



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
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September 25, 2012

Rita Kinney, Administrator
Coeur d'Alene Foot & Ankle Surgery
101 Ironwood Drive, Suite 131
Coeur d'Alene, Idaho 83814

RE: Coeur d'Alene Foot & Ankle Surgery, Provider #13C0001016

Dear Ms. Kinney:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Coeur d'Alene Foot & Ankle Surgery on September 19, 2012.

Based on the results of this survey, Coeur D'Alene Foot & Ankle Surgery 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,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

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

Printed: 09/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001016	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER COEUR D'ALENE FOOT & ANKLE SUR		STREET ADDRESS, CITY, STATE, ZIP CODE 101 IRONWOOD DRIVE. SUITE 131 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
K 000	<p>INITIAL COMMENTS</p> <p>A Fire / Life Safety survey was conducted at Coeur D Alene Foot and Ankle Surgical Center on September 19, 2012. The 2000 Existing Edition of the Life Safety Code was utilized for this survey, in accordance with 42 CFR 416.44(b)</p> <p>The Ambulatory Surgery Center is located at the end of a single story strip mall of Type V (111) construction. The building does not have an automatic sprinkler system. It does have a full fire alarm system in place with portable fire extinguishers and emergency lighting. A one (1) hour rated wall assembly separates the ASC from the rest of the strip mall.</p> <p>The Ambulatory Surgery Center was found to be in substantial compliance with applicable fire/life safety requirements.</p> <p>The survey was conducted by;</p> <p>Tom Mroz CFI-II Health Facility Surveyor</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.