



C.L. "BUTCH" OTTER – Governor
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 19, 2012

Jennie Rawlings, Administrator
PCS Endoscopy Suite
110 Vista Drive
Pocatello, Idaho 83201

RE: PCS Endoscopy Suite, Provider #13C0001041

Dear Ms. Rawlings:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Pcs Endoscopy Suite on September 12, 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.

Jennie Rawlings, Administrator
September 19, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 2, 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 'Mark P. Grimes', with a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

PRINTED: 09/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - PCS ENDOSCOPY SUITE B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2012
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NAME OF PROVIDER OR SUPPLIER PCS ENDOSCOPY SUITE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 S 11TH AVENUE, SUITE 303 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>PCS Ambulatory Surgical Center (ASC) is located in an 8,553 Square foot wood frame type V (000) building that was constructed in July 2012. The building contains a Primary Care Doctor ' s clinic and the one hour separated PCS ASC is approximately 790 square feet in size located on the East side of the building. There is a basement under the Primary Care clinic that is approximately 2,110 square feet in size. The building is protected with a manual fire alarm system that was installed in June 2012. The ASC has smoke detection in the corridor with a manual pull station located at the main entrance to the ASC. The ASC has two exits, one direct, one through the clinic. There is a remote Fire Alarm annunciator located at the reception desk of the Primary care clinic. Exit signs, emergency lighting and specified receptacles are provided power by an on-site natural gas powered 10 KW generator.</p> <p>The following deficiencies were cited during the certification survey conducted on September 12, 2012. The survey was conducted under applicable provisions set forth in the Life Safety Code, 2000 Edition, Chapter 20, New Ambulatory Health Care Occupancy and 42 CFR 416.44(b).</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction Program</p>	K 000		
K 048	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 20.7.1.1, 21.7.1.1</p>	K 048		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jessie Rawlings</i>	TITLE <i>Admin</i>	(X6) DATE <i>10.5.12</i>
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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 048	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the fire safety plan included the required eight components. This deficiency can endanger patients and slow an emergency response.</p> <p>Findings include:</p> <p>During record review on September 12, 2012, at 2:30 PM, it was determined that the facility's fire safety plan did not include use of alarms, the transmission of an alarm to the fire department, response to alarms, isolation of a fire or evacuation of the immediate area in the event of a fire. When questioned about the fire safety plan the Administrator stated she was unaware that the plan did not include the required components of a fire safety plan.</p> <p>Actual NFPA Standard:</p> <p>20.7.1 Evacuation and Relocation Plan and Fire Drills. 20.7.1.1 The administration of every ambulatory health care facility shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center.</p>	K 048	<p>K 048 – Life Safety Code - ASC did not have a fire protection plan that included the required eight components. Effective 9/21/12 the ASC Governing Body approved a revised fire protection policy (attached). All eight components are now represented and will be included in staff training, drills and actual emergencies. A copy of the Plan will be readily available inside the ASC. The Administrator (Jennie Rawlings) will monitor for continued compliance. In the absence of the Administrator, the Safety Officer (Erika Gunter) will ensure compliance.</p>	

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K 048	Continued From page 2 The provisions of 20.7.1.2 through 20.7.2.3 shall apply. 20.7.2.2 A written fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire	K 048		
K 114	416.44(b)(1) LIFE SAFETY CODE STANDARD Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1¾ inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors are fixed fire window assemblies in accordance with 8.2.3.2.2 This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that the facility was separated from other occupancies with a one hour fire rated barrier. This deficiency can let fire and fire gasses into the Ambulatory Surgery Center suite. Findings include:	K 114	K114 – Life Safety Code – ASC did not have appropriate 1 hour fire barriers in all locations that they were required, and some that were there had penetrations. Effective 9/13/12, the deficiencies noted in the fire barriers were corrected. A disc showing evidence of the completed construction work is included with this Plan of Corrections.	

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K 114	Continued From page 3 During a tour of the facility on September 12, 2012 between the hours of 1:00 PM and 3:30 PM, observation of the occupancy separation wall revealed multiple penetrations, areas of the wall that were not finished and did not meet the roof deck. When questioned about the lack of a fire rated occupancy separation the facility Administrator stated that she was unaware of the separation requirements.	K 114		
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 This STANDARD is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the emergency generator was being load tested monthly or inspected on a weekly basis in accordance with NFPA 110. Failure to conduct monthly load tests or inspect the generator on a weekly basis could result in the generator not starting or functioning properly in the event of a power outage. Findings include: During record review on September 12, 2012 at 2:41 PM, the facility was unable to provide documented 30 minute monthly load tests or weekly inspections for the months of July and August 2012. When this deficient practice was discussed with the facility Administrator she stated that she was unaware of the emergency generator testing and inspection requirements.	K 144	K144 – Life Safety Code – ASC did not ensure that the emergency generator was being load tested monthly or inspected weekly. Effective 10/5/12, the Administrator (Jennie Rawlings) along with maintenance lead (Clay Bowman) will monitor that the appropriate weekly and monthly log sheets are maintained. 30 minute load tests will be performed monthly as required by regulations and documented on the log sheet. Weekly generator inspections will also be performed once weekly and documented on the appropriate log sheet.	

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K 144	<p>Continued From page 4 Actual NFPA Standard:</p> <p>NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition 6-4 Operational Inspection and Testing. 6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.</p> <p>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.</p> <p>6-3.4 A written record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained on the premises. The written record shall include the following: (a) The date of the maintenance report (b) Identification of the servicing personnel (c) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (d) Testing of any repair for the appropriate time as recommended by the manufacturer</p>	K 144		

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