



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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September 25, 2012

Karen Sines, Administrator
North Idaho Cataract & Laser Center
1814 Lincoln Way
Coeur d'Alene, Idaho 83814

RE: North Idaho Cataract & Laser Center, Provider #13C0001009

Dear Ms. Sines:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at North Idaho Cataract & Laser Center on September 17, 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.

Karen Sines, Administrator
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Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 9, 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 flourish 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: 09/25/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC B. WING _____ | (X3) DATE SURVEY COMPLETED 09/17/2012 |
|--|---|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER NORTH IDAHO CATARACT & LASER CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1814 LINCOLN WAY COEUR D'ALENE, ID 83814 |
|--|--|

| (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 Surgery Center occupies the basement level of a one story medical office building. The building's construction is Type V (000), it has a fire alarm system, and is unsprinklered. The first floor is at least one (1) hour separated from the basement level. There are three (3) remotely located exits from the Center with one (1) directly to the exterior via a ramp to grade, one to the building's main entry vestibule with stairs and a lift to grade and a rear exit with stairs to grade. The ASC is subdivided into two (2) smoke zones. Medical Air and Oxygen are provided through piped systems. Emergency power is supplied by a UPS system.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFHI Health Facility Surveyor Fire / Life Safety</p> | K 000 | <p><i>Plan of correction see attached /</i></p> <p><i>KS hubstuy</i></p> | |
| K 114 | <p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>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 1 1/2 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.</p> <p>This Standard is not met as evidenced by:</p> | K 114 | <p>RECEIVED</p> <p>OCT 16 2012</p> <p>FACILITY STANDARDS</p> | |

| | | |
|---|-------------------------------|--------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karen Sines</i> | TITLE <i>Administrator</i> | (X8) DATE <i>10/03/2012</i> |
|---|-------------------------------|--------------------------------|

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 114 | Continued From page 1 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: During a tour of the facility on 09/17/12 at 3:30 p.m., observation of the mechanical room ceiling revealed multiple penetrations along the ductwork that passed through the ceiling. Interview with the Head Nurse disclosed that she was unaware of the open ceiling penetrations. The finding was acknowledged by the Administrator and verified by the Head Nurse at the exit interview on 09/17/12. Actual NFPA Standard: 8.2.3.1 Fire Resistance-Rated Assemblies. 8.2.3.1.1 Floor-ceiling assemblies and walls used as fire barriers, including supporting construction, shall be of a design that has been tested to meet the conditions of acceptance of NFPA 251, Standard Methods of Tests of Fire Endurance of Building Construction and Materials. Fire barriers shall be continuous in accordance with 8.2.2.2. | K 114 | | |
| K 141 | 416.44(b)(1) LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with NFPA 99. 8.6.4.2 This Standard is not met as evidenced by: Based on observation and interview the facility failed to post "No Smoking" signage in areas | K 141 | | |

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| K 141 | Continued From page 2 where oxygen is stored. Findings include: During observation of the medical gas storage room on 09/17/12 at 3:25 p.m., the facility failed ensure no smoking signs were posted on the exterior entrance door to the medical gas storage room. Interview with the head nurse disclosed she was unaware of the requirement. The finding was acknowledged by the Administrator and verified by the Head Nurse at the exit interview on 09/17/12. Actual NFPA standard: NFPA 99, 8-6.2.5 Gases in Cylinders and Liquefied Gases in Containers. 8-6.4.2 Signs. Precautionary signs, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed wherever supplemental oxygen is in use, and in aisles and walkways leading to that area. They shall be attached to adjacent doorways or to building walls or be supported by other appropriate means. 8-3.1.11 Storage Requirements 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS (ES) STORED WITHIN NO SMOKING | K 141 | | |
| K 147 | 416.44(b)(1) LIFE SAFETY CODE STANDARD Electrical wiring and equipment are in accordance | K 147 | | |

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| K 147 | <p>Continued From page 3 with NFPA 70, National Electrical Code 9.1.2, 20.5.1</p> <p>This Standard is not met as evidenced by: Based on observation and interview, the facility failed to prohibit the use of relocatable power taps and extension cords as a substitute for fixed wiring to provide power to medical equipment in permanent use.</p> <p>Findings include:</p> <p>Observation on 09/17/12 at 3:40 p.m., revealed a Phaco machine and a microscope were plugged into an extension cord that was plugged into an relocatable power tap that was plugged into a wall outlet. Interview with the Head Nurse revealed that the facility was not aware of the requirement that prohibits the use of relocatable power taps for medical equipment for permanent use in healthcare facilities.</p> <p>The finding was acknowledged by the Administrator and verified by the Head Nurse at the exit interview on 09/17/12.</p> <p>Actual NFPA Standard: NFPA 101, 21.5.1 Utilities. Utilities shall comply with the provisions of Section 9.1.</p> <p>NFPA 101, 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code</p> <p>NFPA 70, Article 400-8. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used as a substitute for the</p> | K 147 | | |

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| K 147 | Continued From page 4 fixed wiring of a structure. | K 147 | | |

Plan of Correction for North Idaho Cataract and Laser Center #13C0001009 Fire Life Safety Survey

| Tag Number | How we addressed the deficiency | Who is responsible for monitoring the change | Date the deficiency was corrected | Supporting Documents/Evidence of Correction |
|--|---|---|--|---|
| K-114 Mechanical Room ceiling Penetrations along ductwork | Material inserted into the penetrations | Steve Newman, Operation Manager Karen Sines, Administrator | 10/02/2013 <i>10/2/12</i> <i>M Sibulsky</i> <i>Karen Sines</i> | See attached pictures of before and after for the penetrations. |
| K-141 Missing Signage | Appropriate signage was missing on the Oxygen room door. Door was labeled Oxygen Room only. The sign was added that includes recommended wording "Caution Oxidizing Gases Stored Within No Smoking" as requested | Mary Sibulsky, RN Nurse Manager | 9/18/2012 | See attached photo of added signage |
| K-147 Electrical Issues | Electrical wiring not in compliance in the OR, an extension and power tap were in use. Extension cord and power tap were not needed and immediately removed. Electrician was called to hard wire the power source into the outlet. Flexible conduit was added and the power was rerouted through to the emergency outlet in the OR. | Steve Newman, Operations Manager Mary Sibulsky, RN Nurse Manager | 9/18/2012 | See attached photo of the corrected wiring. Power tap and extension removed. Certified electrician hardwired power to outlet. |

M Sibulsky 10/3/12
Mary Sibulsky, RN
Nurse Manager

S Newman
Steve Newman
Operations Manager

Karen Sines
Karen Sines
Administrator