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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

December 20, 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 survey of Healing Arts Day Surgery, which was conducted on December 14, 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:

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Ambulatory Surgical Center into compliance, and that the Ambulatory Surgical Center remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

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Tom Thompson, Administrator  
December 20, 2012  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **January 2, 2013**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



REBECCA LARA  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

RL/nw  
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEALING ARTS DAY SURGERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>222 WEST IOWA AVENUE, SUITE B NAMPA, ID 83686</b>
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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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Q 000	<p><b>INITIAL COMMENTS</b></p> <p>The following deficiencies were cited during the recertification survey of your Ambulatory Surgical Center. The surveyors conducting the review were:</p> <p>Rebecca Lara RN, BA, HFS, Team Leader Aimee Hastriter RN, BSN, HFS Libby Doane RN, BSN, HFS</p> <p>The following acronyms were used in this report:</p> <p>CRNA - Certified Registered Nurse Anesthetist mL - milliliter USP - United States Pharmacopeia</p>	Q 000	<p><i>Please see attached letter and documentation</i></p>	
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Q 043	<p><b>416.41(c) DISASTER PREPAREDNESS PLAN</b></p> <p>(1) The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC.</p> <p>(2) The ASC coordinates the plan with State and local authorities, as appropriate.</p> <p>(3) The ASC conducts drills, at least annually, to test the plan's effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of administrative documents, it was determined the governing body failed to ensure the written</p>	Q 043	<p><i>in response to findings and correction</i></p> <p><i>[Signature]</i></p> <p><b>RECEIVED</b> DEC 24 2012 <b>FACILITY STANDARDS</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  <i>Admission staff</i>	(X6) DATE  <i>12/21/12</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.

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

PRINTED: 12/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEALING ARTS DAY SURGERY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>222 WEST IOWA AVENUE, SUITE B NAMPA, ID 83686</b>		
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Q 043	Continued From page 1 emergency preparedness plan contained an evaluation and coordination with State and Local authorities to effectively deal with the care, health and safety of patients, staff and other individuals and/or when a major disruptive event occurred. This deficient practice had the potential to impact all patients, staff, and visitors to the facility. Findings include:  The facility's emergency preparedness plan, dated 05/01/2011, was reviewed. The plan did not include documentation of coordination with state and local authorities. There was no record of an evaluation of the effectiveness of the emergency preparedness drill conducted on 9/22/11 or communication with State and Local authorities to determine the effectiveness of the plan. When asked about the plan, on 12/11/12 at 1:30 p.m., the facility's Administrator acknowledged the lack of an evaluation and documentation of coordination with State and Local authorities.  The facility failed to ensure emergency preparedness was coordinated with State and local authorities.	Q 043			
Q 181	416.48(a) ADMINISTRATION OF DRUGS  Drugs must be prepared and administered according to established policies and acceptable standards of practice.  This STANDARD is not met as evidenced by: Based on observation, review of drug labeling information and staff interview, it was determined	Q 181			

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Q 181	<p>Continued From page 2</p> <p>the facility failed to prepare and administer medications in accordance with acceptable standards of practice. This failure impacted all patients receiving medications in the ASC. Failure to adhere to acceptable standards of practice had the potential to result in adverse drug reactions. Findings include:</p> <p>1. The process of preparing medications for use during procedures was observed on 12/13/12 beginning at 8:50 AM. The CRNA used a multidose vial of Propofol to fill five syringes and a multidose vial of Versed to fill two syringes. The CRNA was then observed to open a vial of Fentanyl, labeled "5 mL Single Dose Vial," to fill two syringes. The CRNA was observed to draw up 2 mL of Fentanyl into one syringe and 3 mL of Fentanyl into a second syringe. He explained that the above medications would be used for more than one patient. The CRNA stated that typically one syringe of the Fentanyl would be used for one patient during one procedure and confirmed there was a potential that the second syringe of Fentanyl, drawn from the single dose vial, would be used on a different patient.</p> <p>A drug insert for the Fentanyl 5 mL vial, stated: "Do not administer unless solution is clear and container undamaged. Discard unused portion. Fentanyl Citrate Injection, USP equivalent to 50 mcg (0.05 mg) fentanyl/mL, is supplied in single-dose glass containers. The solution contains no bacteriostat, antimicrobial agent or added buffer and is intended only for use as a single-dose injection. When smaller doses are required, the unused portion should be discarded in an appropriate manner."</p>	Q 181			

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Q 181	Continued From page 3	Q 181			
Q 245	<p>The facility failed to ensure acceptable standards of practice related to medication preparation and administration were followed.</p> <p><b>416.51(b)(3) INFECTION CONTROL PROGRAM - RESPONSIBILITIES</b></p> <p>The program is - Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.</p> <p><del>This STANDARD is not met as evidenced by:</del> Based on observation, interview and record review, it was determined the facility failed to ensure the infection control program established a plan of action for preventing and identifying communicable diseases. The failure of facility staff to implement appropriate infection control practices directly impacted 1 of 2 patients (Patient #20) whose care was observed and had the potential to impact all patients receiving care after Patient #19. The failure of the facility to implement a comprehensive surveillance program had the potential to impact all patients receiving care at the facility. These failures had the potential to result in cross-contamination during procedures and a lack of thorough surveillance for infections following procedures. Findings include:</p> <p>1. Patient #19 was a 53 year old female who presented for a screening colonoscopy on 12/13/12. The preparation of the procedure room and the procedure were observed by two surveyors beginning at 9:10 AM.</p>	Q 245			

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Q 245	Continued From page 4  At 9:10 AM, the CRNA was observed placing medications to be used during procedures in the top drawer of a cabinet. Inside the top drawer were three separate baskets. One basket contained a syringe of Fentanyl, a syringe of Versed, and a syringe of Propofol. The CRNA stated this medication would be used during Patient #19's colonoscopy. The second basket also contained a syringe of Fentanyl, a syringe of Versed and a syringe of Propofol. The CRNA explained these syringes would be used for Patient #19 if needed, or saved for use with the next patient. The third basket contained three extra syringes of Propofol. In preparation for the procedure the CRNA donned clean gloves at 9:25 AM.  At 9:35 AM, the CRNA removed the three syringes from the first basket and placed them on the top of the cabinet. The CRNA was observed to administer the medications to sedate Patient #19. During the course of the procedure the CRNA touched the patient several times to assist with positioning or maintain a patent airway.  At 9:45 AM, the CRNA was observed to open the top drawer of the cabinet, reach into the second basket and take out an addition syringe of medication. His hand came in contact with all of the syringes in the second basket. The CRNA withdrew one syringe and administered the medication to Patient #19. The CRNA then touched Patient #19's face and arms to reposition her.  At 9:57 AM, the CRNA was observed to reach into the third basket to withdraw one syringe. His	Q 245		

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Q 245	<p>Continued From page 5</p> <p>hands came into contact with the two remaining syringes in the third basket. At 10:12 AM, the procedure ended and Patient #19 was taken to recovery.</p> <p>At 10:18 AM, the CRNA returned to the procedure room and was observed to wipe down the monitors and the outside of the cabinet with cleaning wipes. The CRNA did not clean the inside baskets. The CRNA then locked the cabinet and left to prepare the next patient for a procedure.</p> <p>Patient #20 was a 73 year old female who presented for a colonoscopy on 12/13/12 immediately following Patient #19. Patient #20's medical record indicated the CRNA used one syringe of Versed, one syringe of Fentanyl, and two syringes of Propofol during her procedure. All of these syringes were observed in the cabinet following Patient #19's procedure on 12/13/12 at 9:57 AM.</p> <p>During an interview on 12/14/12 at 9:30 AM, the Physician agreed that the practice of reaching into the drawer to remove additional medications while wearing contaminated gloves was not appropriate. She stated she would work with staff to devise a new process to prevent cross-contamination.</p> <p>Staff failed to prevent possible cross-contamination between patients by removing additional supplies from a closed drawer while wearing contaminated gloves.</p> <p>2. The Infection Control Officer was interviewed on 12/12/12 at 12:15 AM about the infection</p>	Q 245			

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Q 245	Continued From page 6 control program. He explained that most of the patients who have procedures in the surgery center follow up in the office with the gastroenterologist who performed the procedure. He confirmed that there were patients who were referred for procedures by their primary provider who did not follow up with the gastroenterologist. The Infection Control Officer was asked how the facility ensured all patients were monitored for infections that could have been acquired at the surgery center. He stated the gastroenterologist would report this information based on the results of a follow up visit. In addition, he stated the facility completed 24 hour post-procedure phone calls on patients who did not follow up in the office with the gastroenterologist, or who were suspected to have complications. The Infection Control Officer confirmed there was no specific method of tracking which patients were seen at a follow up office visit or contacted by phone. He agreed there was no method for ensuring all patients were included in the surveillance process to identify infection acquired at the surgery center.  The facility failed to ensure the infection control program established a plan of action for preventing and identifying communicable diseases.	Q 245			



## Healing Arts Day Surgery

222 West Iowa Avenue Ste B  
Nampa, ID 83686

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December 21, 2012

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

Re: Healing Arts Day Surgery, Provider #13C0001023

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

Please note that our facility is closed from December 22<sup>nd</sup> to January 14<sup>th</sup> explaining the timing of some of the corrections and implementations of plans.

#### Q043 – Disaster Preparedness Plan:

Part 1 as described our plan was not correlated with state and local authorities. This was a misinterpretation of the standard by our offices. We read it to mean that we would coordinate in order to provide resources via our facility during a disaster to outside agencies not vice versa. After discussion with the survey team and rereading the policy we now better understand this standard.

We have updated our coordination plan (copy attached) and are working with the emergency response to assure our plan is accurate to our facility and potential hazards.

We have contacted the Nampa Fire Department on 12/19/2012 to request a meeting to review of our plan and assure proper coordination with their agency and suggestions on other agencies we should contact in the event of a disaster. Coordination with the fire department and any suggested updates to the policy or drill procedures will be made as necessary and will be completed by 1/14/2012.

New facility plans are being drawn based on our last fire inspection (10/19/2012.) The first draft was provided to Tom Mroz during our survey. This map was a newer version of our egress plan and location of fire extinguishers and emergency pulls. As we were recently provided us with a report that gave us more information on our emergency system we are now updating a separate copy of the plan that notates the "address" of the safety device by room. Our system now will report on the main and secondary enunciator panels the address of the device that tripped the emergency system. Through correlation of the device list and map it will allow a quicker response to the appropriate area. Once the new drawing is completed several copies will be made and



**Healing Arts Day Surgery**  
222 West Iowa Avenue Ste B  
Nampa, ID 83686

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placed in each fire extinguisher cabinet. Additionally a copy will be forwarded to the fire marshal. This will be completed by January 14<sup>th</sup>.

Part 2 inadequate evaluation of the disaster plans effectiveness. It was noted that the drill performed 9/2011 was not documented in a manner that fully detailed the drill, concerns, or processes that were followed. Through discussion with the survey team a better methodology will be used for our annual drill for 2012. We had already started using a new form for our quarterly fire drill and have modified it and created a specific form for the annual disaster preparedness drill. Due to the holidays and office closure we have rescheduled the annual compliance training and disaster drills to be conducted on 1/2/2013. However it is to be noted that on 10/19/2012 the effectiveness of the pulls and external notification were tested during our system test.

Enclosed is the new form we will be recording our annual effectiveness drill on. If you would like a copy of the drill once it is completed please let me know and I will be happy to forward it to your offices.

**Q181 – Administration of Drugs:**

It was observed that we were using a single dose ampule of Fentanyl 5mL for multiple patients. After discussion of protocols with the survey team we have changed our processes and furthermore our purchasing practices. This item was resolved 12/14/2012 after the exit interview. We have further clarified our "Single and Multi Dose Vials" policy; enclosed. The following is the memo that was forwarded to all CRNAs and posted in the draw area:

**Fentanyl Draw Rules:**

- All medication draws from an ampule must be done via a filter needle
- All medications drawn for a single dose vial/ampule must be fully drawn into one syringe
- All medications drawn from a single dose vial/ampule must be used on a single patient
- Any medication remaining in the syringe must be wasted (destroyed) at the end of the patient's procedure and documented appropriately

Furthermore we have asked our supplier to switch us to a smaller ampule and will now be purchasing 2mL ampules. We purchased 40ea 2mL ampules on 12/14/2012 (see [REDACTED] order) so we can reduce waste and draw properly for each patient. Until the 5mL ampules are fully used the CRNA will have to choose to either draw a 5mL or 2mL dose based upon the patient to limit waste.

**Q245 – Infection Control Program:**



## Healing Arts Day Surgery

222 West Iowa Avenue Ste B

Nampa, ID 83686

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Part 1 the contamination of clean space/syringes with a glove that has come into contact with a patient. Based on the observation of the survey team this issue was brought to our attention. After open discussion with the team and a meeting with the MD and CRNA team we have changed our process. This item was resolved 12/14/2012 after the exit interview. The following is the memo that was forwarded to all CRNAs and posted in the draw area:

### Cross Contamination of Prefilled Syringes:

- All prefilled syringes not to be used on the current patient must be kept inside the cabinet drawer.
- The anesthesia cabinet drawer should remain closed during a procedure.
- If additional syringes are needed from the drawer during a procedure the following must take place each time before accessing the drawer:
  - Remove your current gloves
  - Use hand rub
  - Don a new pair of gloves
  - Retrieve medication and close drawer
- Any syringes that have been removed from the drawer for use must be used or wasted (destroyed) at the end of the procedure.
- At the end of each procedure during the cleaning of the cabinet with wipes also clean the inside of the drawer/bins with a wipe.

Part 2 follow up on post procedure infections. The concern of following up with all patients post procedure has been addressed. After discussion with the survey team we have resurrected a past process. We will now follow up with 100% of our patients, including those seen in follow up with the doctor's office; they will receive a post op telephone call. We have added additional questions to our post op call to address infection specifically. (Please see attached call form) This item was resolved 12/14/2012 after the exit interview. The post op questions are now:

- Were you able to resume your normal diet / diet given on discharge?
- Do you or did you have any bleeding? (vomiting blood or coffee grounds / passing red, maroon or black stools)
- Is or was your IV site red, painful or swollen more than two days after your procedure?
- Are you or did you experience any sever pain, chills, or fever over 100?
- Are there any other problems, questions, or comments you would like to report?

In addition we have added an additional line to the report we send to the patients referring physician to read "In addition please contact our offices if you suspect post operative complications or possible infection." (Please see template printout) This was a programming change and was completed 12/21/2012. This letter is sent within 24hrs of the procedure to the referring physician.



## Healing Arts Day Surgery

222 West Iowa Avenue Ste B

Nampa, ID 83686

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Any yes answers to the questions above or notification from another office will require further review and notification of the MD or Administrator. This will then trigger an incident report, review, and patient follow up as necessary.

Changes to policies, procedures, and practices were completed as a team effort between our staff, MD, and Administrator. All changes have been implemented by the Administrator. Continual monitoring will be completed by Tom Thompson. Please advise if you need additional information from our offices.

Sincerely,

Tom Thompson  
Administrator



## Healing Arts Day Surgery

222 West Iowa Avenue Ste B  
Nampa, ID 83686

January 29, 2013

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

RECEIVED

JAN 30 2013

FACILITY STANDARDS

RE: Healing Arts Day Surgery, Provider #13C0001023

Please see below an addendum to our prior corrective action plan to clarify points as requested 1/29/2013.

### Q043 – Disaster Preparedness Plan

There was a typo on the date for the completion of this corrective action. The correct date is 1/14/2013. Our plan has been updated and request for review from the Nampa Fire Department has been made.

### Q181 – Administration of Drugs

Further clarification of the medication to assure single use ampules are used for a single patient. All CRNAs have been retrained that each vial of fentanyl must be drawn fully into one syringe. Each syringe is only used on one patient; remaining medication must be wasted/disposed of at the end of the procedure. Medication acquisition, use and waste is monitored by the physician on a case by case basis, reconciled at the end of the day by the Administrator or RN. The tally sheets and other data is reviewed by the physician again during the pharmacy review and tracked through the QAPI program.

### Q245 – Infection Control

Further clarification on the method to determine and track if a post op infection is present/occurred in patients that are not seen in follow up at our office. All patients are receiving a post op call and this call is documented in the chart and attached to the visit. Should any question answered be an indication of an infection or a concern be voiced by the patient or other physician this will trigger an incident report for full investigation. All post op call and incident reports are tracked in our QAPI program and reviewed by the Administrator and physician.

Sincerely,

Tom Thompson  
Center Administrator