



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

April 8, 2013

Denise Rue, Administrator
Sipi Ambulatory Surgery Center
236 Martin Street
Twin Falls, ID 83301

RE: Sipi Ambulatory Surgery Center, Provider #13C0001020

Dear Ms. Rue:

On April 4, 2013, a follow-up visit of your facility, Sipi Ambulatory Surgery Center, was conducted to verify corrections of deficiencies noted during the survey of February 21, 2013.

We were able to determine that the Condition for Coverage of **Quality Assessment and Performance Improvement 42 CFR 416.43** is now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

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

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the ASC into compliance, and that the ASC remains in compliance with the regulatory

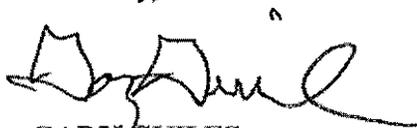
Denise Rue, Administrator
April 8, 2013
Page 2 of 2

- requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
 - The administrator's signature and the date signed on page 1 of the Form CMS-2567 and State Form 2567.

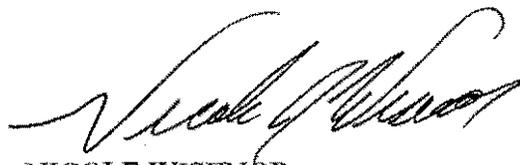
After you have completed your Plan of Correction, return the original to this office by **April 18, 2013**, and keep a copy for your records.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

GG/nw
Enclosures
cc: CMS Region X Office

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

PRINTED: 04/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/04/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SIPI AMBULATORY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 236 MARTIN STREET TWIN FALLS, ID 83301
--	--

(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 The following deficiencies were cited during the Medicare recertification follow up survey of your surgery center. Surveyors conducting the follow up were: Gary Guiles, RN HFS, Team Leader Libby Doane, RN, BSN, HFS Acronyms used in this report include: ASC = Ambulatory Surgical Center DON = Director of Nursing O2 SAT= Oxygen Saturation Level PI = Performance Improvement post-op = post-operatively pre-op = pre-operatively pulse ox = pulse oximetry QAPI = Quality Assessment Performance Improvement	(Q 000)	Q 084 POC Acronyms used in this POC: POC: Plan of Correction DON: Director of Nursing QAPI: Quality Assurance Performance Improvement O2: Oxygen SAT: Saturation	
(Q 084)	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)	1. The "SIPI ASC QAPI Project 2013" was in the very early stages of gathering retrospective data when this data was requested. Dr. Dillé had not seen this data to evaluate at the time of the phone interview. It was pointed out that there were problems with how the data was collected and displayed. In lieu of this and the conversation that took place that day, the details of the data collection	<i>Date of Compliance</i> 4/10/13 <i>per Denise Rue via telephone</i> 4/25/13 1048 am <i>DR</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Denise Rue</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/10/2013</i>
--	-------------------------------	-------------------------------

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 04/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/04/2013
---	---	--	--

NAME OF PROVIDER OR SUPPLIER SIPI AMBULATORY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 236 MARTIN STREET TWIN FALLS, ID 83301
--	--

(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)	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of QAPI documents, it was determined the ASC's Governing Body failed to ensure that the QAPI program specified data collection methods, frequency and details. This resulted in a lack of guidance to staff and limited the ability of the ASC to evaluate its services. Findings include:</p> <p>1. The "SIPI ASC QAPI PROJECT 2013," signed by the physician owner on 3/12/13, stated "Performing and documenting pulse oximetry is imperative to provide quality care at our ASC...The goal of this project is to improve the performance of the ASC staff and document the improvement with data provided in this project." In addition, the project stated staff would be educated on the importance of performing a pulse oximetry reading pre-op and post-op and the importance of documenting the reading in the medical record.</p> <p>For this project, the ASC collected baseline data from December 2012 to assess the extent of the lack of documentation. The document "O2 SAT Surveillance QAPI Project 4/2013" listed data for patients seen in the ASC from 12/03/12 through 12/05/12. The document contained a column for the date and 2 columns labeled "Pre-op O2 SAT" and one labeled "Post-op O2 SAT." The columns contained numbers corresponding with each patient. Most of the patients had a 1 in the "Pre-op O2 SATs" column and a 0 in the "Post-op O2 SATs" column. One patient had a 6 in the "Post-op O2 SATs" column and another had a 5 in the "Post-op O2 SATs" column. It was unclear as to what the numbers represented. There was no documentation in the project to specify how</p>	{Q 084}	<p>have been revised. (See Revised Project Introduction attached) These details were revised in the Project Introduction. The changes made have been to evaluate the records of every patient/procedure for the month of December 2012. There is to be a total number of patients/procedures and a total number of patients/procedures with the presence of pre-op oximetry and a total number of patient/procedures with the presence of post-op oximetry. Multiple oximetry readings on the same patient are only counted as being present or as one. The data is summarized on a spread sheet (see attached spread sheet) to provide accurate base line data for this project. This should clarify the data collection methods, frequency and details.</p> <p>All modifications to the QAPI Project Introduction have been completed and implemented into the data collected for December 2012.</p>	

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

PRINTED: 04/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/04/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SIPI AMBULATORY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 236 MARTIN STREET TWIN FALLS, ID 83301
--	--

(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)	<p>Continued From page 2</p> <p>frequently data was collected or any further details related to the data collection.</p> <p>The physician owner was interviewed beginning at 9:00 AM on 4/4/13. He stated the numbers in the columns indicated the number of times the O2 SAT had been documented in the patient's medical record. He confirmed that the zeros in the post op column indicated a pulse ox had not been documented postoperatively. He stated that when there was a number other than zero or one, it indicated the pulse ox was taken multiple times. He stated that this skewed the data, that the pulse ox should be recorded as either a one for done or a zero for not done.</p> <p>Data collection methods and details related to the data were not specified.</p> <p>2. The "SIPI ASC QAPI PROJECT 2013," dated 3/12/13, stated "Performing and documenting pulse oximetry is imperative to provide quality care at our ASC... The goal of this project is to improve the performance of the ASC staff and document the improvement with data provided in this project." In addition, the project stated staff would be educated on the importance of performing pulse oximetry readings pre-op and post-op and the importance of documenting the readings in the medical record.</p> <p>The ASC did not provide data related to the performance of pulse oximetry.</p> <p>The physician owner and DON were interviewed via telephone on 4/04/13 beginning at 11:25 AM. The DON stated she was constantly observing staff performing pulse oximetry but no</p>	(Q 084)	<p>2. The revised QAPI Project Introduction explains in better detail how performing and documenting would be done to provide data. Further education and instruction were provided by Dr. Dillé at the 4-10-13 Staff Meeting (see attached Staff Meeting Minutes). He distributed handouts (see attached) and reviewed the information in detail. Proper performance of obtaining an O2 SAT (oximetry) was demonstrated by the DON.</p> <p>Random observations of the staff performing pulse oximetry readings will be made during the project period by Dr. Dillé or the DON. These random observations will be recorded to provide data to evaluate the performance of the staff. This data will be beneficial to evaluate the performance of the staff and make needed corrections. These random observations documentation should satisfy and support the goals of this data driven performance improvement project.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/05/2013
FORM APPROVED
OMB NO. 0938-0391

NUMBER OF DEFICIENCIES REQUIRING CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">13C0001020</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">R 04/04/2013</p>
--	--	--	--

NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">SIPI AMBULATORY SURGERY CENTER</p>	STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">236 MARTIN STREET TWIN FALLS, ID 83301</p>
---	--

(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 3
 observations or data related to them were documented. The DON and the physician owner confirmed there was no data to indicate the performance of pulse oximetry was done in accordance with the project.
 Data was incomplete to support the performance improvement project.

(Q 084) Although the project is not completed, the changes have been implemented and data has been documented of the random observation of the staff performing oximetry. In order to expedite the completion of this deficiency, the data of the random observations collected to date is attached.
 Dr. Dillé and the Roxanne Paulson, RN, DON, are responsible for implementing the acceptable Plan of Correction.
Attachments:
 1. Governing Body Meeting Minutes of 4-9-13
 2. Revised QAPI Project Introduction
 3. Staff Meeting 4-10-13
 4. Oximetry Education 4-10-13
 5. QAPI Project Spread Sheet (12-2012 data)
 6. QAPI Project early data April 2013