



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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January 29, 2014

William Evans, Administrator
Emerald Surgical Center
811 North Liberty
Boise, ID 83704

RE: Emerald Surgical Center, Provider #13C0001017

Dear Mr. Evans:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Emerald Surgical Center on January 22, 2014.

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.

William Evans, Administrator

January 29, 2014

Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **February 11, 2014**, 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', with a long horizontal flourish 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: 01/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2014
NAME OF PROVIDER OR SUPPLIER EMERALD SURGICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 811 NORTH LIBERTY BOISE, ID 83704		
(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	INITIAL COMMENTS The ASC is one (1) hour separated from the general office practice; there are two (2) remote exterior doors directly from the ASC; there is a complete fire alarm system with smoke detection in habitable space of the ASC and also extends into the attached office practice; a propane powered, on-site automatic generator supplies emergency power to the ASC as battery packs for the illuminated exit signs. Piped in oxygen, nitrous, and vacuum are provided to the pre/post op stations and the procedure room. Portable fire extinguishers are also provided throughout. The facility was surveyed on January 22, 2014 under the provisions and applicable fire/life safety requirements [i.e., 416.44(b)] set forth under Medicare (i.e., Title XVIII) for certification as an Ambulatory Surgery Center. The following deficiencies were cited during the recertification survey. The survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety & Construction Program	K 000		
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 This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not conduct one fire drill per shift per quarter. Failure to	K 050	Fire Drills Corrective action- February 18, 2014 Emerald Surgical Center Policy on Emergency drills reviewed with the staff member assigned to coordinate the drills. Quarterly Fire drill forms will be returned to the Nurse Director, who will review for completion and suggestions for improvement. Verification of quarterly drills is also included in QI quarterly record.	

RECEIVED
FEB 17 2014
FACILITY STANDARDS

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

Comille M. [Signature]

Nurse Director

2-17-2014

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 050	Continued From page 1 adequately conduct drills for all shifts can result in staff not being trained to react appropriately in an emergency. Findings include: During record review on January 22, 2014 at 9:35 AM, the facility was unable to provide documentation for conducting three of four drills for the previous twelve month period. When questioned about the documentation for the drills the Nurse Director stated that the facility changed the drill recording responsibility to another staff member and was unaware the drills were missing. Actual NFPA Standard: NFPA 21 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 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	K 144	Generator runs/ inspection Corrective action- January 23 2014 Generator log form was changed to add documentation of: times start and stop of monthly run and weekly visual inspection. Nurse Director will perform the weekly visual inspections and monthly generator runs.	

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K 144	<p>Continued From page 2 accordance with NFPA 99. 3.4.4.1, NFPA 110, 8.4.2</p> <p>This STANDARD is not met as evidenced by: Based on record review, interview and observation it was determined that the facility did not ensure that the emergency generator was being load tested monthly or inspected on a weekly basis and that the generator location was in accordance with NFPA 110. 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.</p> <p>Findings include:</p> <p>During record review on January 22, 2014 at 10:40 AM, the facility was unable to provide documented 30 minute monthly load tests or weekly inspections for the previous twelve month period. When this deficient practice was discussed with the Nurse Director she stated that the generator ran monthly on a timer but was uncertain how long it ran for. She was unaware of the weekly emergency generator inspection requirements.</p> <p>Actual NFPA Standard:</p> <p>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</p>	K 144			

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K 144	Continued From page 3 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			