



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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PHONE 208-334-6626
FAX 208-364-1888

March 15, 2012

Crystal Baisch , Administrator
Sinus Surgery Center Idaho PA
727 East River Park Lane Suite 200
Boise, ID 83706



RE: Sinus Surgery Center Idaho Pa, Provider #13C0001062

Dear Ms. Baisch:

This is to advise you of the findings of the Medicare survey of Sinus Surgery Center Idaho PA, which was conducted on March 9, 2012.

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
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Crystal Baisch , Administrator
March 15, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **March 27, 2012**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

Handwritten signature of Aimee Hastriter, appearing to read "Kc Robt fw for".

AIMEE HASTRITER
Health Facility Surveyor
Non-Long Term Care

Handwritten signature of Nicole Wisenor.

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

AH/srm
Enclosures

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

PRINTED: 03/14/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2012
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NAME OF PROVIDER OR SUPPLIER SINUS SURGERY CENTER IDAHO PA	STREET ADDRESS, CITY, STATE, ZIP CODE 727 EAST RIVER PARK LANE SUITE 200 BOISE, ID 83706
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Q 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey of your Ambulatory Surgical Center. The surveyors conducting the review were: Aimee Hastriter RN, BS, HFS, Team Lead Karen Robertson RN, BS, HFS Taylor Barkley Life Safety Code Specialist The following acronyms were used in this report: AO - Accrediting Organization ASC - Ambulatory Surgical Center CDC - Center for Disease Control CRNA - Certified Registered Nurse Anesthetist FESS - Functional Endoscopic Sinus Surgery H&P - History and Physical RN - Registered Nurse Septoplasty - A corrective surgical procedure done to straighten the nasal septum SMR - Submucous Resection of the septum ST - Surgical Technician	Q 000		
Q 242	416.51(b) INFECTION CONTROL PROGRAM The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. This STANDARD is not met as evidenced by: Based on review of medical records and policies and staff interview it was determined the facility	Q 242		

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Beisch</i>	TITLE <i>administrator</i>	(X6) DATE <i>3/30/12</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 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 242	<p>Continued From page 1</p> <p>failed to develop and implement policies necessary to ensure appropriate infection control practices were maintained. This failure directly impacted 1 of 1 patients observed (#12) and had the potential to impact all patients cared for by the facility. The failure to ensure policies were developed and implemented resulted in lack of guidance to staff and had the potential to negatively impact infection prevention for patients and staff. Findings include:</p> <p>1. The ST was observed cleaning and sterilizing equipment on 3/08/12 from 9:55 AM to 10:55 AM. He explained the first step in his process was mechanical cleaning of the instruments. He demonstrated instrument pre-cleaning using a BD E-Z Scrub 408, a surgical scrub brush/sponge impregnated with detergent, under running water. He was observed to use a different type of brush on some instruments and a pipe cleaner to clean the inside of tubular instruments. He stated he used the surgical scrub sponge until the soap was gone. He was observed to use the scrub sponge when there was limited soap remaining and no suds. He was also observed to not apply soap to at least two of the instruments when they were scrubbed with the other brush.</p> <p>The ST explained that after mechanically cleaning the instruments, the instruments with hinges were soaked in "instrument milk" to lubricate the hinges. The ST was observed to rinse the tubular instruments with distilled water and forced air. The ST explained that the instruments were then either placed in the Cidex solution for high-level disinfection or were left on the counter to air dry before being packaged for sterilization. He stated he believed he followed</p>	Q 242	<p>Corrective Action for Q242:</p> <p>(1)</p> <p>The policy and procedure of Instrument Sterilization was reviewed and updated on March 22, 2012 by [REDACTED] RN and [REDACTED] ST. (Follow-up questions arose for the surveyor – [REDACTED] spoke to Aimee on 04/27/2012 to answer these questions. Needed changes were made to the policy.)</p> <p>The ST is responsible for sterilization of instruments. All employees who fill the position of ST will be educated on the new policy and procedure on April 2, 2012. ([REDACTED] ST; [REDACTED] RN, CST; and [REDACTED] RN). [REDACTED] RN or [REDACTED] Administrator will monitor the ST spontaneously once a month (or more if necessary) to ensure the policy and procedure is being followed. These monitoring will be documented and corrective action taken if needed.</p> <p>Updating the P&P on Instrument Sterilization will ensure that proper infection prevention and control and safety is provided within the ASC.</p>		

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Q 242	<p>Continued From page 2</p> <p>CDC guidelines and stated the facility was recently surveyed by the AO and were told the cleaning and sterilizing processes "were fine."</p> <p>An RN, who also functioned as a relief Certified Scrub Technician, was interviewed on 3/09/12 at 11:30 AM. She explained that when she performed ST duties, she mechanically cleaned all the instruments at one time and then rinsed them. She stated as a result of this practice she was able to ensure an adequate amount of detergent remained in the surgical scrub brush throughout the mechanical cleaning process. She confirmed that the facility did not have a policy that matched the practice of cleaning and disinfecting instruments.</p> <p>The facility's policies related to sterilization and high-level disinfection were reviewed. One policy was titled "FLASH STERILIZATION," last reviewed 10/27/11. There were no other policies related to sterilization in the manual. There was a policy titled "HIGH LEVEL DISINFECTION OF ENDOSCOPES," last reviewed 10/27/11. The procedure for high-level disinfection outlined the steps taken to clean flexible endoscopes. The CDC "Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008" did not contain guidance for the use of "instrument milk" for lubrication.</p> <p>The ST was interviewed a second time on 3/09/12 at 1:25 PM. He reviewed the facility's policies related to sterilization and high-level disinfection. He confirmed that he never used "flash sterilization." He stated that the facility did not use flexible endoscopes and confirmed the policy regarding high-level disinfection did not</p>	Q 242			

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Q 242	<p>Continued From page 3</p> <p>outline the process for the scopes used in the facility. He confirmed that the current process for cleaning and disinfecting or sterilizing instruments was not documented as a policy.</p> <p>The facility failed to ensure policies and procedures had been developed and implemented based on nationally recognized infection control guidelines.</p> <p>2. Patient #12 was admitted to the facility on 3/08/12 for a revision FESS/septoplasty. The process from admission to discharge for Patient #12 was observed on 3/08/12 from 8:00 AM to 10:55 AM. In the OR, the CRNA drew up a single dose of ondansetron (to prevent nausea post-procedure) from a multi-dose vial of ondansetron 40 mg/20 ml at 9:00 AM. At 9:36 AM, while still in the OR, the CRNA drew up a single dose of epinephrine from a multi-dose 30 ml vial of epinephrine 1:1000, which was then ejected into a cup for use in the nasal cavity. The CRNA was not observed to disinfect either rubber septum with alcohol prior to entry.</p> <p>The facility's policy, "INFECTION CONTROL PROGRAM INFECTION PREVENTION AND CONTROL AND SAFETY PROGRAM," last reviewed 10/27/11, stated, "The ASC has considered, selected and implemented nationally recognized infection control guidelines. (CDC)" The CDC's "Medication Preparation Questions" guide, last reviewed 3/02/11, recommended that the rubber septum should be disinfected with alcohol prior to entry.</p> <p>The facility failed to ensure policies and procedures, which had been developed for</p>	Q 242	<p>Corrective Action for Q242 Continued:</p> <p>(2)</p> <p>All staff will be re-educated on the ASC's policy "Safe Injection Practices" and the current CDC guidelines regarding "Medication Preparation" AND "Safe Injection Practices".</p> <p>All CRNA's will be spoken to directly regarding safe injection practices and asked how we, the ASC, can help him/her be successful in the practice of safe injection practices – additional alcohol wipes added to the anesthesia cart. These suggestions will be implemented if possible.</p> <p>A QA Study will begin on April 2, 2012 to monitor safe injection practices. All Staff will be involved in obtaining the data. The data will be reviewed on a weekly basis and violations/violators addressed.</p> <p>██████████ RN and ██████████ Administrator will work together with Dr. ██████████ to enforce safe injection practices.</p> <p>With re-education of safe injection practices for all staff and providers, suggestions on how the ASC can help each be more successful and closer monitoring, the ASC will ensure that safe injection practices and CDC guidelines are followed for patient safety.</p>	

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Q 242	Continued From page 4 infection control practices, were consistently implemented.	Q 242	Corrective Action for Q262: (1) After much discussion, we are going to try plan A. We will monitor to see if successful and if not, we will go to plan B. Plan A The CRNA will be required to perform and document a physical evaluation (listen to heart and lungs) on each patient during his/her pre-operative interview in the facility. This will begin on April 2, 2012. All CRNA's will be educated on the policy and procedure of the ASC – "Standard: Anesthetic Risk and Evaluation" by [REDACTED], MD and [REDACTED], Administrator. The CRNA will be monitored by the OR Staff to ensure that the physical evaluation is completed. If it is observed that the physical evaluation was not done, the CRNA will be reminded to do it before the patient goes into surgery. It will be documented each time the CRNA has to be reminded and reported to [REDACTED] Administrator and [REDACTED]. A stethoscope will be placed at bedside of each patient as a gentle reminder.		
Q 262	416.52(a)(2) PRE-SURGICAL ASSESSMENT Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the ASC failed to ensure a physical examination of patients was completed and documented prior to surgery. This impacted 11 of 12 patients (#1 - #10 and #12) whose records were reviewed. Failure to perform pre-surgical assessments had the potential to impact patient safety during and after surgery. Findings include: 1. The "STANDARD: ANESTHETIC RISK AND EVALUATION" policy, last reviewed 10/27/11, indicated, "For general anesthetics the evaluation should contain, at a minimum, a brief note regarding the heart and lung function the day of surgery." Patient #12 was admitted to the facility on 3/08/12 for a revision FESS/septoplasty. The process	Q 262			

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Q 262	<p>Continued From page 5</p> <p>from admission to discharge for Patient #12 was observed on 3/08/12 from 8:00 AM to 10:55 AM. At 8:13 AM, the CRNA was observed to review Patient #12's current vital signs, the H&P dictated by the surgeon on 2/27/12, and the records from her prior surgery. The CRNA reviewed Patient #12's medication allergies with her and asked if there were any changes in her medications, allergies, or medical history. At 8:34 AM, the surgeon was observed to review the surgery plan with Patient #12 and asked her if there were any changes in her medications, allergies, or medical history since the H&P visit on 2/27/12. Neither the surgeon nor the CRNA were observed to complete a hands-on physical examination which included listening to heart and lung sounds with a stethoscope.</p> <p>Additionally, patient medical records were reviewed and did include documentation of a pre-surgical physical assessment (such as listening to heart and lungs) as follows:</p> <ol style="list-style-type: none"> Patient #1 admitted to the ASC on 12/01/11 for a FESS. Patient #2 admitted to the ASC on 1/16/12 for a revision FESS. Patient #3 admitted to the ASC on 1/13/12 for a FESS/septoplasty/SMR. Patient #4 admitted to the ASC on 2/02/12 for a revision FESS/septoplasty/SMR. Patient #5 admitted to the ASC on 11/16/11 for a revision FESS/septoplasty. Patient #6 admitted to the ASC on 2/23/12 for a FESS/septoplasty/SMR. Patient #7 admitted to the ASC on 2/23/12 for a revision FESS/septoplasty/SMR. Patient #8 admitted to the ASC on 10/27/11 for 	Q 262	<p>Corrective Action for Q262 Continued:</p> <p>The current form that is used by the CRNA in the facility will be reviewed and changes made to help ensure the CRNA is performing a physical evaluation of each patient.</p> <p>Plan B:</p> <p>If the CRNA fails to perform the required physical evaluation of the patient's heart and lungs, the surgeon will perform and document the assessment.</p> <p>Having the CRNA or the Surgeon perform the physical evaluation of every patient's heart and lungs will improve patient care. This step will also work as a "second check" to the physical assessment (listening to the heart and lungs) that was performed by the RN upon admission to the ASC.</p>		

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Q 262	<p>Continued From page 6 a revision FESS.</p> <p>i. Patient #9 admitted to the ASC on 10/06/11 for a FESS/septoplasty/SMR.</p> <p>j. Patient #10 admitted to the ASC on 12/22/11 for a FESS/septoplasty/SMR.</p> <p>k. Patient #12 admitted to the ASC on 3/08/12 for a revision FESS/septoplasty.</p> <p>The surgeon was interviewed on 3/09/12 at 1:15 PM. He confirmed that he did not routinely complete a physical examination of patients prior to surgery. He stated he believed the CRNA was listening to each patients' hearts and lungs as part of the anesthesia risk assessment.</p> <p>The CRNA who provided services to Patient #12 was interviewed on 3/09/12 at 1:40 PM. He confirmed he did not normally complete physical assessments on patients prior to surgery. He stated he reviewed the most recent H&P, current vital signs, and the medical clearance documentation as appropriate. He stated that when he documented on the pre-operative evaluation form that a body system (such as cardiovascular or pulmonary) was within normal limits, it meant there was no medical history related to these systems, not that the heart or lungs had been listened to with a stethoscope and found to be normal.</p> <p>The facility did not ensure that physical assessments were completed or documented in the medical record prior to performing surgery.</p>	Q 262			