



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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May 2, 2012

Teri Paluso, Administrator  
IPC Surgical Center  
2841 Juniper Drive  
Lewiston, Idaho 83501

RE: IPC Surgical Center, LLC Provider #13C0001048

Dear Ms. Paluso:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at IPC Surgical Center on April 25, 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.

Teri Paluso, Administrator  
May 2, 2012  
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After you have completed your Plan of Correction, return the original to this office by **May 15, 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. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE ASC WING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2012</b>
NAME OF PROVIDER OR SUPPLIER <b>IPC SURGICAL CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2841 JUNIPER DRIVE LEWISTON, ID 83501</b>		
(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><b>INITIAL COMMENTS</b></p> <p>The Ambulatory Surgery Center was constructed in '03/'04 with completion on March 08, 2004. The Ambulatory Surgery Center occupies approximately 5,100 s.f. of a single story medical office building. The ASC portion is of Type V(III) construction and is one (1) hour separated for the attached clinic portion of the building by a one (1) hour rated separation wall. The entire building is protected throughout by an automatic sprinkler system designed per NFPA Std 13 for a light hazard occupancy. There is a complete supervised addressable fire alarm system throughout both the ASC and the clinic. Emergency power to the ASC is provided by a diesel powered automatic generator designed as a Type 3 system per NFPA Std 99. Piped in medical gas (i.e., oxygen and medical air) are provided and designed per NFPA Std 99 for a Level 1 system. Portable fire extinguishers are provided throughout and there are three (3) exits from the ASC as well as doors to the exterior through the mechanical room, soiled holding, and the employee lounge.</p> <p>The facility was surveyed under the provisions of NFPA 101, the Life Safety Code, 2000 Edition, Chapter 20, New Ambulatory Health Care Occupancy, in accordance with 42 CFR 416.44(b).</p> <p>The following deficiency was identified during the recertification survey conducted on April 25, 2012. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety &amp; Construction Program</p>	K 000		
K 029	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Hazardous areas separated from other parts of</p>	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ceresa Paluxo*

*Administrator*

*5-18-2012*

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 029	<p>Continued From page 1</p> <p>the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems. 38.3.2, 39.3.2</p> <p>This Standard is not met as evidenced by: Based upon observation and interview the facility failed to maintain the required fire resistive rated separation between hazardous and non-hazardous areas. This deficient practice can allow fire to spread rapidly throughout a structure. The facility had two patients, and five staff present during the observation of the deficiency.</p> <p>Findings include:</p> <p>During the facility tour on April 25, 2012 at 8:20 AM, observation revealed a two foot by two and one half (2' x 2.5') foot pass through opening had been cut into the one hour fire resistive rated wall between the recovery area and the soiled holding room. Interview with the Administrator and Clinical Nurse Manager indicated the modification to the wall was made to assist in the transfer of soiled linen bags and reduce the risk of back injuries. Interview with the Administrator revealed the facility was unaware of the requirement for the rated separation.</p> <p>Actual NFPA standard:</p> <p>NFPA 101-2000 38.3.2 Protection from Hazards. 38.3.2.1* Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include</p>	K 029	<p><b>LIFE SAFETY CODE STANDARD:</b></p> <p><b>Action:</b> A fire rated door has been purchased and is in the process of being installed on the laundry shoot opening.</p> <p><b>How the actions will improve the processes that led to the deficiency:</b> Installing the fire-rated door on the laundry shoot will put IPC Surgical Center into compliance with the Medicare regulations.</p> <p><b>Procedure for implementing the acceptable plan of correction:</b> Contractor was contacted and hired to research, purchase and install a fire-rated door for the laundry shoot.</p> <p><b>Completion date:</b> 5/25/2012.</p> <p><b>Monitoring and tracking procedures:</b> Installing fire-rated door for laundry shoot corrects the deficiency.</p> <p><b>Title of person responsible for implementing the plan of correction:</b> Teri Paluso, Administrator</p>	

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K 029	Continued From page 2 woodworking and painting areas shall be protected in accordance with Section 8.4.38.3.2.2* High hazard contents areas, as classified in Section 6.2, shall meet the following criteria: (1) The area shall be separated from other parts of the building by fire barriers having a fire resistance rating of not less than 1 hour, with all openings therein protected by 3/4-hour fire protection-rated self-closing fire doors. (2) The area shall be protected by an automatic extinguishing system in accordance with Section 9.7.	K 029		