, MS, HFS</p> <p>Acronyms used in this report include:</p> <p>ASC - Ambulatory Surgical Center CDC - Centers for Disease Control and Prevention CRNA - Certified Registered Nurse Anesthetist CST - Certified Surgical Technician EPA - Environmental Protection Agency EVS - Environmental Services IV - Intravenous mcg - Microgram mg - Milligram PACU - Post Anesthesia Care Unit po/PO - By Mouth prn - As Needed QAPI - Quality Assessment Performance Improvement RN - Registered Nurse</p>	Q 000			
Q 041	<p>CONTRACT SERVICES</p> <p>CFR(s): 416.41(a)</p> <p>When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner.</p> <p>This STANDARD is not met as evidenced by: Based on review of contracts, facility policy, and staff interview, it was determined the facility failed to establish a process to ensure contracted</p>	Q 041	See Attached POC		

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

TITLE

(X6) DATE

*Scott Bergen / Scott Bergen*

*Administrator*

*1/4/2019*

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 041	<p>Continued From page 1</p> <p>services were provided in a safe and effective manner. This had the potential to result in unsafe or ineffective contracted services. Findings include:</p> <p>An undated facility policy, "Contract Approval and Compliance for Medical Care," included the following statements:</p> <ul style="list-style-type: none"> <li>- "The Administrator has oversight and will facilitate the process of reviewing, approving and ensuring compliance with all contracts or arrangements affecting the medical care provided..."</li> <li>- "The services of these individuals are governed by an approved contract, which delineates the specific services that are provided on a specified basis."</li> <li>- "All facility contracts are reviewed annually by the Governing Board or designated committee."</li> </ul> <p>This policy was not followed. Examples include:</p> <p>A list of contracted services was requested. Two large binders filled with contracts were provided. In reviewing the binders of contracts, there were a number of unsigned contracts and outdated contracts.</p> <p>The Business Office Manager and Administrator were interviewed on 11/28/18 at 10:30 AM. When asked regarding a list of contracted services, the Business Office Manager stated they did not maintain a comprehensive list. When asked about the multiple outdated and unsigned contracts in the two binders, the Administrator stated many of the contracts were</p>	Q 041			

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Q 041	Continued From page 2 outdated. He said he would pull them out of the binders. He also stated there might be electronic signatures for some of the unsigned copies. None were provided. When asked how contracted services were integrated into the facility's QAPI program, the Business Office Manager stated they monitored some of the services related to sanitation, such as cleaning services and hazardous waste disposal.  Contracts were not annually reviewed and contracted services were not consistently integrated into the hospital's QAPI program to ensure contracted services were provided in a safe and effective manner.	Q 041			
Q 162	FORM AND CONTENT OF RECORD CFR(s): 416.47(b)  The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:  (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent.	Q 162	See Attached POC		

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Q 162	<p>Continued From page 3</p> <p>(8) Discharge diagnosis. This STANDARD is not met as evidenced by: Based on medical record review, observation, and staff interview, it was determined the facility failed to ensure medical records were legible, complete, and/or accurate for 20 of 20 patients (#1 - #20) whose records were reviewed. This resulted in lack of documentation clarity and had the potential to impact understanding of the actual course of patient care. Findings include:</p> <p>1. The form "AUTHORIZATION &amp; DISCLOSURES." signed by Patients #1 - 20 were included in medical records. A portion of the form, titled "RIGHTS AND RESPONSIBILITIES" stated "I acknowledge that I have received, prior to my procedure, a copy of the Patient Rights and Responsibilities, which includes information regarding where and how I can file a grievance or complaint."</p> <p>Although patients were asked to sign the form as a part of broader treatment authorization, Patients #1 - 20 were not given a copy of Patient Rights and Responsibilities.</p> <p>Refer to Q221 as it relates to the failure of the facility to provide written copies of rights to Patients #1 - 20 prior to their procedures.</p> <p>Patient #1 - 20's medical records were not accurate as it relates to receipt of patient rights and responsibilities.</p> <p>2. Patient #1's and Patients #3 - 20's medical records included surgical consents, dated the same day as their surgical procedure, signed by their respective physician. However, the consents were not timed. It could not be</p>	Q 162			

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Q 162	<p>Continued From page 4</p> <p>determined if Patient #1 and Patients #3 - 20 signed their consents before or after their surgical procedures.</p> <p>The Administrator was interviewed on 11/28/18, beginning at 9:26 AM. He confirmed Patient #1 and Patients #3 - 20's surgical consents did not include the time the patients signed. The Administrator agreed it could not be determined if the patients signed their surgical consents before or after their surgical procedure.</p> <p>Patient #1's and Patients #3 - #20's medical records were not complete.</p> <p>3. Patient #17 was a 67 year old male who was admitted to the facility on 9/12/18, for spinal surgery.</p> <p>a. Patient #17's medical record included an anesthesia consent, dated 9/12/18, signed by his CRNA. However, the consent was not timed. It could not be determined if Patient #17 signed the consent before or after his surgical procedure.</p> <p>b. Patient #17's medical record included a "Pre Anesthesia Evaluation," dated 9/12/18, signed by his CRNA. The form included a section titled "AIRWAY EVALUATION," which was left blank. It could not be determined if the CRNA evaluated Patient #17's airway prior to his surgical procedure.</p> <p>c. Patient #17's medical record included a post-operative order sheet, dated 9/12/18, signed by the physician. The order sheet included "PACU Medications: Hydrocodone 5/325 mg 1 - 2 tabs oral every 4 - 6 hours as needed for pain...Oxycodone 5 mg 1 - 2 tabs oral every 4 - 6</p>	Q 162			

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Q 162	<p>Continued From page 5</p> <p>hours as needed for pain...". Patient #17's medical record also included an "Anesthesia Post-Op Orders," dated 9/05/18, signed by the CRNA. The order sheet included "Use medications ordered by anesthesia for pain control in the PACU...Fentanyl (Sublimase) titrate 5 - 50 mcg IV every 5 minutes prn pain to a max of 250 mcg...Hydromorphone (Dilaudid) titrate 0.3 - 0.6 mg IV every 5 minutes prn pain to a max of 3 mg."</p> <p>The order sheets were unclear as to which pain medication the RN could give first, if the medications could be given together or in sequence, and which medication would be given for mild, moderate, and/or severe pain.</p> <p>d. Patient #17's medical record included an "Anesthesia Post-Op Orders," dated 9/12/18, signed by the CRNA. The sheet included the following ordered medications for nausea/ vomiting:</p> <ul style="list-style-type: none"> <li>- "Ondansetron (Zofran) 4 mg IV x 1 prn nausea/ vomiting"</li> <li>- "Dexamethasone (Decadron) 4 mg IV x 1 prn nausea/ vomiting"</li> <li>- "Promethazine (Phenergan) 12.5 mg IV prn nausea/ vomiting"</li> </ul> <p>The order sheet was unclear as to which nausea medication the RN could give first, if the medications could be given together or in sequence, and which medications would be given for mild, moderate, and/or severe nausea.</p> <p>The Administrator was interviewed on 11/28/18,</p>	Q 162		



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Q 162	<p>Continued From page 6</p> <p>beginning at 8:36 AM, and Patient #17's medical record was reviewed in his presence. He confirmed Patient #17's medical record was not accurate and complete.</p> <p>Patient #17's medical record was not accurate and complete.</p> <p>4. Patient #12 was a 21 year old male who was admitted to the facility on 9/05/18, for right hand surgery.</p> <p>Patient #12's medical record was not accurate and complete. Examples include:</p> <p>a. Patient #12's medical record included a post-operative order sheet, dated 9/05/18, signed by the physician. The order sheet included "PACU Medications: Hydrocodone 5/325 mg 1 - 2 tabs oral every 4 - 6 hours as needed for pain." Patient #12's medical record also included an "Anesthesia Post-Op Orders," dated 9/05/18, signed by the CRNA. The order sheet included "Use medications ordered by anesthesia for pain control in the PACU...Fentanyl (Sublimase) titrate 5 - 50 mcg IV every 5 minutes prn pain to a max of 250 mcg."</p> <p>The order sheets were unclear as to which pain medication the RN could give first, if the medications could be given together or in sequence, and which medication would be given for mild, moderate, and/or severe pain.</p> <p>b. Patient #12's medical record included an "Anesthesia Post-Op Orders," dated 9/05/18, signed by the CRNA. The sheet included the following ordered medications for nausea/vomiting:</p>	Q 162			

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Q 162	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- "Ondansetron (Zofran) 4 mg IV x 1 prn nausea/ vomiting"</li> <li>- "Dexamethasone (Decadron) 4 mg IV x 1 prn nausea/ vomiting"</li> <li>- "Promethazine (Phenergan) 12.5 mg IV prn nausea/ vomiting"</li> </ul> <p>The order sheet was unclear as to which nausea medication the RN could give first, if the medications could be given together or in sequence, and which medications would be given for mild, moderate, and/or severe nausea.</p> <p>The Administrator was interviewed on 11/28/18, beginning at 8:59 AM, and Patient #12's medical record was reviewed in his presence. He confirmed Patient #12's medical record was not accurate and complete.</p> <p>Patient #12's medical record was not accurate and complete.</p> <p>5. Patient #16 was a 16 year old female who was admitted to the facility on 9/12/18, for left arm surgery.</p> <p>a. Patient #16's medical record included a post-operative order sheet, dated 9/12/18, signed by the physician. The order sheet included "PACU Medications: Oxycodone 5 mg 1 - 2 tabs oral every 4 - 6 hours as needed for pain." Patient #12's medical record also included an "Anesthesia Post-Op Orders," dated 9/12/18, signed by the CRNA. The order sheet included "Use medications ordered by anesthesia for pain control in the PACU...Fentanyl (Sublimase) titrate</p>	Q 162			

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Q 162	<p>Continued From page 8</p> <p>5 - 50 mcg IV every 5 minutes prn pain to a max of 250 mcg."</p> <p>The order sheets were unclear as to which pain medication the RN could give first, if the medications could be given together or in sequence, and which medication would be given for mild, moderate, and/or severe pain.</p> <p>b. Patient #16's medical record included an "Anesthesia Post-Op Orders," dated 9/12/18, signed by the CRNA. The sheet included the following ordered medications for nausea/ vomiting:</p> <ul style="list-style-type: none"> <li>- "Ondansetron (Zofran) 4 mg IV x 1 prn nausea/ vomiting"</li> <li>- "Dexamethasone (Decadron) 4 mg IV x 1 prn nausea/ vomiting"</li> <li>- "Promethazine (Phenergan) 12.5 mg IV prn nausea/ vomiting"</li> </ul> <p>The order sheet was unclear as to which nausea medication the RN could give first, if the medications could be given together or in sequence, and which medications would be given for mild, moderate, and/or severe nausea.</p> <p>The Administrator was interviewed on 11/28/18, beginning at 8:17 AM, and Patient #16's medical record was reviewed in his presence. He confirmed Patient #16's medical record was not accurate and complete.</p> <p>Patient #16's medical record was not accurate and complete.</p>	Q 162			

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Q 162	<p>Continued From page 9</p> <p>6. Patient #14 was a 15 year old female who was admitted to the facility on 9/06/18, for left knee reconstruction.</p> <p>Patient #14's medical record included a post-operative order sheet, dated 9/06/18, signed by the physician. The order sheet included "PACU Medications: Oxycodone 5 mg 1 - 2 tabs oral every 4 - 6 hours as needed for pain."</p> <p>Patient #14's medical record also included an "Anesthesia Post-Op Orders," dated 9/06/18, signed by the CRNA. The order sheet included "Use medications ordered by anesthesia for pain control in the PACU...Fentanyl (Sublimase) titrate 5 - 50 mcg IV every 5 minutes prn pain to a max of 250 mcg...Hydromorphone (Dilaudid) titrate 0.3 - 0.6 mg IV every 5 minutes prn pain to a max of 3 mg."</p> <p>The order sheets were unclear as to which pain medication the RN could give first, if the medications could be given together or in sequence, and which medication would be given for mild, moderate, and/or severe pain.</p> <p>The Administrator was interviewed on 11/28/18, beginning at 8:55 AM, and Patient #14's medical record was reviewed in his presence. He confirmed Patient #14's medical record was not accurate and complete.</p> <p>Patient #14's medical record was not accurate and complete.</p> <p>7. Patient #19 was an 89 year old female who was admitted to the facility on 9/13/18, for spinal surgery.</p> <p>a. Patient #19's medical record included a "Pre</p>	Q 162		
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Q 162	<p>Continued From page 10</p> <p>Procedure Patient Interview," dated 9/13/18, signed by her RN. The form included a section titled "Surgical History." However, the RN's handwritten narrative could not be read due to illegible penmanship.</p> <p>b. Patient #19's medical record included a "Medication Reconciliation," dated 9/13/18, signed by her RN. The form included a section titled "Medications" which listed the medications Patient #19 was currently taking. However, the RN's handwritten medication list could not be read due to illegible penmanship.</p> <p>The Administrator was interviewed on 11/28/18, beginning at 9:27 AM, and Patient #19's medical record was reviewed in his presence. He confirmed the penmanship of Patient #19's RN was not legible.</p> <p>Patient #19's RN documentation was not legible.</p> <p>8. Patient #11 was a 40 year old female who was admitted to the facility on 9/04/18, for spinal surgery.</p> <p>Patient #11's medical record included a "Pain Management Record," dated 9/04/18, signed by her RN. The form included a section titled "Nurse's Notes" where the RN documented Patient #11's condition. However, the RN's handwritten narrative could not be read due to illegible penmanship.</p> <p>The Administrator was interviewed on 11/28/18, beginning at 8:55 AM, and Patient #11's medical record was reviewed in his presence. He confirmed the penmanship of Patient #11's RN was not legible.</p>	Q 162			

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Q 162	<p>Continued From page 11</p> <p>Patient #11's RN documentation was not legible.</p> <p>9. Patient #20 was a 61 year old female who was admitted on 11/27/18 for a steroid injection to relieve back pain. An anesthesia provider note indicated the anesthesia was "local only."</p> <p>Patient #20 was observed to leave the facility without the accompaniment of a responsible adult.</p> <p>The "OPERATIVE REPORT," dated 11/27/18, documented "The patient is to be discharged home in the care of their driver."</p> <p>The Administrator was interviewed on 11/28/18 at 10:28 AM. He confirmed Patient #20 went home alone and the operative report was not accurate as it related to her discharge.</p> <p>The information in the operative report was not accurate as it related to Patient #20's discharge.</p> <p>10. Patient #5 was an 82 year old male who was admitted to the facility on 8/29/18 for steroid injections to relieve low back pain. His procedural consent form did not include the name of the individual authorized who would perform the procedure.</p> <p>The Administrator was interviewed on 11/27/18 at 2:40 PM. He stated the name of the provider should be included on the consent.</p> <p>Documentation did not include properly executed informed consent for Patient #5.</p> <p>11. Patient #7 was an 84 year old male who was</p>	Q 162		
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Q 162	Continued From page 12 admitted to the facility on 8/30/18 for treatment of a knee with manipulation and steroid injection. The "Consent for Anesthesia/Sedation" did not include the type of anesthesia or sedation that would or could be performed.  The Administrator was interviewed on 11/27/18 at 2:40 PM. He stated the type of anesthesia should be included on the consent.  Documentation did not include properly executed informed consent for Patient #7.  12. Patient #9 was a 46 year old female who was admitted on 9/04/18 for a facet joint injection. The procedural consent form did not include the name of the individual authorized to perform the procedure.  The Administrator was interviewed on 11/27/18 at 2:40 PM. He stated the name of the provider should be included on the consent.  Documentation did not include properly executed informed consent for Patient #9.	Q 162			
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,	Q 221	See Attached POC		

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Q 221	<p>Continued From page 13 as well as the Web site for the Office of the Medicare Beneficiary Ombudsman. This STANDARD is not met as evidenced by: Based on review of patient admission information, observation, and patient and staff interview, it was determined the facility failed to ensure patients or their surrogates were provided with verbal and written notice of patient's rights for 20 of 20 patients (#s1 - 20) whose records were reviewed. This practice had the potential to interfere with the exercise of patient rights. Findings include:</p> <p>Upon entrance to the facility on 11/26/18, surveyors requested a copy of the paperwork provided to patients prior to admission to the facility. The packet provided did not include a form outlining the patients rights.</p> <p>The Business Office Manager was interviewed on 11/26/18 at 10:35 AM. He stated patient rights were posted on the facility website and in the waiting area. He confirmed patients were not given a written copy of their rights.</p> <p>Patient #2 was a 55 year old female who was admitted on 11/26/18 for a carpal tunnel procedure. The check-in process was not observed. She was interviewed on 11/26/18 at noon, after check-in and prior to her procedure. When asked if she had received a written copy of her rights, she replied "No. However, they are posted on their website."</p> <p>Patient #20 was a 61 year old female who was admitted on 11/27/18 for a steroid injection to relieve back pain. She was observed as she checked in to the facility for her procedure on 11/27/18 at 1:13 PM. She was provided a packet</p>	Q 221			



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Q 221	Continued From page 14 of information. The information did not include a copy of her rights. The Receptionist was not observed to inform Patient #20 verbally of her rights.  The Receptionist who checked in Patient #20 was interviewed on 11/27/18 after Patient #20 completed her check-in process. When asked if the check-in process that was observed was consistent with how she generally checked in all patients, she stated she checked in patients the same way every time.	Q 221			
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 ensure the posted notice of rights included the telephone number of a representative in the State agency to whom patients could report complaints. This had the potential to interfere with the ability of patients or their surrogates to file a verbal complaint with the	Q 222	See Attached POC		

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Q 222	Continued From page 15 State agency. Findings include:  During entrance to the facility on 11/26/18 at 8:25 AM, the posted notice of rights, "PATIENTS' RIGHTS AND RESPONSIBILITIES" was observed posted on the wall in the waiting area of the facility. The notice did not include the telephone number of the State agency where patients could report complaints.  This was confirmed by the Administrator during an interview on 11/26/18 at 10:35 AM.	Q 222			
Q 225	SUBMISSION AND INVESTIGATION OF GRIEVANCES CFR(s): 416.50(d)(4),(5), & (6)  The ASC must establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the ASC. The following criteria must be met:  (1) The grievance process must specify timeframes for review of the grievance and the provisions of a response.  (2) The ASC, in responding to the grievance, must investigate all grievances made by a patient, the patient's representative, or the patient's surrogate regarding treatment or care that is (or fails to be) furnished.  (3) The ASC must document how the grievance was addressed, as well as provide the patient, the patient's representative, or the patient's surrogate	Q 225	See Attached POC		

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Q 225	<p>Continued From page 16</p> <p>with written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance, the result of the grievance process and the date the grievance process was completed.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on policy review, grievance documentation, and staff interview, it was determined facility policy did not address all of the requirements for a grievance procedure and failed to ensure grievance documentation was maintained. This resulted in an incomplete grievance process and a lack of clarity as to whether patient complaints and grievances were addressed in accordance with requirements. It had the potential to impact all patients and their surrogates. Findings include:</p> <p>A policy, "Grievance Procedure," dated 11/05/12, included the following procedure:</p> <p>"1. Facility staff is charged with the responsibility of making efforts to resolve conflicts, which result in grievances.</p> <p>2. Any patient and/or support person, visitor, employee, physician, or vendor may lodge a grievance...</p> <p>3. When a complaint has been made, Pleasant View Surgery Center representative records the conversation on the complaint form.</p> <p>4. As promptly as possible, the supervisor of the worker responsible for the action talks with the aggrieved person and his/her representative about the complaint and makes any adjustment that may be indicated, or else explains the reason for the action and why it cannot be changed...</p>	Q 225			

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Q 225	Continued From page 17  5. All conversations are documented on the complaint form.  6. If the complaint is resolved at this level, the supervisor documents the resolution on the complaint form.  7. The complaint form is given to the Administrator for review.  8. If the supervisor is unable to resolve the complaint, the aggrieved person and his/her representative are referred to the Administrator of Pleasant View Surgery Center.  9. If the complaint is resolved at this level, the supervisor documents the resolution on the complaint form and the complaint form is given to the Medical Director for review.  10. The Administrator, prior to meeting with the aggrieved person and his/her representative, will discuss the occurrence in question with all persons involved in the event.  11. The Administrator will confirm, in writing, an appointment to see the aggrieved person and his/her representative within fifteen (15) working days following receipt of the request to be seen, and will render a decision in writing no less than five (5) working days following the meeting with the aggrieved person and his/her representative.  12. All communication and documentation will be maintained with the Administrator."  The grievance policy did not address the regulatory requirement to provide written notice to	Q 225		

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Q 225	<p>Continued From page 18</p> <p>patients or their surrogates, after investigation of the grievance, that would include the name of an ASC contact person, the steps taken to investigate the grievance, the result of the grievance process and the date the grievance process was completed.</p> <p>At entrance to the facility, the grievance log was requested. None was provided.</p> <p>The facility Administrator and Business Office Manager were interviewed on 11/26/18 at 9:50 AM. When asked for a copy of the grievance log or grievance documentation for review, the Administrator stated they did not have a grievance log and they did not have any grievance documentation. When asked if they received complaints or grievances, they responded there were not a lot of complaints, usually they were related to the surgeons being late for their scheduled appointments or complaints about billing. When asked how those complaints were addressed, the Administrator stated he usually contacted the patient and sent a gift card.</p> <p>During a second interview on 11/26/18 at 4:00 PM, the Administrator stated they had not been following the facility's grievance policy.</p>	Q 225		
Q 241	<p>SANITARY ENVIRONMENT CFR(s): 416.51(a)</p> <p>The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</p>	Q 241	See Attached POC	

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Q 241	<p>Continued From page 19</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, observation, infection control plan review, and staff interview it was determined the facility failed to maintain a functional and sanitary environment for patients receiving care at the facility. This had the potential to impact all patients receiving services at the facility and placed patients at an increased risk for infections to occur. Findings include:</p> <p>The facility failed to maintain a sanitary environment. Examples include:</p> <p>1. The facility's infection control plan, undated, stated the facility adhered to the CDC's hand hygiene guidelines. The CDC website, accessed on 12/03/18, stated "When to Perform Hand Hygiene:</p> <ul style="list-style-type: none"> <li>- "Before and after having direct contact with a patient's intact skin"</li> <li>- "After contact with inanimate objects"</li> <li>- "After glove removal"</li> </ul> <p>The facility failed to follow CDC hand hygiene guidelines. Examples include:</p> <p>Patient #2 was a 55 year old female who was admitted to the facility on 11/26/18, for left arm surgery. Her surgical procedure was observed that same day.</p> <p>a. The CRNA did not perform hand hygiene before or after gloving at 2:43 PM.</p> <p>b. The CRNA student did not perform hand hygiene before or after gloving at 2:43 PM.</p>	Q 241			

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Q 241	<p>Continued From page 20</p> <p>c. The Circulating RN did not perform hand hygiene before or after gloving at 2:45 PM.</p> <p>d. The Scrub Tech, who was also an RN, did not perform hand hygiene before or after gloving at 2:46 PM.</p> <p>e. The CST did not perform hand hygiene before or after gloving at 2:59 PM.</p> <p>The Administrator was interviewed on 11/26/18, beginning at 3:41 PM, and Patient #2's surgical procedure observations were reviewed in his presence. He confirmed surgical staff did not follow CDC hand hygiene guidelines.</p> <p>Facility staff failed to follow CDC hand hygiene guidelines.</p> <p>2. Patient #2 was a 55 year old female who was admitted to the facility on 11/26/18, for left arm surgery. Her surgical procedure was observed that same day. During her surgical procedure, the in-flow vent for the surgical suite, which is the entry for circulating air within the operating room environment, had visible build-up of dust and debris. This had the potential for introducing foreign debris onto sterile surgical surfaces.</p> <p>The Administrator was interviewed on 11/26/18, beginning at 3:41 PM, and Patient #2's surgical procedure observations were reviewed in his presence. He confirmed the in-flow vent needed to be cleaned and stated he would contact the facility's contracted EVS services to ensure it was done.</p> <p>The facility failed to ensure a sanitary operating</p>	Q 241			

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Q 241	<p>Continued From page 21 room environment.</p> <p>3. The facility's 2 Steris autoclaves were observed in the presence of the CST on 11/26/18, beginning at 3:00 PM. Both autoclaves were located inside the "clean" room of the surgical equipment reprocessing area. The top surface of both autoclaves had a large amount of dust and debris. This had the potential for introducing foreign debris onto sterile surgical equipment.</p> <p>The Administrator was interviewed on 11/26/18, beginning at 3:41 PM, and the surgical equipment reprocessing area observations were reviewed in his presence. He confirmed the tops of the 2 autoclaves needed to be cleaned and stated he would contact the facility's contracted EVS services to ensure it was done.</p> <p>The facility failed to ensure a sanitary surgical equipment reprocessing environment.</p> <p>4. An observation of the facility's medication preparation area was conducted with an RN on 11/28/18, beginning at 11:19 AM. During the observation, several open and closed containers full of coffee and water were noted in the medication preparation area. When asked if those items should be present in an aseptic area used for medication preparation, the RN stated "no."</p> <p>The facility failed to ensure a sanitary medication preparation environment.</p> <p>5. Patient #2 was a 55 year old female who was admitted to the facility on 11/26/18, for left arm surgery. Her surgical procedure was observed that same day. During her surgical procedure, at</p>	Q 241			



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Q 241	<p>Continued From page 22</p> <p>approximately 2:31 PM, a container of Clorox household wipes was noted on top of the anesthesia cart. When asked what the Clorox household wipes were used for, the CRNA responded "they are used to wipe down cart and equipment between cases."</p> <p>The Administrator was interviewed on 11/26/18, beginning at 3:41 PM, and Patient #2's surgical observations were reviewed in his presence. When asked if the Clorox household wipes were EPA rated for use in healthcare settings, he stated "no." The Administrator stated he would discard all containers of Clorox household wipes located in patient-care areas and order new, EPA rated cleaning wipes.</p> <p>The facility failed to ensure its disinfectant chemicals were EPA rated for use in healthcare settings.</p> <p>6. Patient #2 was a 55 year old female who was admitted to the facility on 11/26/18, for left arm surgery. Her surgical procedure was observed that same day. During her surgical procedure, at approximately 2:23 PM, the Scrub Tech, who was also an RN, was wearing a surgical cap with approximately 4 - 5 inches of exposed hair at the base. During the surgical procedure, the Scrub Tech's exposed hair was noted directly above the surgical equipment sterile field. This had the potential for introducing foreign debris onto sterile surgical equipment.</p> <p>The Scrub Tech was interviewed on 11/26/18, beginning at 3:02 PM. She confirmed her hair should have been completely covered by her surgical cap.</p>	Q 241		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  11/28/2018
NAME OF PROVIDER OR SUPPLIER  PLEASANT VIEW SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4171 WEST EXPO PARKWAY POST FALLS, ID 83854		
(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 241	Continued From page 23 The facility failed to ensure a sanitary environment for surgical equipment.	Q 241			

## Action Plan

**Date:** 12.19.18

**Prefix Tag (CMS Section):** Q 041 CONTRACT SERVICES

**Problem Narrative/Background/Details:** *Problem:* The ASC failed to establish a process to ensure contracted services were provided in safe and effective manner.

### **Solutions/Action Plan:**

**POC 1:** Contract binders have been reviewed by the administrator to determine which contracts are current and valid.

**POC 2:** Countersigned documents have been gathered and assembled in the contract binder.

**POC 3:** A spreadsheet has been created to document all current contracts and expiration dates.

**POC 4:** Present any quality/infection related contracting to the QAPI Committee quarterly meetings. Meeting scheduled 1.08.2019

**POC 5:** Present contracts for yearly review to the Board. Meeting scheduled on 1.15.2019. Contract review is on the agenda.

**Completion Date or Expected Completion Date:** 1.15.2019

**Monitoring/Tracking:** Administrator will review and modify spreadsheet when new contracts added. Member meeting minutes, QAPI meeting minutes, and consent agenda will reflect continuing governing body review of contracts.

**Responsible Party:** [REDACTED] - Administrator

## Action Plan

**Date:** 12.20.18

**Prefix Tag (CMS Section):** Q 162 FORM AND CONTENT OF RECORD

**Problem Narrative/Background/Details: *Problem:*** The ASC failed to ensure medical records were legible, complete, and/or accurate for 20 of 20 patients.

### **Solutions/Action Plan:**

**Problem 1:** Illegible documentation

**POC 1:** Nurse has been made aware of penmanship issues and illegible documentation. Nurse in question has produced notably improved legibility with charting since initial discussion with administrator.

**Monitoring/Tracking:** Administrator will continue to monitor and has informed staff to watch for penmanship issues during regular chart audits.

**Problem 2:** Patients were not provided with a copy of the Patient Rights and Responsibilities during registration.

**POC 2:** A copy is framed and posted in the lobby, but a copy was not provided to each patient. Patient rights and responsibilities form was added to the registration packet

**Monitoring/Tracking:** Completed 11.29.18

**Problem 3:** Surgical consents did not include the time patient signed.

**POC 3:** Administrator reviewed requirement with all staff and providers. To facilitate compliance a time blank has been added to all anesthesia and surgical consent forms.

**Monitoring/Tracking:** Completed 11.29.18

**Problem 4:** Airway evaluation section left blank.

**POC 4:** Administrator reviewed with anesthesia providers and nursing staff. Audit process already in place should catch these issues if recurring event. Considered an isolated issue.

**Monitoring/Tracking:** Completed. Audit process already in place.

**Problem 5:** The post-operative order sheets were unclear as to which pain medication the RN could give first, second, third, etc., or concurrently, and which would be given for mild, moderate, and severe pain.

**POC 5:** New Post-op order sheet was developed to address the post-op pain medication administration sequence based upon the numerical pain rating scale.

**Monitoring/Tracking:** New form created and implemented on 12.20.18.

**Problem 6:** The post-operative order sheets were unclear as to which nausea medication the RN could give first, second, third, etc., or concurrently, and which would be given for mild, moderate, and severe nausea.

**POC 6:** New Post-op order sheet was developed to address the post-op nausea medication administration sequence based upon the severity of nausea.

**Monitoring/Tracking:** New form created and implemented on 12.20.18.

**Problem 7:** Procedure consent form did not include the name of the individual authorized to perform the procedure.

**POC 7:** The form contained several small checkboxes indicating the provider authorized to perform the procedure. It was determined this was easy to overlook by both the provider and staff. The form was amended to contain a large blank prompting the nurse to fill in the provider. Staff was also educated regarding the changes by administrator.

**Monitoring/Tracking:** Completed 12.03.18

**Problem 8:** Consent for anesthesia did not include the type of anesthesia that would or could be performed.

**POC 8:** The form clearly has options to choose from and should always be marked. Reviewed deficiency with nursing staff and anesthesia providers and they reported understanding of the issue. Administrator audited an additional 20 charts and did not find additional occurrences. Audit process already in place should catch these issues if recurring event. Considered an isolated issue.

**Monitoring/Tracking:** Completed. Audit process already in place.

**Problem 9:** The operative report dated 11/27/18 documented "the patient is to be discharged home in the care of their driver." Operative report was not accurate as it related to patient's discharge.

**POC 9:** Administrator discussed inaccuracy of dictated operative report with provider. He reported he will edit the operative note and remove the inaccurate statement regarding discharge. Added this topic to 1/15/19 board meeting agenda. Administrator will review current policy regarding discharge transportation requirements.

**Monitoring/Tracking:** Expected completion on 1/15/19

**Responsible Party:** [REDACTED] – Administrator and [REDACTED] - Business Office Manager

## Action Plan

**Date:** 12.20.18

**Prefix Tag (CMS Section):** Q 221 NOTICE OF RIGHTS

**Problem Narrative/Background/Details:** *Problem:* The ASC failed to ensure patients and their surrogates were provided verbal and written notice of patient's rights.

**Solutions/Action Plan:**

**POC 1:** In addition to the posted patient's right available in the lobby and on the website, the center has added patient rights to each admit packet with a signature line.

**Monitoring/Tracking:** Completed on 11.29.18

**Responsible Party:** [REDACTED] – Administrator and [REDACTED] - Business Office Manager

## Action Plan

**Date:** 12.20.18

**Prefix Tag (CMS Section):** Q 222 NOTICE OF RIGHTS POSTING

**Problem Narrative/Background/Details:** *Problem:* The ASC failed to ensure the posted notice of rights included the telephone number of a representative in the State agency to whom patients could report complaints.

**Solutions/Action Plan:**

**POC 1:** Added contact info and phone numbers for the Department of Health, facility administrator, and Medicare to the Patient Rights and Responsibilities posting and copy provided during registration.

**Monitoring/Tracking:** Completed on 11.29.18

**Responsible Party:** [REDACTED] – Administrator and [REDACTED] - Business Office Manager



## Action Plan

**Date:** 12.20.18

**Prefix Tag (CMS Section):** Q 225 SUBMISSION AND INVESTIGATION OF GRIEVANCES

**Problem Narrative/Background/Details:** *Problem:* The ASC failed to ensure grievance documentation was maintained.

**Solutions/Action Plan:**

**POC 1:** Grievance policy reviewed with staff during employee meeting on 12.05.18.

**POC 2:** Created Grievance Report Form and made available to all staff on 12.05.18.

**POC 3:** Created a grievance log spreadsheet on 12.05.18.

**POC 4:** Policy will be updated to include regulatory requirement to provide written notice to patient or surrogates after investigation of grievance. Board Meeting scheduled 1.15.2019. Policy update approval will be included on consent agenda.

**POC 5:** Grievance report will be included on all quarterly QAPI and Board member meetings for review. Next meeting scheduled on 1.15.2019.

**Completion Date or Expected Completion Date:** 1.15.2019

**Monitoring/Tracking:** Administrator will review and monitor any grievances reported per policy. Member meeting minutes, Qapi meeting minutes, and consent agenda will reflect continuing governing body review of grievances.

**Responsible Party:** [REDACTED] - Administrator

## Action Plan

**Date:** 12.20.18

**Prefix Tag (CMS Section):** Q 241 SANITARY ENVIRONMENT

**Problem Narrative/Background/Details:** *Problem:* The ASC failed to maintain a functional and sanitary environment for patients receiving care at the facility.

### **Solutions/Action Plan:**

#### **Problem 1:** Hand Hygiene

**POC 1:** Already performing handwashing audits. Infection control nurse will dedicate additional time in the operative area. Added additional hand antiseptic dispensers in the OR area. Reviewed deficiency and provided education during staff meeting on 12.05.18. CDC handwashing guidelines were reviewed. CDC guidelines were also posted throughout center.

**Monitoring/Tracking:** Infection control nurse and administrator

**Problem 2:** Inflow vent in the surgical suite had visible build up of dust and debris and top of autoclave revealed dust.

**POC 2:** Spoke to OR staff to monitor more closely. Janitorial service was contacted immediately to clean that evening. Cleaning schedule was reviewed and updated in the presence of janitorial service supervisor. Weekly cleaning quality control reports to be sent to Scott Berger and Scott Sloane. Reports will be communicated in quarterly QAPI meeting.

**Monitoring/Tracking:** Completed 11.29.18 QAPI meeting minutes will reflect ongoing review.

**Problem 3:** Several open containers of coffee and water were noted in the medication preparation area.

**POC 3:** Administrator reviewed deficiency with staff. Sign was placed stating "Med prep area. No food or drink"

**Monitoring/Tracking:** Completed 11.29.18

**Problem 4:** Clorox household wipes were noted on top of anesthesia cart.

**POC 4:** Administrator reviewed deficiency with staff. Clorox Healthcare wipes were ordered immediately and received on 12.03.18. Old wipes were removed from clinical areas and replaced with appropriate wipes.

**Monitoring/Tracking:** Completed 12.03.18

**Problem 5:** Surgical nurse had 4-5 inches of hair exposed at the base of her surgical cap during a procedure.

**POC 5:** Administrator reviewed deficiency with staff. Staff instructed to watch self as well as others for potential breach of sterile technique. Staff with longer hair recommended to double bouffant to better contain hair.

**Monitoring/Tracking:** Completed 11.29.18

**Responsible Party:** [REDACTED] – Administrator, [REDACTED] – Infection Control Nurse