



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

DEBBY RANSOM, R.N., R.H.I.T. -- Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

June 8, 2011

Leo Harf, MD, Administrator  
Eagle Eye Surgery And Laser Center  
3090 Gentry Way, Suite 100  
Meridian, Idaho 83642

RE: Eagle Eye Surgery And Laser Center, Provider #13C0001032

Dear Dr. Harf :

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Eagle Eye Surgery And Laser Center on June 3, 2011.

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 Life Safety Code, 2000 Edition, for Ambulatory Surgery Centers.

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.

Sincerely,

ERIC MUNDELL  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosures

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

Printed: 06/07/2011  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>13C0001032</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - ENTIRE ASC WING</b><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>06/03/2011</b> |
|--|---|--|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>EAGLE EYE SURGERY AND LASER CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3090 GENTRY WAY. SUITE 100<br/>MERIDIAN, ID 83642</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 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.</p> <p>The fire/life safety survey was conducted by</p> <p>Eric Mundell REHS<br/>Health Facility Surveyor<br/>Facility Fire/Life Safety &amp; Construction Program</p> <p>The facility was surveyed under the provisions of the Life Safety Code, 2000 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies set forth under Medicare. The facility was found to be in substantial compliance and no deficiencies were cited.</p> | K 000 |  |  |
|-------|--|-------|--|--|

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.