



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

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April 11, 2012

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 April 10, 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:

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.

David Orchard, Administrator
April 11, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **April 24, 2012**, 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 'M P Grimes', with a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

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 04/10/2012	
NAME OF PROVIDER OR SUPPLIER LES BOIS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8950 W EMERALD STREET. SUITE 168 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	<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 facility was surveyed on April 10, 2012 under the provisions and applicable fire/life safety requirements [i.e., 416.44(b)] set forth under Medicare (i.e., Title XVIII) for certification as an Ambulatory Surgery Center. The following deficiencies were cited during the recertification survey.</p> <p>The survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Practice Manager* (X6) DATE *4/24/12*

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.

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

Printed: 04/11/2012
FORM APPROVED
OMB NO. 0938-0391

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K 000	Continued From page 1	K 000		
K 046	<p>Facility Fire Safety & Construction Program</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1</p> <p>This Standard is not met as evidenced by: Based on record review, operational testing, interview and observation it was determined that the facility failed to ensure that emergency illumination was being tested and maintained. Operational testing helps to ensure nonoperational units are discovered and repaired.</p> <p>Findings include:</p> <p>1. During record review on April 10, 2012 at 10:40 AM, it was revealed that the facility was unable to provide testing records for the emergency lighting units for 30 seconds a month and an annual 90 minute test for the previous twelve month period. When questioned about the emergency light testing the Facility Administrator stated that he did not test the emergency lighting.</p> <p>2. During a tour of the facility on April 10, 2012 at 11:50 AM, observation of operational testing of the emergency lighting unit located in the recovery room revealed that the light would not illuminate upon pressing of the test button. This was observed and noted by the Facility Administrator and Surveyor.</p> <p>Actual NFPA Standard:</p> <p>21.2.9 Emergency Lighting and Essential Electrical Systems. 21.2.9.1 Emergency lighting shall be provided in</p>	K 046	<p>K 046 -</p> <p>This deficiency will be corrected by conducting monthly testing of the emergency lighting located in the Surgery Center. We will test the emergency lighting units for a minimum of 30 seconds a month and also for a 90 minute period, at least once a year. A record will be kept of the testing that is performed and will be monitored to ensure nonoperational units are discovered and repaired. The Office Manager will ensure that the tests are completed and logged. The first tests will be completed by May 1st.</p>	

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K 046	Continued From page 2 accordance with Section 7.9. 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046		
K 050	416.44(b)(1) LIFE SAFETY CODE STANDARD 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 This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure that fire drills were being conducted at least quarterly on each shift. Conducting fire drills helps to ensure that staff are trained in all procedures, including transmission of alarms. Findings include: During record review on April 10, 2012 at 9:45 AM, it was revealed that the facility was unable to provide fire drill documentation for the 2nd and 3rd quarters for the previous twelve month period. When questioned about the fire drills the Facility Administrator stated that he was aware they missed two fire drills.	K 050	K 050 - Fire drills have been held for the past 2 consecutive quarters and will continue to be done on a quarterly basis. By May 1 st , the Nurse Manager will prepare a comprehensive list of all daily, weekly, monthly, annual, etc. tests that need to be performed in the surgery center. This list will help ensure that quarterly fire drills are part of a regular routine.	

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K 051 K 051	<p>Continued From page 3</p> <p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1</p> <p>This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure that the fire alarm system was being maintained in accordance with NFPA 72. Inspections and testing helps to ensure fire alarm system reliability in the event of a fire.</p> <p>Findings include:</p> <p>During record review on April 10, 2012 at 11:36 AM, it was revealed that the facility was unable to provide records for smoke detector sensitivity testing. When questioned the Facility Administrator stated that he was unaware of the requirement for smoke detector sensitivity testing.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101 @ Life Safety Code @ 2000 Edition 21.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 21.3.4.2 through 21.3.4.5. 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72,</p>	K 051 K 051	<p>K 051 -</p> <p>This deficiency has already been corrected. On Friday, April 13th, a Smoke detector sensitivity test was completed. See attached report. Future testing will be scheduled as required. This particular test will be included in the aforementioned comprehensive list of tests that the Nurse Manager will create by May 1st.</p>	

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K 051	Continued From page 4 National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. NFPA 72 National Fire Alarm Code@1999 Edition 7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.	K 051		
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure that the sprinkler system was being maintained and tested in accordance with NFPA 25. Maintaining and inspecting the sprinkler system helps to ensure system reliability in the event of a fire. Findings include: 1. During record review on April 10, 2012 at 10:30 AM, it was revealed that the facility was unable to	K 130	K 130 -- This deficiency shall be corrected by having a 5-year internal Obstruction test. The test is scheduled for April 27 th . Quarterly examination of alarm devices for physical damage will be scheduled by the Nurse Manager. Also, quarterly testing of the Waterflow alarm devices will be completed as described in the NFPA standard. The quarterly examination and testing will be completed by May 1 st .	

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K 130	<p>Continued From page 5</p> <p>provide inspection records for a five year internal obstruction investigation having been completed. When questioned about the five year internal inspection the Facility Administrator stated that he was unaware of the requirement.</p> <p>2. During record review on April 10, 2012 at 11:35 AM, it was revealed that the facility was unable to provide quarterly inspection records for the previous twelve month period. When questioned about the quarterly inspections the Facility Administrator stated that he was unaware of the requirement.</p> <p>Actual NFPA Standard:</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 Edition</p> <p>10-2.2* Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.</p> <p>2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage.</p> <p>2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type</p>	K 130		

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K 130	Continued From page 6 waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly.	K 130		