



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 27, 2011

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

RE: Idaho Surgicenter South Inc, Provider #13C0001031

Dear Ms.. Barnard:

This is to advise you of the findings of the Medicare survey of Idaho Surgicenter South Inc, which was conducted on June 16, 2011.

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.

Charlene Barnard, Administrator
June 27, 2011
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **July 7, 2011**, 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,



AIMEE HASTRITER
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

AH/srm
Enclosures

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

PRINTED: 06/23/2011
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2011
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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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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 Teresa Hamblin RN, MS, HFS Eric Mundell, Registered Environmental Health Specialist The following acronyms were used in this report: ASC - Ambulatory Surgical Center CPR - Cardiopulmonary Resuscitation DNR - Do Not Resuscitate	Q 000	<p style="text-align: center;">RECEIVED JUL 08 2011 FACILITY STANDARDS</p> <p>(1) I added to and changed portions of the external + internal disaster plans to include policy that provides for emergency care of all persons at the ASC in the event of unexpected events. (Policy included)</p> <p>(2) I contacted the Pocatello Fire Department with a request to be included in community disaster drills. They sent us a letter stating their inability to meet our request. (Letter included)</p> <p>(3) I added a disaster drill policy to the Fire + Disaster manual stating that we will hold annual drills and evaluate each drill, making</p>	
Q 043	416.41(c) DISASTER PREPAREDNESS PLAN (1) The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC. (2) The ASC coordinates the plan with State and local authorities, as appropriate. (3) The ASC conducts drills, at least annually, to test the plan's effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined that the facility governing body 1)	Q 043		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 7-6-11

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 043	Continued From page 1 failed to coordinate the written emergency preparedness plan with State and local authorities and 2) had not ensured an annual disaster preparedness drill was conducted, with potential to affect occupants and patients of the facility upon occurrence of a major disruptive event. Findings include: 1) Record review on 6/15/11 at 1:45 PM revealed no documentation or correspondence was available to show the facility had coordinated with State or local disaster preparedness authorities. The facility Fire and Emergency Preparedness Manual had undergone revision in May 2011 but did not indicate disaster officials had been contacted as part of the external disaster plan. When asked about the plan on 6/15/11 at 3:25 PM, the ASC Director stated that the facility had not contacted any agency and had not coordinated with disaster officials. 2) Record review on 6/15/11 at 1:45 PM disclosed that no documentation was available to show completion of a disaster drill to test the effectiveness of the emergency preparedness plan. The ASC Director stated, on 6/15/11 at 3:00 PM, that the facility had not completed a disaster drill on an annual basis. The facility failed to ensure emergency preparedness was coordinated with State and local authorities and that a drill had been conducted.	Q 043	<i>Corrections in appropriate changes. We need make these changes following reports to Governing Body and file the reports in the Fire + Em. Prep Manual.</i> <i>1) We have secured a letter from our local Fire Dept stating that they are unable to include us in community disaster drills.</i> <i>C Woodland admn.</i> <i>2) We plan to conduct an internal disaster drill within the next 30 days. It will be conducted per our policy outlined in the Fire & Emergency Prep manual. We will hold a disaster drill annually. We are unable to coordinate a drill with local authorities.</i>	7-5-11 7-5-11 7-5-11
Q 222	4166.50(a)(1)(i) NOTICE - POSTING In addition, the ASC must -	Q 222		

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Q 222	<p>Continued From page 2</p> <p>Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of patient rights information, and interview, it was determined the facility failed to post a written notice of the complete list of patient rights and failed to ensure patient rights information included the name, phone number, and address of the state representative in the event patients wished to report complaints. This impacted 1 of 1 facilities toured and had the potential to impact all patients who received care at that facility. These failures had the potential to result in patients and their representatives not being fully informed of their rights. Findings include:</p> <p>1. A tour of the facility was conducted with the ASC Director on 6/15/11 at 4:30 PM. Two pages of patient rights information was posted on the waiting room wall. The document did not contain the following required patient rights information:</p> <p>a. Disclosure of physician ownership. b. The correct name, address, and telephone number of the state representative with whom complaints could be filed. c. The facility's practice/policy related to advance directives.</p>	Q 222	<p>We have posted a framed written notice in the pu op area of the ASC where it can be seen by patients and their representatives. It includes the name, address, and phone number of a representative in the State Agency to whom the pt can report complaints as well as the website for the office of the Medicare Beneficiary Ombudsman. This information was given to us by me of our Surveyors: Arnee Hostiter, RN.</p> <p>This document also contains a disclosure of physician ownership and our policy related to advance directives.</p> <p>We have removed the old version that was posted and posted the new documentation with the appropriate changes.</p> <p>J. Scott, RN ASC Director</p>	7/5/11
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Q 222	Continued From page 3 On 6/15/11 at 4:30 PM, the ASC Director confirmed the above information was missing from the posted list of patient rights. She stated this information was an older version of the facility's patient rights.	Q 222		
Q 224	A complete and accurate list of patients' rights was not posted. 416.50(a)(2) ADVANCE DIRECTIVES The ASC must comply with the following requirements: (i) Provide the patient or, as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable State health and safety laws, and, if requested, official State advance directive forms. (ii) Inform the patient or, as appropriate, the patient's representative of the patient's rights to make informed decisions regarding the patient's care. (iii) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive. This STANDARD is not met as evidenced by: Based on staff interview, record review, and review of bylaws and consent forms, it was determined the ASC failed to provide 20 of 20 sample patients (#s 1-20) or representatives for patients with clear policies on advance directives that were consistent with ASC practices. This had the potential to interfere with informed decision-making for all patients who had	Q 224	<i>We have: (i) written a new policy and 7-5-11 New advanced directive notice that includes information that we will notify the pt 24 hrs in advance of their procedure of advance health care directives, what our policy is, and a description of where to find information and services regarding advance directives. The official state advance directive forms are available at the facility upon request. Website info is also made available to patients when they can find this info. (ii) the wording was added to the patient rights privacy doc notice that the patient has a right to make informed decisions regarding their care.</i>	

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Q 224	<p>Continued From page 4</p> <p>formulated advance directives. Findings include:</p> <p>A consent form, "ADVANCE DIRECTIVES NOTICE," stated it was the policy of the ASC to honor a patient's health care decisions to the full extent required or allowed by law. It further stated the ASC put a copy of the Living Will or Durable Power of Attorney for Health Care in patient charts to ensure wishes were honored. It did not state the ASC would not honor a patient's advance directive for DNR.</p> <p>All of the 20 patient records (#s 1-20) contained signed "ADVANCE DIRECTIVE NOTICE" consent forms. None of the records had copies of advance directives.</p> <p>During an interview on 6/15/11 at 3:30 PM, the ASC Director explained that it was the practice of the ASC to do CPR on all patients, including patients who had specified DNR in their advance directives. She stated the ASC did not have a formal written policy for advance directives but communicated information to patients through the consent form, ("ADVANCE DIRECTIVES NOTICE"). She reviewed the consent form at the time of the interview and stated she had not realized the consent form did not state a DNR request would not be honored.</p> <p>The ASC did not provide patients with clear policies for how the ASC would handle advance directives.</p>	Q 224	<p>(iii) The new policy & notice notifies the patient that advance directives will be included in Idaho Surgicenter's medical record whether or not the individual has executed an advance directive. It is specifically noted in our policy and advance directive notice that the advance health care directive will not be honored by our facility, but that life sustaining measures will be provided until the patient can be transferred to the nearest hospital, which is Patneuf Medical Center per our transferral agreement. This policy is found in Idaho Surgicenter's Nursing manual.</p> <p>T. Scott, RN ASC Director</p>	7-15-11
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