



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

February 20, 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 Fire Life Safety Survey, which was concluded at Eagle Eye Surgery And Laser Center on February 19, 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.

FILE COPY

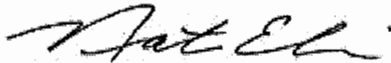
Adam Reynolds, Administrator  
February 20, 2019  
Page 2 of 2

4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 5, 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:  13C0001032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING  B. WING _____	(X3) DATE SURVEY COMPLETED  02/19/2019
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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
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K 000	INITIAL COMMENTS  The Ambulatory Surgical Center is located on the ground floor of a two-story structure of Type III (211) construction. The Center is 4,200 s.f. in area, and was completed in August of 2000. The building is protected throughout by an automatic fire extinguishing system designed per NFPA Std 13 for a light hazard occupancy. The structure is also provided with a complete, off-site monitored, fire alarm system with smoke detection in the Center. The Center is separated from the entry lobby by a one-hour rated wall assembly and from the upper floor by a concrete slab on metal deck supported on metal trusses. There are two (2) exits from the Center with one being through the building's main lobby. The second exit is directly to grade from the Center via an enclosed exit stairwell that serves the second floor. Emergency power/lighting is provided by an on-site, diesel powered, 35 KW automatic generator and wall mounted battery pack lights in the Center.  The facility was surveyed under the provisions of the Life Safety Code, 2012 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies set forth under Medicare. The following deficiencies were cited during the February 19, 2019 recertification survey.  The fire/life safety survey was conducted by  Nate Elkins, Supervisor Facility Fire Safety & Construction Program Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing	K 000		
K 353		K 353	K 353 Sprinkler System- Maintenance and Testing  PLAN OF CORRECTION: The fire sprinkler system will be inspected, tested and maintained in accordance with NFPA 25.	3/15/2019

**RECEIVED**  
MAR 04 2019  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Clinical Director* (X6) DATE *03/04/2019*

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING  B. WING _____	(X3) DATE SURVEY COMPLETED  02/19/2019
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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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K 353	<p>Continued From page 1</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based upon observation and record review the facility failed to maintain automatic sprinkler protection in accordance with NFPA 25, failure to maintain systems appropriately could result in systems not operating correctly in an emergency.</p> <p>Findings Include:</p> <p>During record review and observation of the sprinkler riser room, the facility failed to provide quarterly inspections of the sprinkler system.</p> <p>When asked, the Administrator stated the facility was unaware of the quarterly inspection and testing of the sprinkler system.</p> <p>Reference:</p> <p>NFPA 25.5.1.1.2 Table 5.1.1.2 shall be used to determine the minimum required frequencies for</p>	K 353	<p>SYSTEMIC CHANGES:</p> <p>The Center Director notified the Property Manager of the deficiency. A new agreement has been drawn up with the sprinkler vendor to add the quarterly testing to their schedule. First quarter testing for 2019 is scheduled to be performed on 3/15/2019.</p> <p>RESPONSIBLE PARTY AND MONITORING:</p> <p>The Center Director is responsible for ensuring the fire sprinkler inspections, testing and maintenance occurs per required LSC standards.</p> <p>The Center Director will confirm the 1st quarter maintenance and testing to the sprinkler system upon completion. All reports from the sprinkler vendor will be reviewed to ensure quarterly maintenance and testing occurs. A binder with tabs for placing inspection/maintenance and testing reports of the fire suppression system is maintained for tracking the required frequency of the tests. The Center Director will set up quarterly alerts in the outlook calendar. The Center Director will provide results of this survey, the corrective actions, and results from monitoring activities to the QAPI Committee quarterly for review and recommendations.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/19/2019  
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 01 - ENTIRE ASC WING  B. WING _____	(X3) DATE SURVEY COMPLETED  02/19/2019
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	
(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)	(X6) COMPLETION DATE
K 353	Continued From page 2 inspection, testing, and maintenance.	K 353	Recommendations will be submitted to the Governing Body for review and approval.	



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February 20, 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 Emergency Preparedness Survey conducted at Eagle Eye Surgery And Laser Center on February 19, 2019.

Based on the results of this survey, Eagle Eye Surgery And Laser 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/lj

Enclosures

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

PRINTED: 03/06/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EAGLE EYE SURGERY AND LASER CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3090 GENTRY WAY, SUITE 100 MERIDIAN, ID 83642</b>
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E 000	<p>Initial Comments</p> <p>The Ambulatory Surgical Center is located on the ground floor of a two-story structure of Type III (211) construction. The Center is 4,200 s.f. in area. The building is protected throughout by an automatic fire extinguishing system designed per NFPA Std 13 for a light hazard occupancy. The structure is also provided with a complete, off-site monitored, fire alarm system with smoke detection in the Center. The facility has both county and state EMS services available and is equipped with an on-site diesel-fired 35 KW Emergency Electrical Supply System (EPSS) generator.</p> <p>The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 416.54. The facility was found to be in substantial compliance during the initial Emergency Preparedness Survey conducted on February 19, 2019.</p> <p>The survey was conducted by:</p> <p>Nate Elkins, Supervisor Facility Fire Safety &amp; Construction Program</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		03/04/2019

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.