



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

June 22, 2011

Charlene Barnard, Administrator
Idaho Surgicenter South Inc.
1157 Call Place
Pocatello, Idaho 83201

RE: Idaho Surgicenter South Inc., Provider #13C0001031

Dear Ms. Barnard:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Idaho Surgicenter South Inc on June 15, 2011.

Based on the results of this survey, Idaho Surgicenter South Inc 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: 06/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC BLDG B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2011
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NAME OF PROVIDER OR SUPPLIER IDAHO SURGICENTER SOUTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1157 CALL PLACE POCATELLO, ID 83201
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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 Ambulatory Surgical Center is a wing of an existing single-story medical office building. The facility is 1,800 square feet and Type V(111) construction. Plans for the building were approved in April 1998 and the facility was completed and first occupied in January 1999. The facility is one-hour separated from the attached clinic at a common wall. There are three exits to grade accessible from the facility. The building is protected throughout by an electrically supervised, manually operated fire alarm system with system smoke detection throughout. Portable fire extinguishers are provided. Emergency power is supplied by an on-site fuel-fired 15 kW auxiliary power supply generator.</p> <p>The fire/life safety survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety standards under CFR 416.44(b)1.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.