

VISIONCARE CENTER OF IDAHO, LLC

3071 East Franklin Road Suite 101 Meridian, Idaho 83642 Phone 208-288-1400 Fax 208-855-0104

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February 15, 2019

Dennis Kelly, RN, Supervisor  
Idaho Department of Health and Welfare  
Non-Long Term Care  
Bureau of Facility Standards  
3232 Elder Street  
Boise, ID 83720

**RECEIVED**  
**FEB 15 2019**  
**FACILITY STANDARDS**

Dear Mr. Kelly,

Enclosed please find our POC relative to our survey, # 13C0001034 of January 30, 2019. Thank you for allowing us the chance to reply and remain in compliance. Should you have further questions, please do not hesitate to notify me or our clinical director, Mrs. Pamela Bitsch.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Martinez" with a date "2/15/19" written below it.

Jorge A. Martinez, M.D.

Medical Director



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

BRAD LITTLE -- Governor  
DAVE JEPPESEN -- 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](mailto:fsb@dhw.idaho.gov)

February 6, 2019

**RECEIVED**

**FEB 15 2019**

**FACILITY STANDARDS**

Pamela Bitsch, Administrator  
Vision Care Center Of Idaho  
3071 East Franklin Road, Suite 101  
Meridian, ID 83642

RE: Vision Care Center Of Idaho, Provider #13C0001034

Dear Ms. Bitsch:

This is to advise you of the findings of the Medicare survey of Vision Care Center Of Idaho, 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

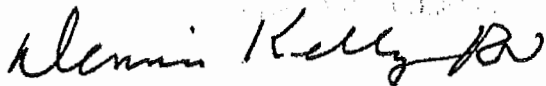
Pamela Bitsch, Administrator  
February 6, 2019  
Page 2 of 2

- 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, stylized "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: 02/05/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/30/2019
NAME OF PROVIDER OR SUPPLIER  VISION CARE CENTER OF IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642	
(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 deficiencies were cited during the Medicare recertification survey of your ASC conducted on 1/29/19 to 1/30/19. Surveyors conducting the recertification survey were:  Brian Osborn, RN, HFS - Team Leader James Brown, RN, HFS  Acronyms used in this report include:  AED - Automated External Defibrillator AORN - Association of periOperative Registered Nurses ASC - Ambulatory Surgery Center COA - Certified Ophthalmologist Assistant HCl - Hydrochloride IC - Infection Control ml - Milliliter PACU - Post Anesthesia Care Unit PPE - Personal Protective Equipment	Q 000	<p><b>RECEIVED</b></p> <p><b>FEB 15 2019</b></p> <p><b>FACILITY STANDARDS</b></p>	
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 medical record review, patient's rights	Q 221		

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

TITLE

(X6) DATE

*[Signature]*

Director

2/14/19

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 221	<p>Continued From page 1</p> <p>review, policy review, and staff interview, it was determined the ASC failed to ensure patients were notified of their rights prior to surgery for 20 of 20 patients (#'s 1 - 20) whose records were reviewed. Additionally, the ASC failed to ensure patient's rights information was provided in a language the patient understood for 1 of 1 patient (Patient #13) who required an language interpreter, and whose record was reviewed. These had the potential for patients to be uninformed about their rights prior to receiving care. Examples include:</p> <p>1. The medical records for Patient #'s 1 - 20 included a form titled "Patient Bill of Rights," multiple dates, signed by the patients and a witness. The form included multiple sections, such as "Advanced Directives," "Disclosure and Patient Agreement," and "Patient Responsibility." The form included an area to document the date it was signed, but did not include a time. It could not be determined if Patient #'s 1 - 20 signed the form prior to their surgical procedure.</p> <p>The Clinical Director was interviewed on 1/30/19, beginning at 8:29 AM, and the "Patient Bill of Rights" form was reviewed in her presence. She confirmed the form did not have a section to document the time it was signed. The Clinical Director confirmed it could not be determined if Patient #'s 1 - 20 signed the form prior to their surgical procedure.</p> <p>The ASC failed to provide Patient #'s 1 - 20 a written notice of patient's rights prior to the start of their surgical procedure.</p>	Q 221	<p>Q221 #1. A place has been added to our patient bill of rights form, which is given to each patient and signed in the presence of a witness at VisionCare Center, to enter the time the form was signed. This will document that the form was signed before the patient was prepared for surgery. See a copy of this form included. The pre/post op nurse does a 100% chart review at the end of each day. She will verify that the time was entered when the patient bill of rights form was signed and report this information to the Clinical Director. Education of the person at the front desk obtaining the signature will be undertaken if the time is not present.</p>	2/12/19	

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Q 221	<p>Continued From page 2</p> <p>2. An ASC policy "PATIENT NOTIFICATION AND ACKNOWLEDGEMENT", dated 6/04/13, stated:</p> <p>"The patient or patient's representative will be provided with verbal and written notice of the patient's rights prior to the procedure, in a language and manner that the patient or patient's representative understands." This policy was not followed. Examples included:</p> <p>A patient admission packet was reviewed. Included in the admission packet was the document "Patient Bill of Rights." The document was in English. However, the facility served non-English speaking patients, as follows:</p> <p>Patient #13 was a 66 year old female, admitted to the ASC on 12/11/18, for cataract surgery of the left eye.</p> <p>Patient #13's medical record included a form titled "Consent to Operation and Administration of Anesthetics." The form was translated for the patient by an employee of the ASC, indicating Patient #13 did not speak English.</p> <p>The Clinical Director and IC Preventionist were interviewed together on 1/30/19, beginning at 9:15 AM. They confirmed Patient # 13 did not speak English, and they used an ASC employee to translate for her. When asked how she was provided patient rights information, the Clinical Director stated the ASC did not have copies of the ASC's patient rights information in languages other than English.</p> <p>The ASC failed to provide Patient #13 written information regarding patient rights in a language that she understood.</p>	Q 221	<p>Q221 #2. Our patient bill of rights form has been translated into Spanish for patients whose primary language is Spanish. Patients who speak other languages will be instructed that they must bring a translator with them. If they are unable to do that, we have a phone number available through which translation services are available. A copy of the Spanish translation, including State agency's physical address and time the form was signed is included with this report. This will ensure that patients who do not understand English will be able to understand the patient rights form.</p>	2/12/19

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Q 222	<p><b>NOTICE OF RIGHTS - POSTING</b> CFR(s): 416.50(a)(1)(i)</p> <p>(1)[...] In addition, the ASC must -</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, patient's rights information review, and staff interview, it was determined the ASC failed to ensure the posted notice of rights included the address 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 written complaint with the State Agency. Findings include:</p> <p>An observation of the ASC's waiting room was conducted in the presence of the Receptionist on 1/29/19, beginning at 8:00 AM. The ASC had a posted notice of patient's rights, however, they did not include the address of the State Agency to whom patients could report complaints.</p> <p>The Clinical Director was interviewed on 1/30/19, beginning at 8:29 AM. She confirmed the posted notice of patient's rights did not include the address of the State Agency.</p> <p>The ASC's posted patient rights information did not include the address of the State Agency.</p>	Q 222	<p>Q222 Our Patient Bill of Rights already included the name and phone number of the State agency where patients may report complaints. The physical address of the agency was added to our form. The web site was already there for Office of the Medicare Beneficiary Ombudsman. This updated form will be given to each patient and signed at the Center prior to surgery. In addition, this updated copy is now on display, in a prominent place, in our waiting room. This will ensure that patients who have a grievance or complaint which they are not able to resolve with Center staff will know where they can go to obtain further assistance.</p>	2/13/19
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Q 241	<p><b>SANITARY ENVIRONMENT</b> 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> <p>This STANDARD is not met as evidenced by: Based on observation, AORN guideline review, and staff interview, it was determined the ASC failed to maintain a sanitary environment. This had the potential to impact all patients receiving services at the ASC and placed patients at an increased risk for infections. Findings include:</p> <p>1. Decontamination of surgical equipment by a COA was observed on 1/29/19, beginning at 10:04 AM.</p> <p>a. Upon entering the reprocessing room, a glass beaker was noted filled with 500 ml of a blue liquid which was resting inside a warmed, sterile water filled basin. When asked what the blue liquid was, the COA stated "the enzymatic cleaner." When asked if she had prepared the enzymatic cleaner, the COA stated "no." When asked who had previously mixed the enzymatic cleaner, the COA stated "[name] (a different COA)." When asked what time the enzymatic cleaner was mixed, the COA stated she was not sure. The COA then proceeded to use the pre-mixed enzymatic cleaner to manually pre-clean the previous case's surgical equipment.</p> <p>The Clinical Director was interviewed on 1/30/19, beginning at 8:29 AM. When asked if there was documentation of when, and by whom, the enzymatic cleaner was mixed, the Clinical</p>	Q 241	<p>Q241 #1 A log has been created and posted at the location where instruments are processed. Exact instructions for mixing the enzymatic solution are posted, along with spaces for date, time and initials of the person mixing the solution. Instructions are posted that instruments will be rinsed with de-ionized water before coming into contact with the enzymatic solution and it will be changed and documented as needed according to bio-burden present.</p>	2/11/19	



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Q 241	<p>Continued From page 5</p> <p>Director stated no. When asked if fresh enzymatic cleaner was prepared between surgical equipment sets, the Clinical Director stated she was unsure. The Clinical Director confirmed the concentration, time, date, and by whom the enzymatic was mixed should have been documented.</p> <p>The ASC failed to maintain a sanitary environment for reprocessing and disinfection of surgical instruments.</p> <p>b. During the decontamination of the surgical equipment, the COA wore the following PPE:</p> <ul style="list-style-type: none"> <li>- Head cover</li> <li>- Face shield</li> <li>- Mask</li> <li>- Shoe covers</li> </ul> <p>The COA did not wear a fluid-resistant gown with sleeves.</p> <p>"AORN Guidelines for Perioperative Practice 2015 Edition" stated "Personnel working in the decontamination area and handling contaminated instruments must wear PPE...a fluid-resistant gown with sleeves..."</p> <p>An ASC PPE policy was requested from the Clinical Director, but not provided prior to survey exit.</p> <p>The Clinical Director was interviewed on 1/30/19, beginning at 8:29 AM. When asked what nationally recognized guidelines for equipment reprocessing and infection control the ASC followed, she stated "AORN." The Clinical Director confirmed the COA should have worn a</p>	Q 241	<p>Q241 The log will be reviewed daily by the Clinical Director to make sure it is being completed by the staff member who mixes the enzymatic solution each time it is mixed. This will document that the cleaning solution is properly mixed according to IFU from manufacturer thus ensuring instruments are properly rinsed and cleaned before being sterilized.</p> <p>Q241 Our policy/procedure has been updated to read that personnel working in the decontamination area will wear a "gown with sleeves" while cleaning instruments. This was approved by the Medical and Clinical Directors and staff was instructed regarding this update. This will ensure that staff do not come into contact with OPIM while cleaning instruments. The Clinical Director will monitor that staff are complying with this change.</p> <p>A copy of the updated policy (known as Exposure Control Methods in our facility) is included here.</p>	<p>2/11/19</p> <p>2/12/19</p>	

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Q 241	<p>Continued From page 6 fluid-resistant gown when decontaminating surgical equipment.</p> <p>The COA failed to follow AORN guidelines for surgical equipment decontamination.</p> <p>2. A tour of the ASC was conducted in the presence of a COA on 1/29/19, beginning at 9:03 AM. During the tour, surgical scrubs worn by ASC staff were noted in the changing room. When asked if the scrubs were provided by the ASC, the COA stated "yes." When asked if the scrubs were laundered by a contracted company or on the ASC's property, the COA stated "staff takes the scrubs home to wash and bring them back."</p> <p>"AORN Guidelines for Perioperative Care 2015 Edition," stated "All individuals who enter the semi-restricted and restricted areas should wear scrub attire that has been laundered at a health care-accredited laundry facility or disposable scrub attire provided by the facility and intended for use within the perioperative setting."</p> <p>The Clinical Director was interviewed on 1/30/19, beginning at 8:29 AM. When asked what nationally recognized guidelines the ASC followed for laundry and infection control, she stated "AORN." When asked if staff laundered ASC provided scrubs in their homes, the Clinical Director stated "yes" and confirmed the ASC failed to follow AORN guidelines.</p> <p>The ASC failed to follow AORN guidelines for laundering of surgical attire.</p>	Q 241	<p>Q241 We have extended our contract with AlSCO Linen Services to include the rental and laundering of surgical scrubs for the facility. This will ensure our compliance with AORN guidelines.</p>	2/14/19	