IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 26, 2012

Lori Schroder, Administrator
North Idaho Endoscopy Center
1607 Lincoln Way, Suite 100
Coeur d'Alene, Idaho 83814

RE: North Idaho Endoscopy Center, Provider #13C0001044

Dear Ms. Schroder:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at North Idaho Endoscopy Center on September 20, 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.

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,

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - NORTH IDAHO ENDOSCOP B. WING	(X3) DATE SURVEY COMPLETED
	13C0001044		09/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH IDAHO ENDOSCOPY CENTER	1607 LINCOLN WAY. SUITE 100 COEUR D'ALENE, ID 83814

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K 000	INITIAL COMMENTS A Fire / Life Safety survey was conducted at North Idaho Endoscopy Center on 09/20/12. The 2000 Existing Edition of the Life Safety Code was utilized for this survey, in accordance with 42 CFR 416.44(b) The Ambulatory Surgery Center occupies the first floor of a medical office building. Renovation of the first floor was started in January 2002 and completed in late May 2002. The building's construction is basically Type V(000), but is fully sprinklered. The first floor is at least one (1) hour separated from the basement level and the second floor; and is at least two (2) hour separated from the covered parking area to the back side of the building. There are two (2) remotely located exits from the Center with one (1) directly to the exterior and the other to the building's main entry vestibule. The ASC is subdivided into two (2) smoke zones. Medical Air and Oxygen are provided through piped systems as well as a central Vacuum system. The deficiencies identified during this survey are listed below. The surveyor conducting the survey was: Tom Mroz CFI-II Health Facility Surveyor Fire / Life Safety	K 000	RECEIVED OCT 12 2012 FACILITY STANDARDS	
K 046	416.44(b)(1) LIFE SAFETY CODE STANDARD Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1	K 046		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lori Schroder
TITLE: Manager.
(X6) DATE: 10/9/12

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 046	Continued From page 1 This Standard is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain the emergency battery powered back-up lighting fixtures. Failure to inspect and maintain the emergency lighting could result in the emergency lighting not working when needed. Findings include: During a review of facility records for the 12 month period prior to the day of survey on 09/20/12 at 9:33 a.m., the facility was unable to provide documentation of annual 90 minute and monthly 30 second testing of the facility's emergency battery powered back-up light fixtures. Interview on 09/20/12 at 9:33 a.m., with the Nurse Manager revealed that the facility was not aware of the requirement for annual 90 minute and monthly 30 second testing of the facility's emergency battery powered back-up light fixtures. Actual NFPA Standard: NFPA 101, 7.9.3. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 and 1/2 hours. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046	See Attached Correction Plan	
K 050	416.44(b)(1) LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2	K 050	See attached correction plan	

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K 050	Continued From page 2 This Standard is not met as evidenced by: Based on interview and record review, the facility failed to document one per shift per quarter required fire drills. Failure to conduct fire drills effects staffs ability to protect patients during an emergency. Findings include: During a review of the facility's fire drill reports for the 12 month period prior to the day of survey on 09/20/12 at 9:22 a.m., the facility was unable to provide a documented fire drill for the fourth quarter of 2011. Interview with the Nurse Manager on 09/20/12 at 9:22 a.m., revealed that the facility was aware of the missing documented fire drill report. Actual NFPA Standard: NFPA 101, 21.7.1.2 Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.	K 050		
K 051	416.44(b)(1) LIFE SAFETY CODE STANDARD A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The fire alarm	K 051	See attached correction plan	

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K 051	Continued From page 3 system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1 This Standard is not met as evidenced by: Based on record review and interview, the facility failed to provide an annual fire alarm inspection, test and maintenance report in a twelve month cycle. Failure to inspect and maintain the system could result in the system not working when needed. Findings include: During record review on 09/20/12 at 9:18 a.m., the facility was unable to provide an annual fire alarm system inspection report for the 12 month period prior to the date of the survey. Interview with the Nurse Manager revealed the facility was unaware of the missing inspection reports as they do not receive copies of inspections. Actual NFPA Standard: NFPA 101, 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2. Testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. If automatic testing is performed at least weekly by a remotely monitored fire alarm control unit specifically listed for the application, the manual testing frequency shall be permitted to be extended to annual. Table 7-3.2 shall apply.	K 051		
K 076	416.44(b)(1) LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99,	K 076	See attached Correction Plan	

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K 076	Continued From page 4 Standards for Health Care Facilities, and NFPA 101. (a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation. (b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. 4.3.1.1.2, 20.3.2.4, 21.3.2.4 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to protect freestanding oxygen cylinders from accidental damage. Such damage can cause the cylinder to rupture and explode sending sharp metal pieces, like shrapnel, blasting through the area. Findings include: Observation on 09/20/12 at 9:45 a.m., revealed that two freestanding oxygen cylinders located in the piped oxygen gas cylinder room were not protected by individual chaining, placement in a rack or use of a cylinder stand/cart. Interview with the Nurse Manager on 09/20/12 at 9:45 a.m., revealed that the facility was not aware the two cylinders were stored without being properly supported or secured and the remaining cylinders were required to be individually chained. Actual NFPA Standard: NFPA 99, 4-3.1.1.1 Cylinder and Container Management. Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over.	K 076		

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K 130	Continued From page 5	K 130	See attached correction plan	
K 130	NFPA 101 MISCELLANEOUS	K 130		
	OTHER LSC DEFICIENCY NOT ON 2786			
	This Standard is not met as evidenced by: Based on record review and interview, the facility failed to maintain the automatic sprinkler system. Failure to maintain the system could result in the system not working when needed. Findings include: 1.) During record review of the facility's automatic sprinkler system's inspection and testing reports for the 12 month period prior to the day of survey on 09/20/12 at 9:18 a.m., the annual inspection report dated 06/07/12 noted the following deficiencies: 1.) OS&Y tampers report to panel as alarm, 2.) Air compressor not hard wired into receptacle, 3.) Central recall heads throughout building (approximately 100), 4.) No sprinkler heads in basement bathroom 5.) Drain low points at least monthly during warm months & at least weekly during freezing temps until no water is present in system, 6) System is due for IFC 5 year inspection. 2.) During record review of the facility's automatic (wet) sprinkler system's inspection and testing reports for the 12 month period prior to the day of survey on 09/20/12 at 9:18 a.m., the facility was unable to provide a five year report of replacement or inspection of the system ' s pressure gauges. Interview with the Nurse Manager on 09/20/12 at 9:18 a.m., revealed that the facility was not aware of the deficiencies as they do not receive a copy			

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K 130	Continued From page 6 of the inspection report Actual NFPA Standard: NFPA 101, 4.6.12.1. Every required sprinkler system shall be continuously maintained in proper operating condition. NFPA 25, 2-3.2 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced.	K 130		
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 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 and the facility ' s Generator and ATS ' s testing policy. 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 09/20/12 at 9:05 a.m. the facility was unable to provide documented 30 minute monthly load tests or weekly inspections for the 12 month period prior to the date of this survey. Documentation provided only indicated the monthly generator start number and the generator end number for January through	K 144	See attached correction plan	

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K 144	Continued From page 7 September 2012. When this deficient practice was discussed with the Nurse Manager she stated that she was aware of the emergency generator testing and inspection requirements but unaware of how to properly perform and document the testing and inspections. Actual NFPA Standard: 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. 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.	K 144		

NORTH IDAHO ENDOSCOPY CENTER (NIEC)

HEALTH FACILITY FIRE/LIFE SAFETY INSPECTION 2012

PLAN OF CORRECTION

K 046 Emergency Lighting

Beginning November 1, 2012, NIEC will maintain the emergency battery powered back-up lighting system by conducting functional testing for 30 seconds on the first business day of each month. Each fixture will be numbered and will be documented on a testing log as such. An annual test of 90 minutes will be completed on December 3, 2012 and will be conducted annually thereafter. The Nurse Manager will be responsible for this testing.

K 050 Fire Drills

Beginning October 1, 2012, fire drills will be conducted on a quarterly basis. The Nurse Manager has delegated this activity to Mary Van Dusen to complete. The Nurse Manager will assure that the delegated person fulfills this requirement.

K 051 Fire Alarm Inspection

The building manager has contacted the fire alarm inspection company to schedule an inspection, test and maintenance activity during the week of October 8-12, 2012. NIEC , specifically the Nurse Manager, will assure that the alarms are inspected annually.

K 076 Medical Gases

On September 24, 2012 the Nurse Manager notified the medical gas delivery person from AL Compressed Gases, Inc. that a deficiency was noted in how the cylinders were located in the storage room. On October 2, 2012, the Nurse Manager notified AL Compressed Gases, Inc. that each cylinder needs to be individually chained to the wall to prevent accidental fall of the cylinder. They corrected the situation on October 8, 2012.

K 130 Automatic Sprinkler System

On October 2, 2012, the Nurse Manager met with the building manager to discuss findings of non-maintenance of the automatic sprinkler system. The building manager has contacted the owners of the building regarding the inspection report of June 7, 2012 and they have instructed her to seek bids on replacing the sprinkler heads as well as to have an appropriate company rectify the other 5 deficiencies noted in the inspection report. The Nurse Manager will also work with the building manger to ensure that an inspection and /or replacement of the pressure gauges takes place by October 31, 2012. All deficiencies are expected to be corrected by December 31, 2012 . The Nurse Manager will have monthly follow up with the building manager to ensure that these items are corrected.

K144 Generator Inspections

Beginning November 1, 2012, NIEC will complete weekly inspections of the generator that will be documented on a log provided by Western States, Inc. who will provide training to the Nurse Manager on how to perform these inspections. Western States, Inc. has been contracted to conduct monthly load testing for the facility and will document on a monthly log that will be maintained at the facility.