



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DAVE JEPPESEN – Director

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RECEIVED

FEB 13 2019

FACILITY STANDARDS

February 6, 2019

Adam Reynolds, Administrator
Eagle Eye Surgery And Laser Center
3090 Gentry Way, Suite 100
Meridian, ID 83642

RE: Eagle Eye Surgery And Laser Center, Provider #13C0001032

Dear Dr. Reynolds:

This is to advise you of the findings of the Medicare survey of Eagle Eye Surgery And Laser Center, which was conducted on January 30, 2019.

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

Adam Reynolds, Administrator
February 6, 2019
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- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

After you have completed your Plan of Correction, return the original to this office by **February 15, 2019**, 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 initial "D" and "K".

DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DK/pmt
Enclosures

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

PRINTED: 01/30/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2019
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NAME OF PROVIDER OR SUPPLIER EAGLE EYE SURGERY AND LASER CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3090 GENTRY WAY, SUITE 100 MERIDIAN, ID 83642
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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
Q 000	INITIAL COMMENTS The following deficiency was cited during the Medicare recertification survey of your surgery center. Surveyors conducting the recertification were: Weslianne Lewis, RN, HFS, Team Leader Gary Gulles, RN, HFS Patricia O'Hara, RN, HFS	Q 000	RECEIVED FEB 13 2019 FACILITY STANDARDS	
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 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. This STANDARD is not met as evidenced by:	Q 225	Q225 416.50(d)(4)(5)(6) SUBMISSION AND INVESTIGATION OF GRIEVANCES PLAN OF CORRECTION: The grievance process will 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. SYSTEMIC CHANGES: Going forward, all grievances made in a complaint will be investigated by the Center Director and addressed in the response letter to the patient. When the complaint/grievance involves a process that originates in the physician's office, the Center Director will discuss those issues with the physician and address that discussion in the response letter to the patient. RESPONSIBLE PARTY AND MONITORING: The Center Director is responsible for ensuring all grievances made in a complaint are	2/11/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Clinical Director</i>	(X6) DATE <i>02-11-2019</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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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NAME OF PROVIDER OR SUPPLIER EAGLE EYE SURGERY AND LASER CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3090 GENTRY WAY, SUITE 100 MERIDIAN, ID 83642
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Q 225	<p>Continued From page 1</p> <p>Based on staff interview and review of grievances, it was determined the surgery center failed to ensure 1 of 1 grievance was investigated and responded to. This prevented the surgery center from identifying potential problems in its practices and correcting them. Findings include:</p> <p>One grievance was documented in 2018. A letter, dated 1/07/18, stated:</p> <ul style="list-style-type: none"> a. The patient did not receive the required pre-surgery "paperwork." b. Post-surgery instructions kept changing and were not clear. c. One consent form was incorrect and another consent form was not given to the patient in a timely manner. d. Nurses argued in front of patients and were distracted from their duties. <p>The only documentation that the complaint was investigated was a letter to the complainant, dated 1/18/18. The letter stated the discharge instructions were confusing. It also stated the nurses' behavior would be reviewed with the nursing staff. The letter did not mention the pre-surgery paperwork or the complaints about the consent forms.</p> <p>The Clinical Director was interviewed on 1/30/19 beginning at 9:45 AM. She stated, except as noted above, there was no documentation of an investigation of the items mentioned in the complaint. She stated the grievances regarding the pre-surgery paperwork and the consents were not addressed.</p> <p>The surgery center failed to investigate grievances made in the complaint.</p>	Q 225	<p>investigated by the Center Director and addressed in the response letter to the patient.</p> <p>The Center Director will log each complaint on the grievance log, including those that involve physician office processes and document a brief description of the follow-up action taken for each of the complaints and a resolution date. A copy of the written response sent to patient/complainant will be kept on file.</p> <p>The Center Director will provide findings from the survey, corrective actions and results of monitoring to the QAPI Committee quarterly for review and recommendations. Recommendations will be submitted to the Governing Body for review and approval.</p>	