IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN– Director

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DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
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January 8, 2019

Tracy McGeorge, Administrator
Southwest Idaho Surgery Center
900 North Liberty Street, Suite 400
Boise, ID 83704

RE: Southwest Idaho Surgery Center, Provider #13C0001021

Dear Ms. McGeorge:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Southwest Idaho Surgery Center on January 3, 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:

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.

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 **January 21, 2019,** 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, option 3.

Sincerely,

Nate Elkins
Supervisor
Facility Fire Safety & Construction Program

NE/lj

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001021	A. BUILDING 01 - ENTIRE ASC FLOOR B. WING	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO SURGERY CENTER	900 NORTH LIBERTY STREET, SUITE 400 BOISE, ID 83704

(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	INITIAL COMMENTS Southwest Idaho Surgery Center is located on the fourth floor of a fire resistive medical office building who's construction was completed in November of 1997. The Center occupies approximately one third of the floor with the Physician's office practice occupying the remainder of the floor. The building is protected throughout by an automatic fire extinguishing system; a supervised, addressable fire alarm system; and portable fire extinguishers. The floor is served by two (2) enclosed stairways that discharge directly to the exterior. A Type I Essential Electrical System serves the Center along with piped in Medical gasses and vacuum installed per applicable requirements of NFPA Std 99. The Center is separated into two (2) smoke zones by a one (1) hour rated smoke barrier partition and the Center is one (1) hour separated from the common exit access corridor of the floor and the adjoining physician's office practice. The following deficiencies were cited during the fire/life safety survey conducted on January 3, 2019. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies, in accordance with 42 CFR 416.44. The surveyor conducting the survey was: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 1/15/19

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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K 131	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Ambulatory Health Care Facilities Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following: * The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access. * They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating. Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: * Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab. * Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches. * Doors are self-closing and are kept in the closed position, except when in use. * Windows in the barriers are of fixed fire window assemblies per 8.3. Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1,42 CFR 416.44 This STANDARD is not met as evidenced by: Based on observation, operational testing and interview, the facility failed to provide proper separation from other tenants and occupancies. Failure to separate occupancies with rated assemblies provides potential extension of fire and smoke during a fire event. This deficient	K 131	SEE ATTACHED	

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K 131	Continued From page 2 practice affected staff and visitors on the date of the survey. Findings include: During the facility tour on January 3, 2019, from approximately 3:00 PM to 3:30 PM, a common staff break room located between the surgery center and the medical practice was observed to have a 1-hour rated, self-closing door on each side of the room, providing separation between the two occupancies. However, both doors were being held open with door chalks, preventing the separation of the two occupancies. When asked, the RN and Clinic Manager stated the facility was not aware the doors could not be held open. Actual NFPA standard: NFPA 101 21.3.7.1 Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following requirements: (1) Walls shall have not less than a 1-hour fire resistance rating and shall extend from the floor slab below to the floor or roof slab above. (2) Doors shall be constructed of not less than 1-3/4 in. (44 mm) thick, solid-bonded wood core or the equivalent and shall be equipped with positive latches. (3) Doors shall be self-closing and shall be kept in the closed position, except when in use. (4) Any windows in the barriers shall be of fixed fire window assemblies in accordance with Section 8.3.	K 131		
K 211	Means of Egress - General CFR(s): NFPA 101	K 211	SEE ATTACHED	

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K 211	Continued From page 3 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 20/21.2.2 through 20/21.2.11. 20.2.1, 21.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure exits were maintained free of obstructions for full use at all times. Failure to keep exits clear could hinder the safe evacuation of occupants during an emergency. This deficient practice affected staff and visitors on the date of the survey. Findings include: During the facility tour on January 3, 2019, from approximately 3:00 PM to 3:30 PM, observation of the Northeast hallway and exit revealed it was blocked from full access by a scrub cart, soiled linen cart, and empty cardboard boxes. When asked, the RN and Clinic Manager stated they understood the importance of keeping this exit clear for emergency evacuation but had outgrown their space and had nowhere else to store these items. Actual NFPA standard: 21.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access	K 211	SEE ATTACHED	

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K 211	Continued From page 4 shall be in accordance with Chapter 7, unless otherwise modified by 21.2.2 through 21.2.11. 7.1.10.1* General. Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.	K 211		
K 712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 21.7.1.4 through 21.7.1.7 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to initiate the fire alarm signal, simulate emergency fire conditions during fire drills and provide documentation of required fire drills, one per shift per quarter. Failure to perform fire drills on each shift quarterly, simulating emergency fire conditions with the transmission of the fire alarm, could result in confusion and hinder the safe evacuation of occupants during a fire event. This deficient practice affected staff and visitors on the date of the survey. Findings include: During record review on January 3, 2019, from approximately 9:00 AM to 12:00 PM, fire drill	K 712	SEE ATTACHED	

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K 712	Continued From page 5 documentation revealed the facility failed to activate the fire alarm and simulate emergency fire conditions during fire drills. Fire drills were being table topped and included training on fire safety, but there was no actual simulation of a fire event or physical response by staff. Further review revealed the facility failed to perform a fire drill during second quarter 2018. When asked, the RN and Clinic Manager stated the facility did not activate the alarm because when activated, it alarms the entire four-story building, not just the 4th floor where the surgery center is located. The facility was concerned with causing panic on the other floors or inconveniencing medical practices located there with a building evacuation because of performing a fire drill. She further stated the facility was unaware of the missing second quarter drill or the requirement to simulate a fire with a physical staff response, and believed the training being held quarterly had met the fire drill requirement. Actual NFPA standard: 21.7.1.4* Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 21.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.	K 712	SEE ATTACHED	
K 781	Portable Space Heaters CFR(s): NFPA 101 Portable Space Heaters	K 781	SEE ATTACHED	

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K 781	Continued From page 6 Portable space heating devices shall be prohibited in all health care occupancies. Except, when used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 20.7.8, 21.7.8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to prohibit portable space heaters in patient areas. Portable space heaters in patient areas is considered a significant risk due to the history of fires caused by space heaters. This deficient practice affected staff and visitors on the date of the survey. Findings include: During the facility tour on January 3, 2019, from approximately 3:00 PM to 3:30 PM, observation revealed a portable space heater located in the business office, under a staff member's desk. The business office is connected to patient pre-op and post-op recovery areas. When discovered, the staff member stated it was not currently in use. The RN and Clinic Manager further stated the facility was not aware the space heater was in the facility. Actual NFPA standard: 21.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all ambulatory health care occupancies, unless both of the following criteria are met:	K 781	SEE ATTACHED	

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K 781	Continued From page 7 (1) Such devices are used only in nonsleeping staff and employee areas. (2) The heating elements of such devices do not exceed 212°F (100°C).	K 781		
K 907	Gas and Vacuum Piped Systems - Maintenance Pr CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Maintenance Program Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99) This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that positive pressure gas central piping systems and medical-surgical vacuum systems have a documented maintenance program. Failure to inventory, inspect, and maintain these systems, by a qualified person, could result in fire, explosion, or a lack of system performance as designed. This deficient practice affected all patients, staff and visitors on the date of the survey. Findings include:	K 907	SEE ATTACHED	

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K 907	Continued From page 8 During record review on January 3, 2019, from approximately 9:00 AM to 12:00 PM, no documentation of a maintenance program for the positive pressure gas central piping systems and medical-surgical vacuum systems could be produced. When asked about the missing documentation, the RN and Clinic Manager stated the facility believed St. Alphonsus maintenance had a written plan for the maintenance of the piped gas system and were responsible for maintaining the system. However, when St. Alphonsus was contacted, they stated they did not manage the piped gas system and had no documentation for the surgery center's system. Actual NFPA standard: NFPA 99 5.1.14.2.1* General. Health care facilities with installed medical gas, vacuum, WAGD, or medical support gas systems, or combinations thereof, shall develop and document periodic maintenance programs for these systems and their subcomponents as appropriate to the equipment installed. 5.1.14.2.2 Maintenance Programs. 5.1.14.2.2.1 Inventories. Inventories of medical gas, vacuum, WAGD, and medical support gas systems shall include at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases, and outlets. 5.1.14.2.2.2* Inspection Schedules. Scheduled inspections for equipment and procedures shall be established through the risk assessment of the facility and developed with consideration of the original equipment manufacturer	K 907	SEE ATTACHED	

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K 907	Continued From page 9 recommendations and other recommendations as required by the authority having jurisdiction. 5.1.14.2.2.3 Inspection Procedures. The facility shall be permitted to use any inspection procedure(s) or testing methods established through its own risk assessment. 5.1.14.2.2.4 Maintenance Schedules. Scheduled maintenance for equipment and procedures shall be established through the risk assessment of the facility and developed with consideration of the original equipment manufacturer recommendations and other recommendations as required by the authority having jurisdiction. 5.1.14.2.2.5 Qualifications. Persons maintaining these systems shall be qualified to perform these operations. Appropriate qualification shall be demonstrated by any of the following: (1) Training and certification through the health care facility by which such persons are employed to work with specific equipment as installed in that facility (2) Credentialing to the requirements of ASSE 6040, Professional Qualification Standard for Medical Gas Maintenance Personnel (3) Credentialing to the requirements of ASSE 6030, Professional Qualification Standard for Medical Gas Systems Verifiers 5.1.14.2.3 Inspection and Testing Operations. 5.1.14.2.3.1 General. The elements in 5.1.14.2.2.2 through 5.1.15 shall be inspected or tested as part of the maintenance program as follows: (1)*Medical air source, as follows: (a) Room temperature (b) Shaft seal condition (c) Filter condition (d) Presence of hydrocarbons (e) Room ventilation (f) Water quality, if so equipped	K 907	SEE ATTACHED	

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K 907	Continued From page 10 (g) Intake location (h) Carbon monoxide monitor calibration (i) Air purity (j) Dew point (2)*Medical vacuum source - exhaust location (3) WAGD source - exhaust location (4)*Instrument air source - filter condition (5)*Manifold sources (including systems complying with 5.1.3.5.10, 5.1.3.5.11, 5.1.3.5.12, and 5.1.3.5.13), as follows: (a) Ventilation (b) Enclosure labeling (6) Bulk cryogenic liquid source inspected in accordance with NFPA 55, Compressed Gases and Cryogenic Fluids Code (7) Final line regulation for all positive pressure systems - delivery pressure (8)*Valves - labeling (9)*Alarms and warning systems-lamp and audio operation (10) Alarms and warning systems, as follows: (a) Master alarm signal operation (b) Area alarm signal operation (c) Local alarm signal operation (11)*Station outlets/inlets, as follows: (a) Flow (b) Labeling (c) Latching/delatching (d) Leaks 5.1.14.2.3.2 Manufactured Assemblies Employing Flexible Connection(s) Between the User Terminal and the Piping System. (A) Non-stationary booms and articulating assemblies, other than head walls utilizing flexible connectors, shall be tested for leaks, per manufacturer ' s recommendations, every 18 months or at a duration as determined by a risk assessment. (B) The system pressure to non-stationary booms	K 907	SEE ATTACHED	

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K 907	Continued From page 11 and articulating arms shall be maintained at operating pressure until each joint has been examined for leakage by effective means of leak detection that is safe for use with oxygen. (C) Safe working condition of the flexible assemblies shall be confirmed. (D) D.I.S.S. connectors internal to the boom and assemblies shall be checked for leakage. (E) Leaks, if any, shall be repaired (if permitted), or the components replaced (if required), and the equipment retested prior to placing the equipment back into service. (F) Additional testing of non-stationary booms or articulating arms shall be performed at intervals defined by documented performance data. 5.1.14.3 Medical Gas and Vacuum Systems Information and Warning Signs. 5.1.14.3.1 The gas content of medical gas and vacuum piping systems shall be labeled in accordance with 5.1.11.1. 5.1.14.3.2 Labels for shutoff valves shall be in accordance with 5.1.11.2 and updated when modifications are made changing the areas served. 5.1.14.4 Medical Gas and Vacuum Systems Maintenance and Record Keeping. See B.5.2. 5.1.14.4.1 Permanent records of all tests required by 5.1.12.3.1 through 5.1.12.3.14 shall be maintained in the organization ' s files. 5.1.14.4.2 The supplier of the bulk cryogenic liquid system shall, upon request, provide documentation of vaporizer(s) sizing criteria to the facility. 5.1.14.4.3 An annual review of bulk system capacity shall be conducted to ensure the source system has sufficient capacity. 5.1.14.4.4 Central supply systems for nonflammable medical gases shall conform to the following:	K 907	SEE ATTACHED	

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K 907	Continued From page 12 (1) They shall be inspected annually. (2) They shall be maintained by a qualified representative of the equipment owner. (3) A record of the annual inspection shall be available for review by the authority having jurisdiction. 5.1.14.4.5 A periodic testing procedure for nonflammable medical gas and vacuum and related alarm systems shall be implemented. 5.1.14.4.6 Whenever modifications are made that breach the pipeline, any necessary installer and verification test specified in 5.1.12 shall be conducted on the downstream portions of the medical gas piping system. 5.1.14.4.7 Procedures, as specified, shall be established for the following: (1) Maintenance program for the medical air compressor supply system in accordance with the manufacturer ' s recommendations (2) Facility testing and calibration procedure that ensures carbon monoxide monitors are calibrated at least annually or more often if recommended by the manufacturer (3) Maintenance program for both the medical-surgical vacuum piping system and the secondary equipment attached to medical-surgical vacuum station inlets to ensure the continued good performance of the entire medical-surgical vacuum system (4) Maintenance program for the WAGD system to ensure performance 5.1.14.4.8 Audible and visual alarm indicators shall meet the following requirements: (1) They shall be periodically tested to determine that they are functioning properly. (2) Records of the test shall be maintained until the next test is performed. 5.1.14.4.9 Medical-surgical vacuum station inlet terminal performance, as required in	K 907	SEE ATTACHED	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001021	A. BUILDING 01 - ENTIRE ASC FLOOR B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO SURGERY CENTER	900 NORTH LIBERTY STREET, SUITE 400 BOISE, ID 83704

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K 907	Continued From page 13 5.1.12.3.10.4, shall be tested as follows: (1) On a regular preventive maintenance schedule as determined by the facility maintenance staff (2) Based on flow of free air (Nl/min or SCFM) into a station inlet while simultaneously checking the vacuum level 5.1.15* Category 1 Maintenance. Facilities shall have a routine maintenance program for their piped medical gas and vacuum systems. 5.2 Category 2 Piped Gas and Vacuum Systems. 5.2.1* Applicability. These requirements shall apply to health care facilities that qualify for Category 2 systems as referenced in Chapter 4. 5.2.1.1 Section 5.2 through 5.2.12 shall apply to new health care facilities or facilities making changes that alter the piping. 5.2.1.2 Subsection 5.2.13 5.2.14* Category 2 Maintenance. Facilities shall have a routine maintenance program for their piped medical gas and vacuum systems. 5.3.13.4.2 A periodic testing procedure for Category 3 gas and vacuum systems and related alarm systems shall be implemented.	K 907		
K 908	Gas and Vacuum Piped Systems - Inspection and CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This STANDARD is not met as evidenced by: Based on record review and interview, the facility	K 908	SEE ATTACHED	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001021	A. BUILDING 01 - ENTIRE ASC FLOOR B. WING _____	01/03/2019

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K 908	Continued From page 14 failed to ensure positive pressure gas central piping systems and medical-surgical vacuum systems are inspected and tested annually as part of a maintenance program. Failure to test and inspect these systems could result in fire, explosion, or a lack of system performance as designed. This deficient practice affected all patients, staff and visitors on the date of the survey. Findings include: During record review on January 3, 2019, from approximately 9:00 AM to 12:00 PM, no documentation could be produced for an annual inspection and testing of the positive pressure gas central piping systems and medical-surgical vacuum systems. When asked about the missing documentation, the RN and Clinic Manager stated the facility believed St. Alphonsus maintenance department was responsible for maintaining the piped gas system and medical-surgical vacuum system. However, when St. Alphonsus was contacted, they stated they did not manage the piped gas system and had no documentation for the surgery center's system. Actual NFPA standard: NFPA 99 5.1.14.4.4 Central supply systems for nonflammable medical gases shall conform to the following: (1) They shall be inspected annually. (2) They shall be maintained by a qualified representative of the equipment owner. (3) A record of the annual inspection shall be available for review by the authority having jurisdiction.	K 908	SEE ATTACHED	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001021	A. BUILDING **01 - ENTIRE ASC FLOOR** B. WING _____	**01/03/2019**

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SOUTHWEST IDAHO SURGERY CENTER
900 N. LIBERTY STE 450
BOISE, ID 83704

CCN#: 13C0001021

DATE OF SURVEY: 01/03/19

PLAN OF CORRECTION

K 131

1. Deficient separation of the two occupancies has been corrected with the removal of the door chalk, sign placement stating closed door requirement, and staff education. Education will be presented at a staff meeting February 4th 2019, describing the NFPA 101 21.3.7.1 requirements.
2. [redacted], Director of Nursing, and [redacted], Life Safety Officer will conduct monthly life safety surveillance, monitoring environmental safety regulations. Surveillance questions regarding closed doors in shared spaces will be added to logs. Compliance documentation will be kept in the Life Safety Log. Compliance reports will be presented annually to the governing body members and quality committee.
3. Staff and physicians will be presented regulatory guidelines February 4th, implementation to immediately follow. Compliance logs to start February 1st, 2019.

K 211

1. Deficient mean of egress in the northeast hallway has been corrected by relocating the scrub cart to the break room, and relocating the soiled linen cart to the men's locker room. Staff has been educated on NFPA 21.2.1 regarding hallway passageway requirements, thus all empty card board boxes will be broken down and removed from the hallway as soon as possible after freight delivery.
2. [redacted], Director of Nursing, and [redacted], Life Safety Officer will conduct monthly life safety surveillance, monitoring environmental safety regulations. Surveillance questions regarding hallway clearance, and the absence of clutter will be added to the logs. Compliance documentation will be kept in the Life Safety Log. Compliance reports will be presented annually to the governing body members and quality committee.
3. Cart relocation and staff education will occur February 4th. Compliance logs to start February 1st 2019.

K 712

1. Deficient quarterly fire drills will be corrected by coordinating with [redacted], allowing for the transmission of the alarm signal and simulation of emergency fire conditions. Drills will include an actual fire alarm pull and actual staff evacuation. The 2018 Quarter 2 fire drill was held in 8/16/18, two months late, but still included in the 4 drills per year requirement. No longer will table-top fire drills be acceptable to meet NFPA 101 21.7.1.4.
2. [redacted], Director of Nursing, and [redacted], Life Safety Officer will ensure compliance and coordinate with Saint Alphonsus quarterly to meet regulatory fire drill guidelines. Drill documentation will be kept in the Education log.

3. Quarter 1 fire drill for 2019 scheduled to be held in conjunction with [redacted] on January 18th at 0730.

K 781

1. The portable space heater has been removed from the building and education has been provided to staff and physicians regarding NFPA 101 21.7.8, correcting the deficiency.
2. [redacted], Director of Nursing, and [redacted], Life Safety Officer will conduct monthly life safety surveillance, monitoring environmental safety regulations. Surveillance questions regarding the presence of portable space heaters will be added to the logs. Compliance documentation will be kept in the Life Safety Log. Compliance reports will be presented annually to the governing body members and quality committee.
3. Staff and physicians will be presented regulatory guidelines February 4th, implementation to immediately follow. Compliance logs to start February 1, 2019.

K 907

1. Please see the attached Medical Gas Maintenance Program, correcting the deficiency. Education has been provided to staff and physicians regarding the updated policy reflecting the NFPA 101 5.1.14.2.1 requirements.
2. [redacted], Director of Nursing, and [redacted], Life Safety Officer will review medical gas maintenance program annually and as needed. Monthly gas alarm inspections will be added to the life safety surveillance. Compliance documentation will be kept in the Life Safety Log. Compliance reports will be presented annually to the governing body members and quality committee.
3. Staff and physicians will be presented regulatory guidelines February 4th, implementation to immediately follow. Compliance logs to start February 1, 2019.

K 908

1. Please see attached annual inspection and testing of the positive pressure gas central piping system and medical-surgical vacuum systems completed 1/7/2019, correcting the deficiency. A service contract was signed 1/4/2019 with [redacted] coordinating annual inspections and continued maintenance. Education will be provided to staff and physicians regarding NFPA 99 5.1.14.4.4 regulatory guidelines.
2. [redacted], Director of Nursing, and [redacted], Life Safety Officer will ensure regulatory compliance with the annual inspection and all components of the medical gas maintenance program. Annual inspection reports will be kept in the Life Safety Log.
3. Staff and physicians will be presented regulatory guidelines February 4th, implementation to immediately follow. Annual inspection completed 1/7/2019.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – 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

January 8, 2019

Tracy McGeorge, Administrator
Southwest Idaho Surgery Center
900 North Liberty Street, Suite 400
Boise, ID 83704

RE: Southwest Idaho Surgery Center, Provider #13C0001021

Dear Ms. McGeorge:

This is to advise you of the findings of the Emergency Preparedness Survey conducted at Southwest Idaho Surgery Center on January 3, 2019.

Based on the results of this survey, Southwest Idaho Surgery Center 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,

Nate Elkins
Supervisor
Facility Fire Safety and Construction Program

NE/[(clerical initials)]

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001021	A. BUILDING _____ B. WING _____	01/03/2019

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E 000	Initial Comments Southwest Idaho Surgery Center is located on the fourth floor of a fire resistive medical office building whose construction was completed in November of 1997. The Center occupies approximately one third of the floor with the Physician's office practice occupying the remainder of the floor. The building is protected throughout by an automatic fire extinguishing system; a supervised, addressable fire alarm system; and portable fire extinguishers. The floor is served by two (2) enclosed stairways that discharge directly to the exterior. A Type I Essential Electrical System serves the Center along with piped in Medical gasses and vacuum installed per applicable requirements of NFPA Standard 99. The Center is separated into two (2) smoke zones by a one (1) hour rated smoke barrier partition and the Center is one (1) hour separated from the common exit access corridor of the floor and the adjoining physician's office practice. The facility was found to be in substantial compliance during the initial Emergency Preparedness Survey conducted on January 3, 2019. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 416.54. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Tracy J Mc | Administrator | 1/15/19

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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