



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 29, 2011

Charlene Woodland, Administrator
Idaho Surgicenter North, LLC
3369A Merlin Drive
Idaho Falls, Idaho 83404

RE: Idaho Surgicenter North, LLC, Provider #13C0001035

Dear Ms. Woodland:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Idaho Surgicenter North, Llc on September 23, 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.

Charlene Woodland, Administrator
September 29, 2011
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 12, 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 'MPG', followed by 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: 09/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001035	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE ASC B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2011
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NAME OF PROVIDER OR SUPPLIER IDAHO SURGICENTER NORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3369A MERLIN DRIVE IDAHO FALLS, ID 83404
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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	INITIAL COMMENTS The Ambulatory Surgery Center (ASC) occupies approximately 1200 square feet (sf) of a 3493 sf single story structure of un-protected wood frame construction that was competed in remodeled in 2006. It is attached to, but one (1) hour separated from, the attached clinic of the physician that practices in the ASC. The ASC is provided with a complete fire alarm system with full system smoke detection throughout the ASC. The fire alarm system is off-site monitored. The Essential Electrical System (i.e., emergency power) is designed/installed per NFPA Std 99 for a Type 3 system and is powered by an on-site automatic generator. A Portable ABC fire extinguisher is provided within the ASC and one in the clinic. There are two (2) exits accessible from the ASC and one from the attached clinic. The following deficiencies were found during the life safety code survey conducted on September 23, 2011, in accordance with the applicable life safety requirements set forth under 42 CFR 416.44 (b) for certification as an Ambulatory Surgery Center. The surveyor conducting the survey was: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program	K 000		
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 system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1	K 051		

[Stamp: OCT 13 2011]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Looney & Schneider* TITLE: *Office Mgr* (X6) DATE: *10-12-2011*

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 051	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based upon observation, interview, and record review the facility failed to ensure the fire alarm system was inspected and maintained in accordance with NFPA standards. Failure to maintain the fire alarm system could result in delayed evacuation in an emergency.</p> <p>Findings include:</p> <p>During the record review of safety related documents it was revealed the facility had failed to ensure testing and maintenance of the fire alarm system at least annually. Observation of the panel sticker, and review of inspection records revealed the last inspection was conducted on September 13, 2010.</p> <p>Actual NFPA standard:</p> <p>NFPA 101 - 2000 the Life Safety Code 20.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 20.3.4.2 through 20.3.4.5.</p> <p>9.6.1.7 To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code.</p> <p>NFPA 72 National Fire Alarm Code - 1999</p> <p>7-3.2 Testing. Testing shall be performed in accordance with the schedules in Chapter 7 or more often if</p>	K 051		

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K 064	<p>Continued From page 3</p> <p>inspection on a monthly basis. The tag and facility records indicated the extinguisher was professionally serviced in March 2011. However, no monthly checks had been documented on the tag affixed to the extinguisher. Interview with Administrator during the exit conference revealed she was unaware of the requirement to inspect, date and initial the tag monthly.</p> <p>Actual NFPA standard:</p> <p>NFPA 101- 2000 the Life Safety Code 20.3.5.2 Portable fire extinguishers shall be provided in ambulatory health care facilities in accordance with 9.7.4.1. 9.7.4.1 Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. NFPA 10- 1998 Standards for Portable Fire Extinguishers 4-3 Inspection. 4-3.1 Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. 4-3.2 Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items: (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) * Safety seals and tamper indicators not broken or missing</p>	K 064		

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K 064	Continued From page 4 (e) Fullness determined by weighing or " hefting " (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place	K 064		
K 147	416.44(b)(1) LIFE SAFETY CODE STANDARD Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1 This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure electrical power devices were used safely and in accordance with their listed purposes per NFPA 70, the National Electrical Code. Findings include: 1. During the facility tour on September 23, 2011 at 9:15 AM, observation revealed the facility utilizing a relocatable power tap (RPT) as an extension cord to provide power for the operating room table. The RPT cable was routed through cabinetry to a power source. Interview with the Administrator during the exit conference revealed she was unaware that relocatable power taps were not approved for use with medical devices. 2. During the facility tour on September 23, 2011 at 9:18 AM, observation revealed the facility had a relocatable power tap mounted on the crash cart. Interview with the Administrator during the exit conference revealed she was unaware that	K 147		

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K 147	<p>Continued From page 5</p> <p>relocatable power taps were not approved for use with medical devices.</p> <p>Actual NFPA standard:</p> <p>NFPA 70, National Electrical Code, 1999 Edition</p> <p>NFPA 70 - 110.3 Examination, Identification, Installation, and Use of Equipment.</p> <p>(A) Examination. In judging equipment, considerations such as the following shall be evaluated:</p> <ol style="list-style-type: none"> (1) Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. (2) Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided (3) Wire-bending and connection space (4) Electrical insulation (5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service (6) Arcing effects (7) Classification by type, size, voltage, current capacity, and specific use (8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment <p>(B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.</p>	K 147		
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K 147	<p>Continued From page 6 Referenced UL listing:</p> <p>XBYS.GuidelInfo Relocatable Power Taps</p> <p>USE AND INSTALLATION This category covers relocatable power taps rated 250 V ac or less, 20 A or less. They are intended for indoor use as relocatable multiple outlet extensions of a single branch circuit to supply laboratory equipment, home workshops, home movie lighting controls, musical instrumentation, and to provide outlet receptacles for computers, audio and video equipment, and other equipment.</p> <p>...</p> <p>Relocatable power taps are intended to be directly connected to a permanently installed branch circuit receptacle. Relocatable power taps are not intended to be series connected (daisy chained) to other relocatable power taps or to extension cords.</p> <p>Relocatable power taps are not intended for use at construction sites and similar locations.</p> <p>Relocatable power taps are not intended to be permanently secured to building structures, tables, work benches or similar structures, nor are they intended to be used as a substitute for fixed wiring. The cords of relocatable power taps are not intended to be routed through walls, windows, ceilings, floors or similar openings.</p> <p>The length of the power-supply cord, as measured from the outside surface of the enclosure of the relocatable power tap to the plane of the face of the attachment plug, should not exceed 25 ft (7.62 m) nor be less than 1.5 ft (0.46 m).</p> <p>Relocatable power taps have not been investigated and are not intended for use with</p>	K 147		

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K 147	Continued From page 7 general patient care areas or critical patient care areas of health care facilities as defined in Article 517 of ANSI/NFPA 70, "National Electrical Code." The basic standard used to investigate products in this category is UL 1363 "Relocatable Power Taps."	K 147		

LIFE SAFETY CODE



K 051: Omni Security Systems came for annual inspection of the fire alarm system on 9-28-2011. Toiny Schneider, Office Manager, will calendar this inspection to be sure that it takes place before the yearly deadline occurs. **(Inspection and Test Report attached)**

K 060: Mike McKnight has been called to come for a servicing of the fire extinguisher. He has been called 4 times with no satisfactory result. We have left messages and have documented the calls in a log. We are currently looking for someone else to perform this service for us. **We will have someone in place by 11-03-2011.**

K 060: 4-3.2 **Monthly inspections will be performed** by Toiny Schneider and noted on the tag that is affixed to the extinguisher. She will also inspect the extinguisher following the noted protocols, each surgery day and note the inspection in the maintenance log. She will notify Fire and Security Inc. when maintenance is required. She will also calendar annual inspection and service by Fire and Security Inc. Toiny also checked with Omni about servicing the fire extinguishers, but this isn't a service they perform.

K 147: **An electrician is appointed to visit the facility on 10-13-2011.** He is going to look at a way to use the cord we presently have to the OR table so that we can plug it into the wall. If he is unable to see a way to do this, we will obtain a longer cord. **Longer cords are presently backordered until 11-11-2011,** but we will keep looking for one if the electrician says we need one. The surge protector has been removed from the crash cart and we are using the wall outlet. Toiny is also looking for medical grade surge protectors.