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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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December 17, 2012

Tom Thompson, Administrator
Healing Arts Day Surgery
222 West Iowa Avenue, Suite B
Nampa, ID 83686

RE: Healing Arts Day Surgery, Provider #13C0001023

Dear Mr. Thompson:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Healing Arts Day Surgery on July 30, 2009.

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.

Tom Thompson, Administrator
December 17, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **December 27, 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 'M. P. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/nw

Enclosures

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

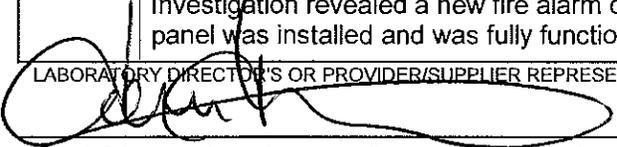
Printed: 12/14/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001023	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2012
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NAME OF PROVIDER OR SUPPLIER HEALING ARTS DAY SURGERY	STREET ADDRESS, CITY, STATE, ZIP CODE 222 WEST IOWA AVENUE. SUITE B NAMPA, ID 83686
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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 Surgery Center occupies a one (1) hour separated portion of the first floor of a two (2) story building constructed in 1997/98 with occupancy of the building in July of 1998. The building construction type would be equivalent to Type II(111). The building is provided with a complete fire alarm system and sprinkler system. There are four (4) exits to grade from the ASC without traversing the remainder of the building. Piped in oxygen is provided to the procedure rooms, pre-op, and post-op. Emergency power is provided via an on-site automatic generator.	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 This Standard is not met as evidenced by: Based on observation and interview the facility failed to maintain the fire alarm system. This potentially leaves the patients with no warning to evacuate. The deficient practice would affect all smoke compartments, patients, visitors, and staff of the facility. Findings include: Observation on 12/11/12 at 9:30 a.m., the fire alarm remote annunciator panel displayed a signal initiated by the fire alarm system indicative of a 'communications failure'. The fire alarm annunciator panel was in "trouble mode". Investigation revealed a new fire alarm control panel was installed and was fully functional	K 051	<p>Please see attached letter dated 12/19/12 for our poc and the supporting documentation</p>  <p>RECEIVED DEC 24 2012 FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrative</i>	(X6) DATE <i>12/20/12</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 051	<p>Continued From page 1</p> <p>operating in "normal" mode, however, the existing remote annunciator panels were not compatible with the new fire alarm control panel.. Interview with the facility Administrator on 12/11/12 at 11:30 a.m. indicated the facility was aware that the remote fire alarm annunciator panel was in trouble mode and stated the fire alarm company was awaiting replacement remote annunciator panels that are compatible with the new fire alarm panel.</p> <p>The finding was acknowledged by the Administrator at the exit interview on 12/11/12.</p> <p>Actual NFPA standard: NFPA 72 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.</p>	K 051		
K 064	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided. 20.3.5.2, 21.3.5.2</p> <p>This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that portable fire extinguishers were inspected annually. The deficient practice would affect all smoke compartments, all staff, and all patients within the facility.</p> <p>Findings include:</p> <p>Observation on 12/11/12 between 9:30 a.m. and 11:30 a.m. revealed that six of six portable fire extinguishers sampled in the facility had inspection tags indicating they were past due for maintenance and annual inspection (i.e. last</p>	K 064		

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K 064	Continued From page 2 inspection 4/11). Interview with the facility Administrator on 12/11/12 at 11:30 a.m., indicated the facility was performing monthly fire extinguisher checks, however the facility was not aware that the firm responsible for performing the annual inspection had not inspected the fire extinguishers. The finding was acknowledged by the Administrator at the exit interview on 12/11/12. Actual NFPA standard: NFPA 10 §4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection.	K 064		
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to provide exit doors that opened readily from the egress side. This potentially prevents occupants from leaving a smoke or fire environment. This deficient practice affected all smoke compartments, staff, and patients Findings include: Observation on 12/11/12 at 10:45 a.m. revealed that the exit from the Healing Arts Day Surgery (HADS) lobby to the outer vestibule had a key lock on the exit door. The outer vestibule door to the exterior was equipped with a key lock as well. The door from the HADS lobby to the intake area, inside the facility, was self-locking. The locking	K 130		

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K 130	Continued From page 3 arrangement did not provide free access to the exterior from the lobby or the vestibule. Interview on 12/11/12 at 11:30 a.m. with the Administrator revealed the facility was not aware the use of key locks had the potential to trap occupants in the lobby and prohibit occupants from exiting in an emergency. The finding was acknowledged by the Administrator at the exit interview on 12/11/12. Actual NFPA Standard: 7.2.1.5 Locks, Latches, and Alarm Devices. 7.2.1.5.1 Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side.	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 observation, record review and interview, the facility failed to provide documented weekly inspections of the emergency generator. The deficient practice affected all smoke compartments, staff, and all patients. Findings include: Observation during record review on 12/11/12 at 10:00 a.m. of the facility's emergency generator reports for the 12 months preceding the survey, the facility was unable to provide documented	K 144		

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K 144	<p>Continued From page 4</p> <p>weekly inspections of the facility's emergency generator. Interview with the Administrator on 12/11/12 at 10:30 a.m. revealed that the facility was unaware of the requirement for weekly inspections of the emergency generator.</p> <p>The finding was acknowledged by the Administrator at the exit interview on 12/11/12.</p> <p>Actual NFPA Standards: NFPA 110, 6.4.1 and 6.4.2. Level 1 and level 2 Emergency Power Supply Sources (EPSS)s, including all appurtenant components, shall be inspected weekly and shall be exercised under load monthly for a minimum of 30 minutes.</p>	K 144		



Healing Arts Day Surgery

222 West Iowa Avenue Ste B

Nampa, ID 83686

December 21, 2012

Idaho Department of Health & Welfare
PO Box 83720
Boise, ID 83720-0009

Re: Healing Arts Day Surgery, Provider #13C0001023
Facility Fire Safety & Construction

Please find enclosed the signed CMS-2567 and our responses to the deficiencies cited.

K051 – Remote Annunciator: As stated in the report the main fire panel for the building had been replaced and was fully functional. Functionality was noted after install as well as the annual fire system check completed by Treasure Valley Fire Protection and Sentry Security in October 2012. The remote annunciator panel enabling a secondary access for alarm silence, test, or status was not compatible with the newer system that was installed. However at no time was the system compromised or unable to perform its function. The “communication error/trouble” noted was between the remote panel and the system not the emergency response and the system. The remote panel was on order to be installed and has since been installed. A technician was on site 12/21/2012 to assure it was completed. Please see attached photograph of new panel, this was included in the initial repair so additional documentation ie invoice was not available for copy.

K064 – Portable Fire Extinguishers: As stated in the report the certification tags were expired on the fire extinguishers. We are performing monthly checks on them to assure they are in the “good” properly charged range. During our annual fire inspection these are recertified and the tags are changed. It appears that the tags were not changed during our 2012 inspection. On 12/21/2012 all extinguishers were rechecked, recertified, and retagged. Please see attached documentation as well as a photograph of a new tag.

K130 – Exit Door Locks: As stated in the report all lobby doors were controlled by a key lock. At the time of the inspection these doors were locked. Although we keep these doors unlocked during patient days the remaining days of the week the doors remain locked. In order to allow egress when doors are locked in the case of emergency we have installed thumb turns on the inside of each door allowing the door to be unlocked by anyone to exit the building. Please see documentation attached as well as a photograph of the upgrade.



Healing Arts Day Surgery

222 West Iowa Avenue Ste B

Nampa, ID 83686

K144 – Generator Inspection: As stated in the report we were not completing a weekly inspection of the generator. We however were completing this monthly as we were unaware there was an additional requirement. We have since implemented a weekly inspection. Our weekly and monthly inspections are now being logged accordingly on a form based upon the sample provided by our surveyor available on the department's website. Please see a copy of the current log for the past two weeks as well as they monthly log for the month of December. Generator maintenance and inspection will now take place weekly and a full exercise monthly with proper documentation. Oversight of this process will be part of the Administrators responsibility and reported during QAPI meetings.

Facility upgrades and repairs were completed by our appropriate standard contracted agencies. Continual monitoring of the plan, building, and inspections will be supervised or completed by Tom Thompson. Please advise if you need additional information from our offices.

Sincerely,

Tom Thompson
Administrator