



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

May 3, 2013

Nancy McHugh, Administrator
Vision Care Center Of Idaho
3071 East Franklin Road, Suite 101
Meridian, ID 83642

RE: Vision Care Center Of Idaho, Provider #13C0001034

Dear Ms. McHugh:

On April 30, 2013, a follow-up visit of your facility, Vision Care Center Of Idaho, was conducted to verify corrections of deficiencies noted during the survey of February 26, 2013.

We were able to determine that the ASC Conditions for Coverage of **Governing Body and Management (42 CFR 416.41)**, **Surgical Services (42 CFR 416.42)**, **Quality Assessment and Performance Improvement (42 CFR 416.43)**, **Medical Records (42 CFR 416.47)**, **Patient Rights (42 CFR 416.50)**, **Infection Control (42 CFR 416.51)** and **Patient Admission, Assessment and Discharge (42 CFR 416.52)** are 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;

MAY 06 2013

Nancy McHugh, Administrator
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Page 2 of 2

- 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 the Form CMS-2567 and State Form 2567.

After you have completed your Plan of Correction, return the original to this office by **May 16, 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 GILES
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

GG/nw
Enclosures
cc: Kate Mitchell, CMS Region X Office

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

PRINTED: 05/03/2013
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001034 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 04/30/2013 |
| NAME OF PROVIDER OR SUPPLIER VISION CARE CENTER OF IDAHO | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642 | |
| (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 Gules, RN HFS, Team Leader Libby Doane, RN, BSN, HFS Don Sylvester, RN, HFS Acronyms used in this report include: ASC = Ambulatory Surgical Center pre-op = preoperative post-op = postoperative RN = Registered Nurse | {Q 000} | <p>RECEIVED</p> <p>MAY 30 2013</p> <p>DIV OF LIC & CERT</p> | |
| {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. (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis. | {Q 162} | | |

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

TITLE

(X6) DATE

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

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RECEIVED
MAY 16 2013
FACILITY STANDARDS

Please see attached POC

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| {Q 162} | <p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records and staff interview, it was determined the facility failed to ensure medical records were complete and accurate for 7 of 8 sample patients (#1, #2, #3, #4, #5, #7, and #8) whose records were reviewed. This failure resulted in unclear medication orders and unclear documentation of medication administration. Findings include:</p> <p>1. Patient #1, #2, #3, #4, #5, #7, and #8's medical records documented the patients were admitted to the ASC for cataract surgery as follows:</p> <ul style="list-style-type: none"> - Patient #1 was an 83 year old male admitted to the ASC on 4/23/13 for cataract surgery on his right eye. His medical record contained "Physician's Orders," which included pre-op and post-op orders, dated 4/23/13 at 7:30 AM. - Patient #2 was a 91 year old male admitted to the ASC on 4/23/13 for cataract surgery on his left eye. His medical record contained "Physician's Orders," which included pre-op and post-op orders, dated 4/23/13 at 7:30 AM. - Patient #3 was a 71 year old female admitted to the ASC on 4/30/13 for cataract surgery on her left eye. Her medical record contained "Physician's Orders," which included pre-op and post-op orders, dated 4/30/13 at 7:30 AM. - Patient #4 was a 75 year old female admitted to the ASC on 4/23/13 for cataract surgery on her right eye. Her medical record contained "Physician's Orders," which included pre-op and | {Q 162} | | |

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| {Q 162} | <p>Continued From page 2 post-op orders, dated 4/23/13 at 7:30 AM.</p> <ul style="list-style-type: none"> - Patient #5 was a 68 year old female admitted to the ASC on 4/16/13 for cataract surgery on her right eye. Her medical record contained "Physician's Orders," which included pre-op and post-op orders, dated 4/16/13 at 7:30 AM. - Patient #7 was a 67 year old female admitted to the ASC on 4/16/13 for cataract surgery on her left eye. Her medical record contained "Physician's Orders," which included pre-op and post-op orders, dated 4/16/13 at 7:30 AM. - Patient #8 was a 61 year old male admitted to the ASC on 4/16/13 for cataract surgery on his left eye. His medical record contained "Physician's Orders," which included pre-op and post-op orders, dated 4/16/13 at 7:30 AM. <p>The patients' pre-op orders all contained an order to place a piece of gel foam in the operative eye that had been soaked in a solution of Proparacaine, Ocuflax, Cyclopentolate, Phenylephrine, and Bromday or Nevanac. Bromday and Nevanac were both anti-inflammatory pain relieving drops, but they were not the same medication. All of the were signed off as completed by the RN. However, none of the records documented which of the two drops had been added to the solution.</p> <p>In addition, the post-op section of Patient #1, #2, #3, #4, #5, #7, and #8's medical records contained a "Physician's Orders" form which stated the patients were to receive one drop of Bromday or Nevanac to the operative eye. The orders were signed off as completed by the RN in</p> | {Q 162} | | |

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| {Q 162} | Continued From page 3 all of the patients' records. However, there was no documentation on the orders to indicate which of the drops was given to Patients #1, #2, #3, #4, #5, #7, and #8. The RN was interviewed at 11:15 AM on 4/30/13. She stated the ASC usually used Bromday but if they ran out they would use Nevanac. She stated that when she prepared the solution to be given pre-op, she labeled the solution and circled either Bromday or Nevanac on the label. She also stated that although she would sign off the post-op orders, the drops were actually given by the Clinical Director. She stated she did not know which drops the Clinical Director had used. The Clinical Director reviewed Patient #1, #2, #3, #4, #5, #7, and #8's medical records and was interviewed on 4/30/13 beginning at 2:35 PM. She confirmed that she gave the drops post-op but did not sign them off. She confirmed there was no documentation to indicate which of the two the drops had been given pre-op and post-op. She also confirmed the orders were unclear as to which of the two drops should be administered. | {Q 162} | | |
| {Q 225} | Medication orders and documentation of medication administration were unclear. 416.50(a)(3)(i), (v), (vi), (vii) SUBMISSION AND INVESTIGATION OF GRIEVANCES (i) The ASC must establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the ASC. (v) The grievance process must specify timeframes for review of the grievance and the | {Q 225} | Please see attached POC | |

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| {Q 225} | Continued From page 4 provisions of a response. (vi) The ASC, in responding to the grievance, must investigate all grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished. (vii) The ASC must document how the grievance was addressed, as well as provide the patient with written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed. This STANDARD is not met as evidenced by: Based on staff interview and review of the ASC's policies, it was determined the ASC failed to establish a complete grievance procedure. This resulted in a lack of guidance to staff responsible for receiving and investigating grievances. Findings include: The policy "PATIENT GRIEVANCE PROCEDURE," dated 3/21/13, stated any patient could register an "informal complaint" by telephone, in writing, or in person. The policy stated "The Clinical Director or his/her designee will attempt to address and resolve the concern by telephone, or in person within three (3) days. If subsequent to this contact by the facility, the patient continues to have a concern, the patient may submit the complaint or grievance in writing to the Medical Director." The policy did not define the term grievance. Additionally, the grievance policy required a grievance to be submitted in writing. Further, the policy did not define anything | {Q 225} | | | |

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| {Q 225} | <p>Continued From page 5 as a grievance that could be addressed in 3 days whether or not it required investigation.</p> <p>The Medical Director and the Clinical Director were interviewed on 4/30/13 beginning at 2:35 PM. They confirmed the policy did not include the definition of a grievance.</p> <p>The ASC had not developed a complete grievance process.</p> | {Q 225} | | |
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VISION CARE CENTER OF IDAHO
 PLAN OF CORRECTION

| Q Tag | Plan of Correction | Date |
|-------|---|----------|
| Q 162 | <p>Staff inserviced to circle and initial the NSAID used in the eyedrop solution and to time and initial all medications given. The post-op record was edited to include a line for initials and time that the medication was administered. Refer to attached policy and medical record form.</p> <p>Monitor: Clinical Director conducted inservice on medical record documentation requirements on 5/03/13 and monitors compliance weekly. Results will be reported to QAPI Committee and quarterly Governing Body meetings for 6 months.</p> <p>Responsible: Governing Body</p> | 05/03/13 |
| Q 225 | <p>Grievance policy includes a definition of grievance. Refer to attached policy.</p> <p>Monitor: Clinical Director will document and report all patient grievances to the Governing Body at quarterly Governing Body meetings.</p> <p>Responsible: Governing Body</p> | 05/03/13 |
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