



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 15, 2011

Melisa Robinson, Administrator
Addison Surgery Center
191 Addison Avenue
Twin Falls, Idaho 83301

RE: Addison Surgery Center, Provider #13C0001018

Dear Ms. Robinson:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Addison Surgery Center on July 12, 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:

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.

Melisa Robinson, Administrator
July 15, 2011
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **July 28, 2011**, 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 'MP' followed by a long horizontal flourish.

MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety & Construction Program

MPG /lj

Enclosures

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

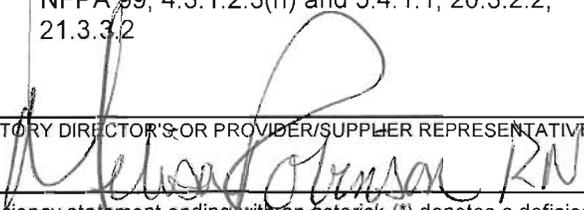
Printed: 07/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2011
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NAME OF PROVIDER OR SUPPLIER ADDISON SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 191 ADDISON AVENUE TWIN FALLS, ID 83301
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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>Addison Surgery Center is a one (1) hour separated wing of an existing physician's office practice. The building is a single story structure with the Ambulatory Health Care construction/renovation being completed in May of 1995. The Ambulatory Surgical Center has piped medical gas, and a type 1 Essential Electrical Service.</p> <p>The facility was surveyed on July 12, 2011 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>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p>	K 000		
K 078	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Anesthetizing locations are protected in accordance with NFPA 99, Standard for Health Care Facilities and NFPA 101.</p> <p>(a) Shutoff valves are located outside each anesthetizing location and arranged so that shutting off one room or location will not affect others.</p> <p>(b) Relative humidity is maintained equal to or greater than 35%.</p> <p>NFPA 99, 4.3.1.2.3(n) and 5.4.1.1, 20.3.2.2, 21.3.3.2</p>	K 078		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Manager	(X6) DATE 7-26-11
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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.

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K 078	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based upon interview and record review the facility failed to ensure the anesthetizing location was maintained at 35% relative humidity or greater.</p> <p>Findings include:</p> <p>During the record review and interview the administrator was asked if the HVAC system controlled Relative Humidity (RH) in the operating room, HVAC reports were consulted and the servicing contractor contacted, who explained there was no RH control through the roof top unit. The requirements for RH were discussed with the Administrator who was unaware of this requirement.</p> <p>Actual NFPA standard: NFPA 99- 1999</p> <p>5-4.1* Ventilation - Anesthetizing Locations. 5-4.1.1* The mechanical ventilation system supplying anesthetizing locations shall have the capability of controlling the relative humidity at a level of 35 percent or greater.</p> <p>5-4.1.2 Supply and exhaust systems for windowless anesthetizing locations shall be arranged to automatically vent smoke and products of combustion.</p> <p>5-4.1.3 Ventilating systems for anesthetizing locations shall be provided that automatically (a) prevent recirculation of smoke originating within the surgical suite and (b) prevent the circulation of smoke entering the system intake, without in</p>	K 078	<p>A hygrometer has been ordered to monitor Relative humidity. Mr. Robmson RN to monitor RH levels weekly and each operative day.</p> <p>Bids will be placed for pricing of ventilating units. David Bladen, DDM, owner, will send bids and choose company and device for installation</p>	<p>8/13/11</p> <p>1/28/12</p>

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K 078	Continued From page 2 either case interfering with the exhaust function of the system. 5-4.1.4 The electric supply to the ventilating system shall be served by the equipment system of the essential electrical system specified in Chapter 3, " Electrical Systems. " 5-4.1.5 Window-type temperature regulating units (air conditioners) are permitted to be installed in exterior windows or exterior walls of anesthetizing locations (see also 2-3.4 and 2-3.5 in Annex 2). Where such units are employed, the provisions of 5-4.1.1 shall be met.	K 078		
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Based upon observation the facility failed to ensure emergency exits are maintained accessible at all times. Failure to maintain clear access to exits can lead to panic and injury during a fire. Findings include: 1. During the facility tour at 3:15 PM on 7/12/11, observation revealed the posted emergency exit from the pre-operative holding room was blocked by a folding clothes drying rack. 2. During the facility tour at 3:25 PM on 7/12/11, observation revealed the main entrance of the ASC waiting room was locked with a key controlled deadbolt on the egress side preventing use of the door without a key.	K 130	All emergency exits will remain clear of obstruction. M Robinson RN or pre-op-erative Nurse to review all emergency exits daily	8/1/11

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K 130	<p>Continued From page 3 Actual NFPA standard: NFPA 101 - 2000</p> <p>Finding 1 21.2 MEANS OF EGRESS REQUIREMENTS 21.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7. Exception: As modified by 21.2.2 through 21.2.11. 7.1.10 Means of Egress Reliability. 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>Finding 2 39.2.2.2.2* Locks complying with Exception No. 2 to 7.2.1.5.1 shall be permitted only on principal entrance/exit doors. 7.2.1.5.1 Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side. Exception No. 1: This requirement shall not apply where otherwise provided in Chapters 18 through 23. Exception No. 2: Exterior doors shall be permitted to have key-operated locks from the egress side, provided that the following criteria are met: (a) Permission to use this exception is provided in Chapters 12 through 42 for the specific occupancy.</p>	K 130		
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K 130 Continued From page 4
(b) On or adjacent to the door, there is a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high on a contrasting background that reads as follows:
THIS DOOR TO REMAIN UNLOCKED WHEN THE BUILDING IS OCCUPIED
(c) The locking device is of a type that is readily distinguishable as locked.
(d) A key is immediately available to any occupant inside the building when it is locked. Exception No. 2 shall be permitted to be revoked by the authority having jurisdiction for cause. Exception No. 3: Where permitted in Chapters 12 through 42, key operation shall be permitted, provided that the key cannot be removed when the door is locked from the side from which egress is to be made.

K 130

Sign for door to be ordered and installed by M Robmson RN. Sign to read THIS DOOR TO REMAINS UNLOCKED WHEN THE BUILDING IS OCCUPIED.

8/15/11

K 144 416.44(b)(1) LIFE SAFETY CODE STANDARD

Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110, 8.4.2

K 144

This Standard is not met as evidenced by:
Based upon record review, interview and observation of operational testing the facility failed to ensure the type 1 emergency electrical service is maintained and tested to ensure reliable operation. Failure to test properly can result in a system failure during an emergency.

Findings include:

During the facility tour on 7/12/11 at approximately 3:00 PM the surveyor witnessed an operational test of the emergency generator without load being applied, nor the transfer switch being operated. When questioned about this practice

EC Power systems, maintenance company for generator to be contacted by MRobmson RN to have programming changed to Allow testing of transfer load when generator is tested

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K 144	Continued From page 5 the Administrator stated that this was the procedure she used each month for her monthly testing. Record review indicated monthly testing was being conducted, but no documentation of the percentage of load was recorded. Testing requirements for 30% of rated capacity and activation of the transfer switch were discussed with the Administrator, who thought that was the process she was conducting. Observation of the testing revealed the testing process only "run" (exercised without load) the generator and did not activate the transfer switch. Actual NFPA standard: 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. 6-4.5 Level 1 and Level 2 transfer switches shall be operated monthly. The monthly test of a transfer switch shall consist of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position.	K 144	<i>on a monthly basis.</i>	<i>9/15/11</i>