



C.L. "BUTCH" OTTER – Governor
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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January 19, 2011

David Orchard , Administrator
Les Bois Surgery Center
8950 West Emerald Street, Suite 168
Boise, Idaho 83704

RE: Les Bois Surgery Center, Provider #13C0001036

Dear Mr. Orchard:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Les Bois Surgery Center on January 19, 2011.

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.

FILE COPY

David Orchard, Administrator
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After you have completed your Plan of Correction, return the original to this office by **February 1, 2011**, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark P. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

Printed: 01/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001036	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2011
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NAME OF PROVIDER OR SUPPLIER LES BOIS SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8950 W EMERALD STREET. SUITE 168 BOISE, ID 83704
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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	<p>INITIAL COMMENTS</p> <p>The ASC is part of a single tenant medical office that is located in a multi-tenant building where access to each tenant space is directly from the exterior. The building is of Type V(III) construction and is protected throughout by a complete automatic fire extinguishing system. The ASC/Clinic is separated from the adjoining tenants by a one (1) hour rated wall assembly. The ASC portion of the combined space has a direct exit to the exterior and there are two (2) additional remotely located exits (i.e., front/rear) accessible through the attached clinic. There is a one (1) hour rated wall separating the ASC from the clinic with two (2) openings in the wall that are provided with rated door assemblies that are on a fire alarm release hold open device. The ASC/Clinic is provided with a fire alarm/smoke detection system that is part of the building's overall fire alarm system. A manual fire alarm pull station is located at each of the three (3) exterior doors. Emergency power/lighting is provided by a combination of emergency battery packs in the exit signs/selected lights and an on-site automatic emergency generator. The emergency power is a Type 3 system per NFPA Standard 99.</p> <p>The life safety survey was conducted On January 12, 2011 by Mark P. Grimes, Supervisor, Facility Fire Safety & Construction, Bureau of Facility Standards, Idaho Department of Health and Welfare.</p> <p>The following deficiencies are cited based upon compliance with the Life Safety Code, 2000 Edition, Chapter 21, Existing Ambulatory Health Care Occupancy in accordance with 42 CFR 416.44(b)(1):</p>	K 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 31 2011</p> <p style="text-align: center;">FACILITY STANDARDS</p>	
K 050	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p>	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/28/11
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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 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 050	<p>Continued From page 1</p> <p>Fire drills are held at 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. 20.7.1.2, 21.7.1.2</p> <p>This Standard is not met as evidenced by: Based upon record review and staff interview on January 12, 2011, the facility failed to document fire drills being conducted at least quarterly on every shift.</p> <p>Findings include:</p> <p>During the record review conducted on January 12, 2011 between 9:30 AM and 11:30 AM, only one fire drill was found to be recorded for the past 12 months. No records were available to indicate the type of simulation, or if the alarm was transmitted. Without adequate documentation there is no means to determine if staff are trained in all procedures, including transmission of alarms. Interview with the facility administrator revealed the facility had not documented any drills other than those found within the record.</p> <p>Actual NFPA reference:</p> <p>NFPA 101, Ambulatory Health Care Occupancies 21.7.1.2*</p> <p>Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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. When drills are conducted between 9:00 p.m. (2100 hours) and</p>	K 050	<p>Per the Fire Drill Policy, the Les Bois Surgery Center will conduct quarterly fire drills at unexpected times during business hours, so that all Staff members will be able to participate. A Fire Drill was conducted on 1/26/11 and the "Fire Catch" policy was discussed at that time. In order to ensure that fire drills are part of an established routine, it has been added to the ASC's electronic calendar that will remind the Administrator to conduct fire drills quarterly.</p>	1/26/11

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K 050	Continued From page 2 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. A.21.7.1.2 Many health care occupancies conduct fire drills without disturbing patients by choosing the location of the simulated emergency in advance and by closing the doors to patients' rooms or wards in the vicinity prior to the initiation of the drill. The purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan. Its purpose is not to disturb or excite patients. Fire drills should be scheduled on a random basis to ensure that personnel in health care facilities are drilled not less than once in each 3-month period. Drills should consider the ability to move patients to an adjacent smoke compartment. Relocation can be practiced using simulated patients or empty wheelchairs.	K 050		
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Based upon record review and staff interview on, January 12, 2011, the facility failed to ensure policies and procedures were in place to safeguard patients and staff in the event of safety system failures or outages.	K 130	A new policy has been approved by the Governing Board of the ASC to ensure the safety of patients and staff in the event of a fire alarm or sprinkler system outage of longer than 4 hours. Per the	1/28/11

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K 130	Continued From page 3 Findings include: During the record review no policy or procedure could be identified that prompted employees to either evacuate or implement a fire watch should either the fire alarm system or sprinkler system suffer an unscheduled outage for longer than four hours. Interview with the administrator revealed the facility was unaware of this requirement. Actual NFPA references: NFPA 101 - 9.6.1.8* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. NFPA 101 - 9.7.6.1 Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.	K 130	<i>guidelines found on the Idaho Dept of Health and Welfare website, a Fire Watch will take place if the previously mentioned condition occurs. The criteria includes: Notification, Patrol, Prevention, Communication, and Documentation. Several employees received training on 1/26/11 and the remaining staff received training on 1/28/11. As part of the Fire Drill training - the Fire Watch policy will be discussed to ensure that all staff is trained</i>	
K 147	416.44(b)(1) LIFE SAFETY CODE STANDARD Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1 This Standard is not met as evidenced by: Based upon observation and staff interview on January 12, 2011 at 9:30 AM, the facility failed to ensure adequate electrical safety in accordance with NFPA 70.	K 147		

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K 147	Continued From page 4 Findings include: During the facility tour between 9:20 and 9:45 AM, on January 12, 2011, a six way multi-plug adaptor was observed in the procedure room powering two non medical devices. The use of such equipment can cause overloading of a circuit causing loss of power to the entire branch circuit or over heat and cause ignition. Interview with the facility administrator revealed he was unaware of the multi-plug adaptor being used the rating of the circuit, or if it was listed for such use. Actual NFPA reference: NFPA 70 - 110.3 Examination, Identification, Installation, and Use of Equipment. (A) Examination. In judging equipment, considerations such as the following shall be evaluated: (1) Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. (2) Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided (3) Wire-bending and connection space (4) Electrical insulation (5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service (6) Arcing effects (7) Classification by type, size, voltage, current	K 147	The multi-plug adaptor has been removed from the facility. Any future equipment added to the ASC will be fully inspected and/or labeled to for meet suitability requirements for installation. The Nurse Manager will make sure that any equipment that is added has been examined.	1/24/11

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K 147	Continued From page 5 capacity, and specific use (8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.	K 147		