



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

CERTIFIED MAIL: 7000 1670 0011 3315 1996

February 4, 2014

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

RE: Emerald Surgical Center, Provider #13C0001017

Dear Mr. Evans:

Based on the survey completed at Emerald Surgical Center, on January 23, 2014, by our staff, we have determined Emerald Surgical Center is out of compliance with the Medicare ASC Conditions for Coverage of **Governing Body and Management (42 CFR 416.41)**, **Surgical Services (42 CFR 416.42)** and **Quality Assessment and Performance (42 CFR 416.43)**. To participate as a provider of services in the Medicare Program, an ASC must meet all of the Conditions for Coverage established by the Secretary of Health and Human Services.

The deficiencies, which caused these conditions to be unmet, substantially limit the capacity of Emerald Surgical Center, to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567).

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Condition for Coverage referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

An acceptable Plan of Correction 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

William Evans, Administrator
February 4, 2014
Page 2 of 2

- 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 ASC into compliance, and that the ASC 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 each form.

Such corrections must be achieved and compliance verified by this office, before March 9, 2014. To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than February 24, 2014.

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by **February 16, 2014.**

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208) 334-6626.

Sincerely,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

GG/pmt

Enclosures

cc: Debra Ransom, R.N., R.H.I.T., Bureau Chief
Kate Mitchell, CMS Region X Office

Emerald Surgical Center

An Ambulatory Surgery Center

811 N. Liberty ◊ Boise, ID 83704 ◊ (208) 323-4522 ◊ Fax (208) 321-9585

February 19, 2014

Bureau of Facility Standards
PO Box 83720
Boise, ID 83720-0009

Gary Guiles,

As of February 19, 2014, Emerald Surgical Center is in compliance with all Medicare conditions of coverage.



Camille Miley, RN
Emerald Surgical Center

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 000	INITIAL COMMENTS A recertification survey was performed at your ambulatory surgery center from 1/21/14 through 1/23/14. Surveyors conducting the recertification were: Gary Gules, RN, HFS, Team Leader Libby Doane, RN, BSN, HFS Tom Mroz, HFS Acronyms used in this report include: ASC - Ambulatory Surgical Center CLIA - Clinical Laboratory Improvement Amendments CRNA - Certified Registered Nurse Anesthetist CST - Certified Surgical Technician H&P - History and Physical IV - Intravenous mg - milligram OR - Operating Room PACU - Post Anesthesia Care Unit pre-op - pre-operative PRN - as needed q - every QAPI - Quality Assessment Performance Improvement RN - Registered Nurse	Q 000			
Q 040	416.41 GOVERNING BODY AND MANAGEMENT The ASC must have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that facility policies and	Q 040			

RECEIVED
FEB 20 2014
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Camille M. ...* TITLE *Nurse Director* (X6) DATE *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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 040	Continued From page 1 programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan. This CONDITION is not met as evidenced by: Based on staff interview, observation, and review of medical records, meeting minutes, quality improvement documents, and the facility's compliance history, it was determined the ASC's governing body failed to assume responsibility for determining, implementing, and monitoring policies governing the ASC's total operation and failed to provide oversight and accountability for the QAPI program. This resulted in a lack of guidance and direction to staff and a failure to sustain regulatory compliance. Findings include: 1. The document "EMERALD SURGICAL CENTER OWNER MEETING Minutes," dated 4/04/13, documented governing body activity in 2013. No other involvement by the governing body in the affairs of the ASC was documented in 2013 or 2014. The Managing Partner for the governing body was interviewed on 1/23/13 beginning at 10:05 AM. He confirmed the lack of documentation of the governing body's involvement. He stated the governing body was involved but said there was no record of the governing body's activities except for the 1 meeting. The governing body did not document its activities. 2. Refer to Q60 Condition for Coverage: Surgical Services and associated standard level	Q 040	Q040 Governing Body Corrective action- The Governing Body will assume full responsibility for determining, implementing, and monitoring policies governing Emerald Surgical Center's total operation. The Governing Body is accountable and will oversee the QAPI program, and ensure that our programs and policies provide quality healthcare in a safe environment and continue to maintain a disaster plan. The Governing Body has met 2/19/2014 and approved the QAPI plan for 2014. To assure quality of care, compliance with regulations and appropriate documentation, the Governing Body will meet quarterly and review QAPI reports, evaluate our services, and guide staff in the provision of quality care. The Governing Body Meetings have been tentatively scheduled on the first Wednesday every quarter. Managing Partner is responsible for maintaining meeting minutes of the Governing Body. Past deficiencies Q 181 and Q 241, from 4/08/2010 Medicare audit were, expired medication in crash cart, (replacement on back order) and casual staff member disposing of tissue in inappropriate container. These deficiencies were corrected at that time, and continue to remain in compliance. Current deficiencies in Q 181, and Q241 have been discussed with the Governing Body, and corrections have been made.		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 040	Continued From page 2 deficiencies as they relate to the governing body's failure to ensure surgical procedures were performed in a safe manner. 3. Refer to Q80 Condition for Coverage: Quality Assessment and Performance Improvement and associated standard level deficiencies as they relate to the governing body's failure to ensure the QAPI program was developed and implemented. 4. Refer to Q181 as it relates to the failure of the governing body to ensure medications were prepared and administered in accordance with established policies and acceptable standards of practice. The facility was previously cited at Q181 during the Medicare recertification survey dated 4/08/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies and sustained compliance. 5. Refer to Q241 as it relates to the governing body's failure to ensure a functional and sanitary environment for surgical services was provided. The facility was previously cited at Q241 during the Medicare recertification survey dated 4/08/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies and sustained compliance. The cumulative effect of these systemic deficient practices resulted in the the lack of clear processes to guide staff in the provision of care and to evaluate its services.	Q 040			
Q 060	416.42 SURGICAL SERVICES	Q 060			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 060	Continued From page 3 Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC This CONDITION is not met as evidenced by: Based on staff interview, record review, and observation, it was determined the ASC failed to ensure surgical procedures were performed in a safe manner. This increased the potential for patients to suffer intra-operative and post-operative complications. Findings include: 1. Refer to Q61 as it relates to the failure of the ASC to ensure anesthesia risk evaluations were performed. 2. Refer to Q62 as it relates to the failure of the ASC to ensure patients who received general anesthesia were evaluated by a physician or by an anesthesiologist for proper anesthesia recovery. The failure to evaluate anesthesia risk and to evaluate patients for anesthesia recovery increased the likelihood of intra-operative and post-operative complications.	Q 060			
Q 061	416.42(a)(1) ANESTHETIC RISK AND EVALUATION A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed. This STANDARD is not met as evidenced by: Based on staff interview, record review, and observation, it was determined the ASC failed to		Q 60- Corrective action- See Q 61 and 62 Q 061 Emerald Surgical Center Policy Anesthesia Services states, responsibility of anesthesia providers include: perform a thorough and complete preanesthesia assessment including, but not limited to, heart and lung findings the day of surgery. Corrective action- February 18, 2014 a memo was sent to all anesthesia providers reminding them of this requirement. The RN will observe the CRNA for compliance, and will report to the Nurse Director. The Nurse Director will report to the Governing Body who will take action in the instance of an Anesthesia provider who continues to be non-compliant with this requirement.		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 061	<p>Continued From page 4</p> <p>ensure an anesthesia risk evaluation was performed on 1 of 2 patients (#10) who were observed in the pre-operative area. The lack of assessment placed the patient at risk for anesthetic complications. Findings include:</p> <p>1. Patient #10's medical record documented a 36 year old female admitted to the ASC on 1/21/14 for surgery on her right foot. Patient #10 was observed by a surveyor beginning at 12:35 PM in the pre-operative area and ending at 3:15 PM when Patient #10 was taken to recovery after her surgery. Patient #10 was discharged to home at 3:50 PM.</p> <p>At 12:45 PM, the pre-operative RN, who was also the Nurse Director, was observed auscultating Patient #10's heart and lungs. Patient #10 stated she was a current smoker and had smoked since age 14. At 12:50 PM, the physician was at the bedside speaking with Patient #10. He examined her right foot and leg and spoke with her about the planned procedure, but did not assess Patient #10's heart or lungs or ask questions related to her current health status. At 1:00 PM, the CRNA was at the bedside speaking with Patient #10. Patient #10 reported that she was a smoker and the Nurse Director, who was also at the bedside, stated Patient #10's lungs "were clear." The CRNA did not listen to Patient #10's heart and lungs. The CRNA placed a nerve block in Patient #10's right leg and Patient #10 was taken to the OR at 1:20 PM.</p> <p>The CRNA was interviewed at 2:20 PM. She stated she did not always perform an assessment of patients prior to surgery. She stated she trusted the RNs to perform an assessment and report any problems to her. She stated she</p>	Q 061			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 061	Continued From page 5 would perform an assessment if she suspected any potential problems noted in the RN's assessment. When asked whether a history of smoking would be cause for an assessment, the CRNA replied yes, and that she should have performed an assessment of Patient #10 to include listening to her heart and lungs. The CRNA also confirmed that, although she had documented lungs were clear in the pulmonary assessment of the anesthesia record, she had not actually assessed Patient #10's heart and lungs through auscultation. The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNAs were expected to perform the anesthetic risk evaluation, to include auscultation of heart and lungs, in pre-operative prior to surgery. The Nurse Director confirmed that although the CRNA documented an assessment had been performed, the CRNA had not actually auscultated Patient #10's heart and lungs prior to surgery.	Q 061			
Q 062	An anesthetic risk assessment was not performed on Patient #10 prior to surgery. 416.42(a)(2) ANESTHETIC - DISCHARGE Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthesiologist as defined at §410.69(b) of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery. This STANDARD is not met as evidenced by: Based on staff interview and review of medical	Q 062			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 062	<p>Continued From page 6</p> <p>records, it was determined the ASC failed to ensure 1 of 5 patients (#1), who received general anesthesia, were evaluated by a physician or by an anesthesiologist for proper anesthesia recovery. This resulted in the potential for patients to experience post anesthesia complications. Findings include:</p> <p>Patient #1's medical record documented a 62 year old male who had arthroscopic left knee surgery on 11/27/13. A "HISTORY PHYSICAL/EXAMINATION" form, dated 10/31/13, stated he suffered a myocardial infarction in 2013 and had 4 stents placed in the arteries of his heart at that time. A letter from Patient #1's cardiologist, dated 10/31/13, cleared him for surgery.</p> <p>Patient #1's record documented his surgery proceeded without incident. The "Operative Report" by the orthopedic surgeon, dated 11/27/13 but not timed, stated "general IV anesthesia" was used. The report stated Patient #1 had no complications from the surgery.</p> <p>"Post-Operative Notes" by the Nurse Director, dated 11/27/13, stated Patient #1 arrived in the PACU at 1:36 PM on 11/27/13. Subsequent vital signs were documented at 1:41 PM, 1:46 PM, 1:51 PM, 1:56 PM, 2:01 PM, 2:06 PM, and 2:11 PM these were stable. No vital signs were documented after 2:11 PM. At 2:16 PM, the Nurse Director documented Patient #1 complained of "heaviness" in his chest. The note stated oxygen was applied at 2.5 liters per minute. At 2:25 PM, the Nurse Director documented an electrocardiogram strip was obtained and a podiatrist was at the bedside. At 2:35 PM, the Nurse Director documented Patient</p>	Q 062	<p>Emerald Surgical Center Discharge Policy states," All patients are discharged from PACU by order of the anesthesia provider, after appropriate nursing and anesthesia assessment and after the patient have met the postoperative discharge criteria."</p> <p>Corrective action- February 14, 2014 a memo was sent to all anesthesia providers reminding them of this requirement.</p> <p>As of February 18th 2014, Anesthesia providers will sign and time the discharge order, when the patient has met discharge criteria.</p> <p>The RN working with the CRNA will monitor for compliance, and will report to the Nurse Director, who will report to the Governing Body. The Governing Body will take action in the instance of an Anesthesia provider who continues to be non-compliant with this requirement</p>		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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)	(X6) COMPLETION DATE	
Q 062	<p>Continued From page 7</p> <p>#1 was transferred by ambulance to a hospital. No other nursing documentation was present to describe the incident.</p> <p>A post-operative assessment of Patient #1 was not documented. A "POSTANESTHESIA NOTE," dated 11/27/13 but not timed, stated "No Problems." The note did not include any objective findings such as Patient #1's level of consciousness or respiratory status.</p> <p>A "DISCHARGE RECORD," dated 11/27/13 but not timed, contained a checked box by the CRNA which stated "Patient to be discharged when meets Discharge Criteria." The form also contained an "Aldrete Post Anesthesia Recovery Score" which assigned points for items such as the patients ability to move and breathe and skin color. This part was left blank. The form stated Patient #1 was discharged in the care of his wife but also stated he was transferred to the hospital at 2:45 PM.</p> <p>Except for the above, no documentation describing the incident was present in Patient #1's medical record.</p> <p>The Nurse Director was interviewed on 1/21/14 beginning at 11:30 AM and reviewed the documentation. She stated Patient #1 initially did well after surgery. The Nurse Director stated he then developed chest pain and was transferred to a local hospital for evaluation.</p> <p>The Nurse Director stated the CRNA saw Patient #1 after surgery and medically discharged him. She confirmed the time the CRNA saw Patient #1 and details of the examination were not documented. She stated the discharge criteria</p>	Q 062			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 062	Continued From page 8 referred to in the discharge order was not documented. The Nurse Director stated both the surgeon and the CRNA had left the building before Patient #1 developed chest pain. She stated she had the podiatrist from the offices adjacent to the ASC examine Patient #1. She stated the podiatrist viewed Patient #1 and told the Nurse Director to transfer him to the emergency department. She confirmed the podiatrist did not document the visit.	Q 062			
Q 080	Patient #1 was not evaluated for proper anesthesia recovery by an authorized practitioner. 416.43 QUALITY ASSESSMENT AND PERFORMANCE The ASC must develop, implement and maintain an on-going, data-driven quality assessment and performance improvement (QAPI) program. This CONDITION is not met as evidenced by: Based on staff interview and review of meeting minutes, policies, and quality documents, it was determined the ASC failed to ensure a QAPI program was developed and implemented that assessed services and responded to data that was collected. This prevented the ASC from gathering data and evaluating its services. Findings include: 1. Refer to Q81 as it relates to the failure of the ASC to ensure a QAPI program had been developed and maintained that demonstrated measurable improvement in patient health outcomes, set priorities, and measured, analyzed, and tracked adverse patient events.	Q 080	Q 080 Quality Assessment and Performance Emerald Surgical Center has a QAPI program that is ongoing, data driven which assesses quality and has a performance improvement program. Proper documentation of this program and projects will be assured through increased involvement of the Governing Body, and Quality Improvement Committee Members, and with allocated time to focus on quality.		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 080	Continued From page 9 2. Refer to Q82 as it relates to the failure of the ASC to ensure data was used to identify opportunities that could lead to improvements and to ensure the ASC tracked adverse patient events and examined their causes. 3. Refer to Q83 as it relates to the failure of the ASC to ensure distinct performance improvement projects had been conducted. 4. Refer to Q84 as it relates to the failure of the governing body to ensure the QAPI program was defined, implemented, and maintained. The cumulative effect of these systematic failures resulted in the inability of the ASC to monitor its programs and services.	Q 080			
Q 081	416.43(a), 416.43(c)(1) PROGRAM SCOPE; PROGRAM ACTIVITIES (a)(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors. (a)(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC. (c)(1) The ASC must set priorities for its performance improvement activities that - (i) Focus on high risk, high volume, and problem-prone areas.	Q 081	Corrective action- Q 81 Quality Improvement Committee met February 13, 2014. The committee set priorities for performance improvement projects for the year, identified quality indicators to measure performance, and defined how the data gathered will be used to improve quality of care and assure positive patient outcomes. The Incident report from 11/2013 was discussed. Improvements in care discussed.		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 081	<p>Continued From page 10</p> <p>(ii) Consider incidence, prevalence, and severity of problems in those areas.</p> <p>(iii) Affect health outcomes, patient safety, and quality of care.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of policies and QAPI documents, it was determined the ASC failed to ensure a program had been developed and maintained that demonstrated measurable improvement in patient health outcomes, set priorities, and measured, analyzed, and tracked adverse patient events. This directly affected the care that was provided to 1 of 20 patients (#1) whose records were reviewed and had the potential to affect all patients receiving care at the ASC. The lack of a defined QAPI program seriously impeded the ability of the ASC to evaluate its processes in order to improve patient care. Findings include:</p> <p>1. The policy "Quality Improvement Plan," not dated, stated a "Quality Assurance Improvement Committee," consisting of the Managing Partner, the Director of Nursing, and a direct patient care employee was responsible for setting priorities for improvement activities. Some of the objectives for the committee were to review and approve the facility QAPI plan, assign quality improvement studies and identify task forces to solve problems, and to identify trends or significant events that are high volume, high risk, or problem prone. The policy stated the QAPI program was to be evaluated annually for overall effectiveness.</p> <p>A QAPI plan for 2013 and 2014 that identified</p>	Q 081			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 081	<p>Continued From page 11</p> <p>high risk, high volume, and problem prone areas for study, as well as specifying quality indicators for staff to measure, was not documented.</p> <p>Only 1 "Quality Improvement Committee Meeting" was documented in 2013, on 2/06/13. The minutes stated "Quality measures are being tracked and benchmarked." The minutes did not identify priorities for the QAPI program nor did they identify quality indicators to be studied in the future. No subsequent minutes which indicated the Quality Improvement Committee met and conducted business were documented.</p> <p>The Nurse Director was interviewed on 1/22/14 beginning at 12:45 PM. She stated she was responsible for coordination of the ASC's quality program. She confirmed a specific quality plan for 2013 or 2014 had not been developed.</p> <p>A plan for quality activities had not been developed.</p> <p>2. The policy "Quality Improvement Plan," not dated, stated "Infection Prevention and Control is assured through following nationally recognized standards for cleaning and sterilizing of surgical instruments, biological indicators, autoclave spore reports, autoclave test logs, environmental cleaning, staff education, and monitoring hand hygiene compliance, through safe medication practices and active surveillance of surgical site infections."</p> <p>On 1/22/14 beginning at 2:00 PM, the infection control program was reviewed with the Nurse Director, who identified herself as the director of the ASC's infection control program. The Nurse Director presented the ASC's "Quality Measures</p>	Q 081			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 081	<p>Continued From page 12 Worksheet" which included infection control quality indicators as follows:</p> <p>Infection Reports Autoclave Spore Reports Cidex OPA Logs OR Test Logs Post-op Phone Calls Cleaning Checklist</p> <p>It was also noted that surveillance of staff hand hygiene practices had been completed in January, February, and March of 2013. There was no documentation to indicate any surveillance of staff infection control practices had been completed after March of 2013.</p> <p>Infection control documentation was reviewed with the Nurse Director on 1/22/14 beginning at 2:00 PM. The Nurse Director stated she had stopped internal surveillance in March 2013 due to poor response by staff members. She stated she did not actively monitor any other aspects of staff practices related to infection control.</p> <p>"Quality Improvement Committee Meeting" minutes, dated 2/06/13, listed the number of infections for the fourth quarter of 2012. The minutes stated "Hand hygiene audits continuing on a quarterly basis." Quality indicators related to infection control were not mentioned. No further involvement by the Quality Improvement Committee related to infection control in 2013 or 2014 was documented.</p> <p>The Nurse Director was interviewed on 1/22/14 beginning at 12:45 PM. She confirmed infection control was not integrated into the QAPI program.</p>	Q 081			

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

PRINTED: 02/03/2014
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2014
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
Q 081	<p>Continued From page 13</p> <p>The ASC's did not specify how it would include the infection control program in its QAPI program.</p> <p>3. The policy "Incident Policy," revised 10/11, stated adverse incidents, events of concern, and unexpected events would be documented on an "...adverse incident report form."</p> <p>When asked, during an interview beginning at 12:45 PM on 1/22/14, the Nurse Director stated no incident reports had been generated in 2013 and no investigations had been conducted.</p> <p>Additionally, the ASC's "Quality Measures Worksheet" for the 4th quarter of 2013 stated 0 patients had been transferred to a hospital during that quarter.</p> <p>However, two adverse events were identified in 2013, as follows:</p> <p>a. Patient #1's medical record documented a 62 year old male who had arthroscopic left knee surgery on 11/27/13 by an orthopedic surgeon. "Post-Operative Notes" by the Nurse Director, dated 11/27/13, stated Patient #1 arrived in the PACU at 1:36 PM. At 2:16 PM, the Nurse Director documented Patient #1 complained of "heaviness" in his chest. At 2:25 PM, the Nurse Director documented an electrocardiogram strip was obtained and a podiatrist was at the bedside. At 2:35 PM, the Nurse Director documented Patient #1 was transferred by ambulance to a hospital.</p> <p>An incident report was not completed following the event.</p> <p>The Nurse Director was interviewed on 1/21/14</p>	Q 081		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 081	Continued From page 14 beginning at 11:30 AM. She stated Patient #1 developed chest pain and was transferred to a local hospital for evaluation. She stated neither the surgeon nor the CRNA were present in the ASC when Patient #1 developed chest pain. She stated she summoned a podiatrist from offices adjacent to the ASC to see Patient #1. The Nurse Director was again interviewed on 1/23/14 beginning at 10:45 AM. She stated an incident report detailing Patient #1's transfer had not been written and confirmed the data related to transfers on the "Quality Measures Worksheet" for the fourth quarter of 2013 was not correct. b. During an interview beginning at 12:45 PM on 1/22/14, the Nurse Director stated a break in had occurred at the ASC in September 2013 and narcotics had been stolen. She stated the medication storage system had since been changed. When asked if an incident report had been completed following the break in, she stated it had not. Accurate data reflecting adverse patient events and other incidents that could negatively impact patient care was not tracked in accordance with facility policy.	Q 081			
Q 082	416.43(b), 416.43(c)(2), 416.43(c)(3) PROGRAM DATA; PROGRAM ACTIVITIES (b)(1) The program must incorporate quality indicator data, including patient care and other relevant data regarding services furnished in the ASC. (b)(2) The ASC must use the data collected to - (I) Monitor the effectiveness and safety of its	Q 082			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 082	<p>Continued From page 15 services, and quality of its care.</p> <p>(ii) Identify opportunities that could lead to improvements and changes in its patient care.</p> <p>(c)(2) Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.</p> <p>(c)(3) The ASC must implement preventive strategies throughout the facility targeting adverse patient events and ensure that all staff are familiar with these strategies.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of medical records, policies, and quality documents, it was determined the ASC failed to ensure data was used to monitor the effectiveness and safety of its services, and to identify opportunities to improve patient care. In addition, the ASC did not track an adverse patient event and examine its causes for 1 of 1 patient (#1) who required transferred to a hospital and whose record was reviewed. This impeded the ability of the ASC to identify problems with care and to address those changes. Findings include:</p> <p>1. The policy "Quality Improvement Plan," not dated, stated the ASC's quality program included peer review, patient satisfaction surveys, medical record review, checklists and logs, and internal benchmarking activities. The policy stated data would be collected but it did not state how that data would be used.</p> <p>The ASC documented data that was mandated by the Centers for Medicare and Medicaid Services,</p>	Q 082			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 082	<p>Continued From page 16</p> <p>such as the numbers of patients who experienced burns at the facility and the amount of time prophylactic antibiotics were given prior to surgery, on a form labeled "Quality Measures Worksheet." Data was also collected through clinical record reviews.</p> <p>The data that had been collected was not used to identify opportunities for improvement and no changes to processes at the ASC were documented in the past year.</p> <p>Only 1 Quality Improvement Committee meeting was documented in 2013, on February 6. The minutes from the meeting stated deficiencies were found during chart audits and peer review. Except for an item labeled Infection control, no data was included with the minutes. No mention of data analysis was documented. Also, there was no documentation that data had been utilized to identify opportunities that could lead to improvements and changes in patient care.</p> <p>The Nurse Director was interviewed on 1/22/14 beginning at 12:45 PM. She stated documentation was not available to show data had been acted upon. She stated no agency practices had been changed in 2013 due to the gathering and review of data.</p> <p>The ASC did not analyze data to identify opportunities that could lead to improvements.</p> <p>2. The policy "Incident Policy," revised 10/11, stated adverse incidents, events of concern, and unexpected events would be documented on an "...adverse incident report form." The policy stated the incident would be given to the Nurse Director or the Administrator. The policy stated</p>	Q 082			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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)	(X6) COMPLETION DATE	
Q 082	<p>Continued From page 17 the incident would then be "...reviewed and analyzed by the governing body as soon as possible..."</p> <p>When asked, during an interview beginning at 12:45 PM on 1/22/14, the Nurse Director stated no incident reports had been generated in 2013 and no investigations had been conducted.</p> <p>However, two adverse events were identified in 2013, as follows:</p> <p>a. Patient #1's medical record documented a 62 year old male who had arthroscopic left knee surgery on 11/27/13. A "HISTORY PHYSICAL/EXAMINATION" FORM, dated 10/31/13, stated he suffered a myocardial infarction in 2013 and had 4 stents placed in the arteries of his heart at that time. The medical record stated following the procedure Patient #1 complained of chest pain and was transferred to a local hospital.</p> <p>An incident report regarding Patient #1's transfer was not documented and no documentation was present that indicated the incident had been investigated and its causes had been analyzed. Additionally, the ASC's "Quality Measures Worksheet" for the 4th quarter of 2013 stated 0 patients had been transferred to a hospital during that quarter. This was not accurate.</p> <p>The Nurse Director was interviewed on 1/22/14 beginning at 12:45 PM. She stated Patient #1 had been transferred to a local hospital for evaluation of chest pain on 11/27/13. She stated the incident had not been investigated. She also stated the "Quality Measures Worksheet" was not correct.</p>	Q 082			

2012

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 082	Continued From page 18 The ASC did not track adverse patient events and examine their causes. b. During an interview beginning at 12:45 PM on 1/22/14, the Nurse Director stated a break in had occurred in September 2013 and narcotics had been stolen. She stated the medication storage system had since been changed. When asked if an incident report had been completed following the break in, she stated it had not. She also stated an investigation of the incident had not been conducted.	Q 082	Corrective action-Q 82. By February 21, 2014 Nurse Director will review Incident Policy with staff members, with definitions types of events, the proper reporting needed. Incident report forms made available in pre-op desk.		
Q 083	416.43(d) PERFORMANCE IMPROVEMENT PROJECTS (1) The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the ASC's services and operations. (2) The ASC must document the projects that are being conducted. The documentation, at a minimum, must include the reason(s) for implementing the project, and a description of the project's results This STANDARD is not met as evidenced by: Based on staff interview and review of policies and QAPI documents, it was determined the ASC failed to ensure distinct performance improvement projects had been conducted. The lack of performance improvement projects	Q 083	Q083 Corrective action QI committee met February 13, 2014. Performance Improvement Projects planned for 2014 are: Normothermic temperature regulation and improving discharge education for appropriate patient self- management. The Nurse Director will compile the data and will report results the QI committee and to the Governing Body		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 083	Continued From page 19 impeded the ability of the ASC to evaluate specific aspects of patient care. Findings include: The policy "Quality Improvement Plan," not dated, did not include performance improvement project information. No other quality documents included a plan for specific performance improvement projects in 2013. Additionally, no performance improvement projects were documented in 2013 or scheduled for 2014. The Nurse Director was interviewed on 1/22/14 beginning at 12:45 PM. She stated performance improvement projects had been conducted in 2012. She confirmed no projects had been conducted in 2013 and no projects were planned for 2014.	Q 083			
Q 084	The ASC had not conducted performance improvement projects. 416.43(e) GOVERNING BODY RESPONSIBILITIES The governing body must ensure that the QAPI program- (1) Is defined, implemented, and maintained by the ASC. (2) Addresses the ASC's priorities and that all improvements are evaluated for effectiveness. (3) Specifies data collection methods, frequency, and details. (4) Clearly establishes its expectations for safety. (5) Adequately allocates sufficient staff, time, information systems and training to implement the QAPI program.	Q 084			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 084	Continued From page 20 This STANDARD is not met as evidenced by: Based on staff interview and review of governing body meeting minutes and quality documents, it was determined the ASC's governing body did not ensure the QAPI program was defined, implemented, and maintained. This resulted in a lack of a fully developed QAPI program and impeded the facility's ability to monitor the quality of care provided to patients. Findings include: One meeting of the governing body was documented in 2013. The document "EMERALD SURGICAL CENTER OWNER MEETING Minutes," dated 4/04/13, stated quarterly reports were passed out and were briefly reviewed. The minutes stated study reports were reviewed and recommendations were discussed. The minutes did not state what these recommendations were. The minutes stated clinical record reviews were discussed and histories and physicals were noted as a problem. No other reference to QAPI was documented in the minutes. No other documentation of the governing body's involvement with the QAPI program was present in 2013 or 2014. One "Quality Improvement Committee" meeting was documented in 2013, on February 6. The minutes from the meeting stated deficiencies were found during chart audits and peer review. The minutes stated quality improvement studies were completed and discussed and results had been posted on a bulletin board. Except for the number of infections reported for the fourth quarter of 2012, no data was cited. No quality plan was mentioned for 2013. The Nurse Director was interviewed on 1/22/14 beginning at 12:45 PM. She stated data had	Q 084	Corrective action-Q 84 Governing Body met 2/19/2014 discussed and approved suggested changes to the QAPI program. With Governing Body approval the Nurse Director has specified two time blocks per week to devote QAPI activities.		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 084	Continued From page 21 been gathered in 2013 but she said there was no documentation this data had been reviewed and acted upon. The Managing Partner was interviewed on 1/23/13 beginning at 10:05 AM. He confirmed the owner meeting minutes, dated 4/04/13, were the only documentation of the governing body's involvement in the QAPI program for 2013. He stated he and the other owners talked about quality a lot but stated these discussions were not documented. He confirmed a plan for the facility's quality activities for 2013 had not been developed. The governing body did not ensure that the QAPI program was defined, implemented, and maintained.	Q 084			
Q 162	416.47(b) FORM AND CONTENT OF RECORD The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following: (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration.	Q 162			

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

PRINTED: 02/03/2014
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 22</p> <p>(7) Documentation of properly executed informed patient consent.</p> <p>(8) Discharge diagnosis.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the ASC failed to ensure medical records were accurate and complete for 11 of 20 patients (#1, #2, #9, #10, #11, #13, #14, #16, #18, #19, and #20) whose records were reviewed. This resulted in a lack of clarity as to the patients' course of treatment during their time in the ASC. Findings include:</p> <p>1. Patient #10's medical record documented a 36 year old female admitted to the ASC on 1/21/14 for surgery on her right foot. Patient #10 was observed by a surveyor beginning at 12:35 PM in the pre-op area and ending at 3:15 PM when Patient #10 was taken to recovery after her surgery. Patient #10 was discharged to home at 3:50 PM.</p> <p>At 12:45 PM, the pre-op RN, who was also the Nurse Director, was observed auscultating Patient #10's heart and lungs. Patient #10 stated she was a current smoker and had smoked since age 14. At 1:00 PM the CRNA was at the bedside speaking with Patient #10. Patient #10 reported that she was a smoker and the Nurse Director, who was also at the bedside, stated Patient #10's lungs "were clear." The CRNA did not listen to Patient #10's heart and lungs. The CRNA was observed to document Patient #10's lungs were clear on the anesthesia record.</p> <p>The CRNA was interviewed at 2:20 PM. She confirmed that, although she had documented lungs were clear in the pulmonary assessment of the anesthesia record, she had not actually</p>	Q 162	<p>As of January 27, 2014 the date of the dictation of the operative record will appear on the bottom left hand of the last page. As of February 14, 2014 the physicians will sign and date to authenticate this record. Clerical staff, Keri Timmons, will attach a reminder to the operative note Keri will monitor this as she gets their Operative Notes back. The Nurse Director will monitor this for compliance on a monthly basis.</p> <p>February 11 and 12 2014- Nurse Director spoke to CRNAs regarding included incomplete/ inaccurate records.</p> <p>February 6, 2014- Staff Meeting, Nurse Director spoke with staff about sharps count documentation on intraoperative record.</p> <p>February 3, 2014 Completion of sharps count was added to the CST quarterly peer review form to audit for continued compliance.</p> <p>These areas of concern will be added to the monthly chart audits performed by the Nurse Director.</p>		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 23</p> <p>assessed Patient #10's heart and lungs through auscultation. She stated she had documented the lungs were clear based on the Nurse Director's assessment.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. The Nurse Director confirmed that although the CRNA documented a respiratory assessment had been performed on the anesthesia record, the CRNA had not actually auscultated Patient #10's heart and lungs prior to surgery.</p> <p>The anesthesia record did not accurately reflect an assessment performed by a CRNA.</p> <p>2. Patient #20's medical record documented a 13 year old female admitted to the ASC on 12/18/13 for surgery on her right foot. Her medical record contained incomplete documentation as follows:</p> <p>a. Patient #20's medical record contained a typed operative report signed by the surgeon. The operative report did not include the date the report was dictated or the date it was authenticated by the surgeon.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the operative report did not contain a date of dictation or a date indicating when the surgeon signed it. She confirmed this led to a lack of clarity as to when the operative report had been completed.</p> <p>b. The anesthesia record, signed by the CRNA on 12/18/13, documented Patient #20 received propofol, a sedative/hypnotic used as an anesthetic, and fentanyl, an opioid analgesic,</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 24</p> <p>during the surgery. The CRNA documented Patient #20 received "2" of fentanyl at 2:15 PM. It was unclear what "2" meant. The CRNA documented propofol was given from 2:15 PM to 3:15 PM. The total amount of medication given to Patient #20 was not documented.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNA had not documented the total amount of medication Patient #20 received during anesthesia. She also confirmed "2" of fentanyl was not clear. She agreed this led to a lack of clarity as to the amount of anesthetic medications Patient #20 received during her surgery.</p> <p>Patient #20's anesthesia record and operative report were incomplete.</p> <p>3. Patient #14's medical record documented a 29 year old female admitted to the ASC on 1/08/14 for arthroscopic surgery on her right knee. Her medical record contained the following incomplete documentation:</p> <p>a. The operative record, signed by the CST on 1/08/14, contained a section titled "Sharps Count." The CST documented the initial count, which included 1 blade, 3 "hypos," 1 needle, and zero Bovie tips. The CST initialed the sharps count, but there was no indication a closing count had been done.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14. She stated that by initialing the form, the CST was indicating the closing count had been correct. She also confirmed that without actually documenting what</p>	Q 162			

PRINTED: 02/03/2014
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 25</p> <p>the closing count was, it was difficult to determine the count had been done and was correct.</p> <p>b. The anesthesia record, signed by the CRNA on 1/08/14, documented Patient #14 received propofol, a sedative/hypnotic used as an anesthetic, and fentanyl, an opioid analgesic, during the surgery. The CRNA documented Patient #14 received "3" of fentanyl at 1:00 PM. It was unclear what "3" meant. The CRNA documented propofol was given from 1:00 PM to approximately 1:25 PM. The total amount of medication given to Patient #14 was not documented.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNA had not documented the total amount of medication Patient #14 received during anesthesia. She also confirmed "3" of fentanyl was not clear. She agreed this led to a lack of clarity as to the amount of anesthetic medications Patient #14 received during her surgery.</p> <p>Patient #14's anesthesia record and operative record were incomplete.</p> <p>4. Patient #18's medical record documented a 62 year old male admitted to the ASC on 12/19/13 for surgery on his left foot. His medical record contained the following incomplete documentation:</p> <p>a. The anesthesia record, signed by the CRNA on 12/19/13, documented Patient #18 received propofol, a sedative/hypnotic used as an anesthetic, and fentanyl, an opioid analgesic, during the surgery. The CRNA documented</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 26</p> <p>Patient #18 received "2" of fentanyl at 6:15 AM It was unclear what "2" meant. The CRNA documented propofol was given from 6:15 AM to approximately 9:20 AM. The total amount of medication given to Patient #18 was not documented.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNA had not documented the total amount of medication Patient #18 received during anesthesia. She also confirmed "2" of fentanyl was not clear. She agreed this led to a lack of clarity as to the amount of anesthetic medications Patient #18 received during his surgery.</p> <p>b. Patient #18's medical record contained a typed operative report signed by the surgeon. The operative report did not include the date the report was dictated or the date it was authenticated by the surgeon.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the operative report did not contain a date of dictation or a date indicating when the surgeon signed it. She confirmed this led to a lack of clarity as to when the operative report had been completed.</p> <p>Patient #18's operative report and anesthesia record were incomplete.</p> <p>5. Patient #16's medical record documented a 57 year old male admitted to the ASC on 1/08/14 for surgery on his right knee.</p> <p>The anesthesia record, signed by the CRNA on</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 27</p> <p>1/08/14, documented Patient #16 received propofol, a sedative/hypnotic used as an anesthetic, and fentanyl, an opioid analgesic, during the surgery. The CRNA documented Patient #18 received "2" of fentanyl at approximately 9:20 AM. It was unclear what "2" meant. The CRNA documented propofol was given from approximately 9:20 AM to approximately 9:50 AM. The total amount of medication given to Patient #16 was not documented. In addition, the CRNA documented Patient #16 received IV fluids beginning at 9:15 AM until transfer to PACU at 9:57 AM. There was no documentation to indicate the type or amount of IV fluid Patient #16 received.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNA had not documented the total amount of medication Patient #16 received during anesthesia. She also confirmed "2" of fentanyl was not clear. She also confirmed the anesthesia record did not contain the total amount of IV fluid Patient # 16 received. She agreed this led to a lack of clarity as to the amount of anesthetic medications and IV fluids Patient #16 received during his surgery.</p> <p>Anesthetic medications and IV fluids were not documented completely on the anesthesia record.</p> <p>6. Patient #13's medical record documented a 31 year old female admitted to the ASC on 1/07/14 for surgery on her right foot. Her medical record contained the following incomplete documentation:</p> <p>a. The anesthesia record, signed by the CRNA</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 28</p> <p>on 1/07/14, documented Patient #13 received propofol, a sedative/hypnotic used as an anesthetic, and fentanyl, an opioid analgesic, during the surgery. The CRNA documented Patient #13 received "2" of fentanyl at approximately 9:20 AM and "1" of fentanyl at approximately 9:35 AM. It was unclear what "2" and "1" meant. The CRNA documented propofol was given from approximately 9:20 AM to approximately 10:50 AM. The total amount of medication given to Patient #13 was not documented. In addition, the CRNA documented Patient #13 received IV fluids beginning at 9:15 AM until 10:45 AM. There was no documentation to indicate the type or amount of IV fluid Patient #13 received.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNA had not documented the total amount of medication Patient #13 received during anesthesia. She also confirmed "2" and "1" of fentanyl was not clear. She also confirmed there was no documentation to indicate the amount of IV fluid Patient #13 received during surgery. She agreed this led to a lack of clarity as to the amount of anesthetic medications and IV fluids Patient #13 received during her surgery.</p> <p>b. Patient #13's medical record contained a typed operative report signed by the surgeon. The operative report did not include the date the report was dictated or the date it was authenticated by the surgeon.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the operative report did not contain a date of dictation or a date indicating when the</p>	Q 162			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 29</p> <p>surgeon signed it. She confirmed this led to a lack of clarity as to when the operative report had been completed.</p> <p>Patient #13's anesthesia record and operative report were incomplete.</p> <p>7. Patient #11's medical record documented a 69 year old female admitted to the ASC on 12/20/13 for surgery on her right foot. Her medical record contained the following incomplete documentation:</p> <p>a. Patient #11's medical record contained a typed operative report signed by the surgeon. The operative report did not include the date the report was dictated or the date it was authenticated by the surgeon.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the operative report did not contain a date of dictation or a date indicating when the surgeon signed it. She confirmed this led to a lack of clarity as to when the operative report had been completed.</p> <p>b. The operative record, signed by the Nurse Director on 12/20/13, contained a section titled "Sharps Count." The Nurse Director documented the initial count, which included 2 blades, 2 "hypos," zero needles, and 1 Bovie tip. The Nurse Director documented 2 blades and "2+1" needles were added during the procedure. There was no documentation to indicate a closing count had been done. The Nurse Director did not initial the sharps count.</p> <p>The Nurse Director reviewed the record and was</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 30</p> <p>interviewed on 1/23/14. She confirmed she had not documented the closing count nor had she initialed the sharps count to indicate the count had been correct. She agreed this led to a lack of clarity as to whether all sharps were accounted for at the end of the surgery.</p> <p>c. The anesthesia record, signed by the CRNA on 12/20/13, documented Patient #11 received propofol, a sedative/hypnotic used as an anesthetic; fentanyl, an opioid analgesic; and ephedrine, a vasopressor, during the surgery. The CRNA documented Patient #11 received "2" of fentanyl at approximately 12:30 PM. It was unclear what "2" meant. The CRNA documented propofol was given from approximately 12:30 PM to approximately 2:35 PM. The total amount of medication given to Patient #11 was not documented. In addition, the CRNA documented Patient #11 received IV fluids beginning at 12:30 PM until approximately 2:30 PM. There was no documentation to indicate the type or amount of IV fluid Patient #11 received.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNA had not documented the total amount of medication Patient #11 received during anesthesia. She also confirmed "2" of fentanyl was not clear. She also confirmed the anesthesia record did not contain the total amount of IV fluid Patient #11 received. She agreed this led to a lack of clarity as to the amount of anesthetic medications and IV fluids received by Patient #11 during her surgery.</p> <p>Patient #11's anesthesia record, operative record, and operative report were incomplete.</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 31</p> <p>8. Patient #1's medical record documented a 62 year old male who had arthroscopic left knee surgery on 11/27/13.</p> <p>"Post-Operative Notes" by the Nurse Director, dated 11/27/13, stated Patient #1 arrived in the PACU at 1:36 PM. At 2:16 PM, the Nurse Director documented Patient #1 complained of "heaviness" in his chest. At 2:25 PM, the Nurse Director documented an electrocardiogram strip was obtained and a podiatrist was at the bedside. At 2:35 PM, the Nurse Director documented Patient #1 was transferred by ambulance to a hospital. No vital signs were documented after 2:11 PM.</p> <p>The electrocardiogram strip was not present in Patient #1's medical record and no progress note by the podiatrist referred to in the Nurse Director's note was present in the medical record.</p> <p>Patient #1's "POSTANESTHESIA NOTE" by the CRNA, dated 11/27/13, stated "No Problems." It was not timed. The form "DISCHARGE RECORD," dated 11/27/13, contained an order by the CRNA which stated "Patient to be discharged when meets criteria." The order was not timed. An "Aldrete Post Anesthesia Recovery Score" was included on the form to indicate when Patient #1 met the criteria for discharge. The Aldrete was not filled out.</p> <p>The Nurse Director was interviewed on 1/23/14 beginning at 10:45 AM. She confirmed the above documentation. She stated the surgeon and the CRNA had both left the facility when Patient #1 complained of chest pain. She stated the CRNA had medically discharged Patient #1 prior to leaving. She confirmed the lack of</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 162	<p>Continued From page 32</p> <p>documentation to indicate this had occurred. She stated she had taken Patient #1's vital signs after he complained of chest pain at 2:11 PM on 11/27/13 but had not documented them.</p> <p>Patient #1's medical record was not complete.</p> <p>9. Patient #2's medical record documented a 59 year old female admitted to the ASC on 1/03/14 for surgery on her left foot. Her "PREANESTHESIA EVALUATION," dated 1/03/14 but not timed, stated she was allergic to penicillin, sulfa, and morphine sulfate. Patient #2's H&P, dated 12/19/13, stated she was allergic to iodine, penicillin, sulfa, aspirin, erythromycin, and morphine sulfate. A sticker on Patient #2's medical record stated she was allergic to penicillin, sulfa, erythromycin, and morphine sulfate, IV contrast dye, and seafood. Patient #2's medical record did not reconcile her allergies to inform staff what medications she was allergic to.</p> <p>The Nurse Director was interviewed on 1/23/14 beginning at 10:45 AM. She stated the allergy sticker on the front of the medical record was used to quickly inform staff about patient allergies. She confirmed Patient #2's allergy sticker was not accurately documented.</p> <p>Patient #2's allergy sticker was not accurately documented.</p> <p>10. Patient #9's medical record documented a 19 year old female admitted to the ASC on 12/17/13 for surgery on her right foot.</p> <p>Patient #9's medical record contained a typed operative report signed by the surgeon. The</p>	Q 162			

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

PRINTED: 02/03/2014
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2014
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
Q 162	<p>Continued From page 33</p> <p>operative report did not include the date the report was dictated or the date it was authenticated by the surgeon.</p> <p>Patient #9's anesthesia record, signed by the CRNA on 12/17/13, documented Patient #9 received propofol and Fentanyl during the surgery. The CRNA documented Patient #9 received "2" of Fentanyl at 8:06 AM. It was unclear what "2" meant. The CRNA documented propofol was given from 8:06 to 9:30 AM. The total amount of medication given to Patient #9 was not documented.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 10:45 AM. She confirmed the CRNA had not documented the total amount of medication Patient #9 received during anesthesia. She also confirmed "2" of Fentanyl was not clear. She agreed this led to a lack of clarity as to the amount of anesthetic medications Patient #9 received during her surgery.</p> <p>Patient #9's anesthesia record and operative report were incomplete.</p> <p>11. Patient #19's medical record documented a 14 year old male admitted to the ASC on 11/26/13 for surgery on his great toes.</p> <p>Patient #19's anesthesia record, signed by the CRNA on 12/18/13, documented Patient #19 received propofol and Fentanyl during the surgery. The CRNA documented propofol was given from 12:00 to 12:20 PM. The total amount of medication given to Patient #19 was not documented.</p>	Q 162	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 21 2014</p> <p style="text-align: center;">FACILITY STANDARDS</p>	

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

PRINTED: 02/03/2014
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2014
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
Q 162	Continued From page 34 The Nurse Director reviewed the record and was interviewed on 1/23/14 at 10:45 AM. She confirmed the CRNA had not documented the total amount of medication Patient #19 received during anesthesia.	Q 162		
Q 181	Patient #19's anesthesia record was incomplete. 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 record review, review of policies, and staff interview, it was determined the ASC failed to ensure medications were labeled in accordance with ASC policy and administered in accordance with a physician's order for 4 of 4 patients (#3, #13, #14, and #17) who received medication in PACU and whose records were reviewed. This resulted in the potential for patients to receive medications inappropriately. Findings include: 1. The "Medication Safety Policy," revised August 2012, stated "Multi-dose vials will be dated with the date of first use and discarded in 28 days after the seal is punctured...unless the manufacture's [sic] expiration date occurs first....Multi-use vials that have been assessed and are found to be undated will be discarded." The ASC failed to adhere to this policy as follows: a. During a tour of the OR with the Nurse	Q 181	Undated Medication vials Corrective action- February 11 and 12, 2014 Spoke to CRNA's concerning dating of Multi- dose vials Daily, at the end of surgical cases, the OR medications will be audited by the CST's for dating compliance. Monthly these daily audits will be given to the Nurse Director to monitor for compliance. This area of needed improvement has been added to the quarterly QI compliance worksheet for ongoing monitoring.	

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 181	<p>Continued From page 35</p> <p>Director on 1/21/14 beginning at 9:45 AM, the following medications were observed to be open on the anesthesia cart:</p> <ul style="list-style-type: none"> - Lidocaine 50 ml, undated. - Lidocaine 50 ml, undated. - Bupivacaine 50 ml, undated. - Sensorcaine 60 ml, undated. <p>The Nurse Director confirmed the medications were still being used by the CRNAs. She also confirmed the medications had not been labeled with the date opened in accordance with ASC policy.</p> <p>Multi-dose vials were not dated in accordance with ASC policy.</p> <p>2. Medications were administered without a valid physician's order as follows:</p> <p>a. Patient #14 was a 29 year old female admitted to the ASC on 1/08/14 for surgery on her right knee. The post-operative notes, signed by the RN on 1/08/14, documented Patient #14 was admitted to PACU at 1:34 PM. At 1:44 PM, the RN documented Patient #14 was shivering and complained of pain to her right knee. The RN documented she administered 25 mg of Demerol IV. The RN initialed the notation and the CRNA initialed as well. There was no order for Demerol in the record.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. The Nurse Director stated the RN had been following standing orders with the agreement of the CRNA as evidenced by his initials next to the RN's. The Nurse Director stated the CRNAs had developed</p>	Q 181	<p>A Anesthesia Post- Operative Order set was made. As of February 19, 2014 these orders will appear on all patient charts. Anesthesia providers will specify treatments to meet patient needs in the recovery room.</p>		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 181	<p>Continued From page 36</p> <p>a page of standing orders that were kept in a binder at the nurse's station. The orders included pain and nausea medications, oxygen titration rates and medications indicated for respiratory depression. The orders were signed by the CRNA on 2/06/12. The Nurse Director confirmed the orders were not included in Patient #14's medical record. She confirmed there was no indication the orders had been specifically developed to meet Patient #14's needs for post anesthesia care.</p> <p>b. Patient #13 was a 31 year old female admitted to the ASC on 1/07/14 for surgery on her right foot. The post-operative notes, signed by the Nurse Director on 1/07/14, documented Patient #13 was admitted to PACU at 10:58 AM. At 11:10 AM, the Nurse Director documented she administered 25 mg of Demerol for "shakes." There was no order for Demerol in the record.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed there was no order in the medical record for the Demerol. The Nurse Director stated she had been following standing orders developed by the CRNA. She produced the orders, which had been signed by the CRNA on 2/06/12, and included "Demerol 12.5 mg - 50 mg IV PRN q 1-5 minutes up to [sic] 50 mg." The orders did not include an indication for Demerol to be given for "shakes." She confirmed the orders were not included in the medical record. She also confirmed the orders had not been specifically developed or reviewed by the CRNA to meet the needs of Patient #13 in the post operative period. She confirmed there was no documentation to indicate the CRNA had been consulted regarding the administration of</p>	Q 181			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 181	Continued From page 37 Demerol. c. Patient #17 was a 64 year old male admitted to the ASC on 12/18/13 for surgery on his left knee. The post-operative notes, signed by the Nurse Director on 12/18/13, documented Patient #17 was admitted to PACU at 11:43 AM. At 11:58 AM, the Nurse Director documented she administered 25 mg of Demerol for knee pain. There was no order for Demerol in the record. The Nurse Director reviewed the record and was interviewed on 1/23/14 at 10:45 AM. She confirmed there was no order in Patient #17's medical record for the Demerol. d. Patient #3 was a 42 year old female admitted to the ASC on 12/27/13 for surgery on her left foot. The post-operative notes, signed by the RN on 12/27/13, documented Patient #3 was admitted to PACU at 10:30 AM. At that time she complained of nausea and was given Zofran 4 mg IV. There was no order for the Zofran in her record. The Nurse Director reviewed the record and was interviewed on 1/23/14 at 10:45 AM. She confirmed there was no order in Patient #3's medical record for the Zofran. Patients were administered medications in the PACU without orders.	Q 181			
Q 201	416.49(a) LABORATORY SERVICES If the ASC performs laboratory services, it must meet the requirements of Part 493 of this chapter. If the ASC does not provide its own laboratory services, it must have procedures for obtaining		Corrective action- January 21, 2014, a check was sent to the CLIA program. When CLIA certificate of waiver arrives the Nurse Director will enter the expiration date on a calendar to alert to coming expiration to prevent this over site from happening in the future.		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 201	Continued From page 38 routine and emergency laboratory services from a certified laboratory in accordance with Part 493 of this chapter. The referral laboratory must be certified in the appropriate specialties and subspecialties of services to perform the referral test in accordance with the requirements of Part 493 of this chapter. This STANDARD is not met as evidenced by: Based on staff interview, it was determined the ASC failed to ensure laboratory testing was provided in accordance with accepted standards. The failure to obtain a waiver had the potential to lead to laboratory testing being conducted contrary to law. Findings include: The ASC's CLIA Waiver stated it expired on 8/12/13. The ASC's Nurse Director was interviewed on 1/21/14 beginning at 9:35 AM. She stated the ASC performed blood glucose tests and urine pregnancy tests at the facility. The Nurse Director stated the ASC had forgotten to reapply and the waiver had expired. She stated the ASC did not have a current CLIA waiver. The ASC failed to obtain permission for laboratory testing.	Q 201			
Q 241	416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.	Q 241			

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER EMERALD SURGICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 311 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	
Q 241	<p>Continued From page 39</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and review of policies, it was determined the facility failed to maintain a sanitary and functional environment for all patients receiving care at the facility. This directly effected 1 of 2 patients (#10) observed at the ASC and resulted in the potential for infections to occur. Findings include:</p> <p>1. The "Hand Hygiene Policy," reviewed by the ASC in June 2012, stated hand washing was to be performed at the following times:</p> <ul style="list-style-type: none"> - Before direct patient contact - Before inserting invasive devices that do not require surgery - After contact with the patient's intact skin - After contact with body fluids, excretions, mucous membranes and wound dressings - After contact with objects in the patient's immediate vicinity - After removing gloves <p>Hand hygiene was not performed in accordance with the policy and additional infection control breaches were noted as follows:</p> <p>An observation of Patient #10 in pre-op was conducted on 1/21/14 beginning at 12:35 PM. The CRNA entered the pre-op area at approximately 1:00 PM. She spoke with Patient #10 about her procedure and health history. While speaking with Patient #10, the CRNA coughed into her hand and then patted Patient #10's leg, which was covered by a blanket. The CRNA then began examining Patient #10's right leg in preparation for the placement of a nerve block. The CRNA did not perform hand hygiene prior to touching Patient #10's leg. The CRNA</p>	Q 241	<p>Q 241</p> <p>Corrective Action: Hand Hygiene audits were resumed February 14, 2014, and will be continued on a monthly basis. The Nurse Director will perform these or assign silent shopper observations to another staff member. Staff members who continue with non-compliance with our policies will be brought to the attention of the Governing Body. Hand hygiene education includes all staff, including individual feed-back on hand hygiene observations.</p>		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 241	Continued From page 40 then donned sterile gloves without first performing hand hygiene. The Nurse Director, who was the pre-op RN, began preparing for the placement of the nerve block by gathering supplies. She moved the soiled linen container to Patient #10's bedside and placed a paper sheet on the lid. On top of the paper sheet, she opened the sterile package containing the supplies for the placement of the block. The CRNA placed the nerve block and also administered numbing medication to Patient #10's ankle. At the end of the procedure, the Nurse Director disposed of the nerve block supplies in the trash and wiped the top of the soiled linen container with bactericidal/virucidal wipes. The CRNA removed her gloves, gathered Patient #10's chart, and wheeled Patient #10 to the OR. The CRNA did not perform hand hygiene after removing her gloves. The Nurse Director was interviewed on 1/23/14 at 9:00 AM. She confirmed the CRNA had not performed hand hygiene in accordance with agency policy. In addition, she stated she had used the soiled linen container as a table due to the lack of surface area available for use in the pre-op area. She confirmed that this practice allowed for potential cross contamination.	Q 241			
Q 242	416.51(b) INFECTION CONTROL PROGRAM The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent	Q 242			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 242	Continued From page 41 program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. This STANDARD is not met as evidenced by: Based on interview and review of infection control documentation, it was determined the agency failed to ensure the ongoing surveillance was conducted within the ASC to ensure adherence to infection control policies. This had the potential to result in patient infection due to poor infection control practices. Findings include: Infection control documentation was reviewed with the Nurse Director, who identified herself as the director of the ASC's infection control program, on 1/22/14 beginning at 2:00 PM. During the review, it was noted surveillance of staff hand hygiene practices had been completed in January, February, and March of 2013. There was no documentation to indicate any surveillance of staff infection control practices had been completed after March of 2013. The Nurse Director stated she had stopped internal surveillance in March 2013 due to poor response by staff members. She stated she did not actively monitor any other aspects of staff practices related to infection control. She stated she had been attempting to find other methods to perform staff surveillance of adherence to infection control policies and procedures but had yet to develop a new system by the time of the survey. The ASC had not developed a method of	Q 242	Corrective action- Hand Hygiene audits resumed February 14, 2014. February 20, 2014, Daily Cleaning logs will be put into practice. Quarterly Quality Compliance Work Sheet, quality indicators have been revised to include; Infection Reports, Autoclave Spore Reports, Autoclave Run Strips, Biological Indicators, Antibiotic Start Times, Staff Vaccinations, Hand Hygiene Audits, Medication Open/ Expiration dates, and Cleaning Logs.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 242	Continued From page 42 surveillance to monitor staff infection control practices.	Q 242			
Q 244	416.51(b)(2) INFECTION CONTROL PROGRAM - QAPI [The program is -] An integral part of the ASC's quality assessment and performance improvement program This STANDARD is not met as evidenced by: Based on interview and review of infection control data, it was determined the ASC failed to ensure infection control QAPI data accurately .. reflected the facility's identified quality indicators. This resulted in the inability of the ASC to accurately evaluate its infection control processes necessary for improving the quality of patient care. Findings include: The ASC's Quality Worksheet included infection control quality indicators as follows: Infection Reports Autoclave Spore Reports Cidex OPA Logs OR Test Logs Post-op Phone Calls Cleaning Checklist Data was present for all indicators. However, when asked about the data, during an interview on 1/23/13 at 9:00 AM, the Nurse Director stated the ASC no longer utilized high level disinfection and therefore no longer maintained Cidex OPA logs. However, the Cidex logs continued to be represented in the data as being 100% compliant.	Q 244	Q 244 Correction: As of February 19, 2014 The Infection Control Plan was updated and approved by the Governing Body to reflect the current data being collected. The quality indicators of QAPI work sheet used to track infection control and prevention are: Infection Reports, Autoclave Spore Reports/ Biological Indicators, Autoclave Run Strips, Antibiotic Start Times, Staff Vaccinations, Hand Hygiene Audits, Medication Open/ Expiration audits, and Environmental Cleaning Logs.		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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
Q 244	Continued From page 43 She confirmed this was inaccurate. In addition, she stated the Cleaning Checklist was being re-developed and the sample size did not accurately reflect the number of Cleaning Checklists that had been completed. She stated the sample size was autopopulated into the data and represented the number of surgical cases completed during the quarter. She confirmed the Cleaning Checklist had not been performed for all surgical cases completed each quarter. She also stated that although Post-op Phone Calls were attempted for each patient, the ASC was not always able to reach the patient and therefore the sample size was inaccurate. The Nurse Director confirmed that for the reasons listed above, the final measurement of infection control compliance had been skewed, and inaccurate data had been presented. She confirmed the inaccurate data resulted in the inability for the ASC to accurately evaluate the infection control program. Infection Control QAPI data was inaccurate and did not reflect current ASC practice.	Q 244		
Q 261	416.52(a)(1) ADMISSION ASSESSMENT Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards or practice, a ASC policy. This STANDARD is not met as evidenced by:	Q 261	261 Admission Assessment Corrective action- February 17, 2014 Memo sent to Physicians reminding them of this requirement. Staff meeting February 13, 2014 Staff members reminded of this policy at staff meeting. RN's will monitor H&P for compliance. Patients are not to go to surgery until current H&P in the chart. Beginning February 24, 2014 the Nurse Director will audit for compliance on a monthly basis.	

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

PRINTED: 02/03/2014
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2014	
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
Q 261	<p>Continued From page 44</p> <p>Based on record review, interview, and review of policies, it was determined the ASC failed to ensure a comprehensive H&P was completed no more than 30 days prior to the date of surgery for 2 of 20 patients (#10 and #19) whose records were reviewed. This had the potential to result in missed contraindications to surgery. Findings include:</p> <p>1. The "History & Physical Policy," undated, stated "A comprehensive history and physical assessment must be completed for all surgical patients within 30 days preceding the procedure..." The ASC failed to adhere to the policy as follows:</p> <p>a. Patient #10's medical record documented a 36 year old female admitted to the ASC on 1/21/14 for surgery on her right foot. Her H&P was dated 12/18/13, 34 days prior to her surgery.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 at 9:00 AM. She confirmed the H&P had not been completed within 30 days of Patient #10's surgery in accordance with ASC policy.</p> <p>Patient #10's H&P was not completed within 30 days of her surgery.</p> <p>b. Patient #19's medical record documented a 14 year old male admitted to the ASC on 11/26/13 for surgery on his great toes. His H&P was dated 10/17/13, 40 days prior to his surgery.</p> <p>The Nurse Director reviewed the record and was interviewed on 1/23/14 beginning at 10:45 AM. She confirmed the H&P had not been completed within 30 days of Patient #19's surgery in</p>	Q 261		

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

PRINTED: 02/03/2014
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
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	
Q 261	Continued From page 45 accordance with ASC policy. Patient #19's H&P was not completed within 30 days of his surgery.	Q 261			