



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 16, 2014

Carol Lugar, Administrator
Meridian Endoscopy Center
2235 East Gala Street
Meridian, ID 83642

RE: Meridian Endoscopy Center, Provider #13C0001057

Dear Ms. Lugar:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Meridian Endoscopy Center on May 15, 2014.

Based on the results of this survey, Meridian Endoscopy Center was found to be in substantial compliance with the fire/life safety requirements set forth in the Life Safety Code, 2000 Edition, for Ambulatory Surgery Centers.

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

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

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

Printed: 05/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001057	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2014
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NAME OF PROVIDER OR SUPPLIER MERIDIAN ENDOSCOPY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2235 E GALA STREET MERIDIAN, ID 83642
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>The Meridian Endoscopy Center occupies approximately 3,800 s.f. of a single story structure of Type V(III) construction that was completed in the late spring of 2005. The ASC portion of the structure is one (1) hour separated from the remainder (i.e., clinic) of the building. The building is protected throughout by a complete automatic fire extinguishing system designed/installed per NFPA Std 13 for a light hazard occupancy. The building is provided with a complete, supervised, addressable fire alarm system with smoke detection throughout the ASC. The fire alarm system is monitored off-site at a 24-hour central signaling station. Emergency power and lighting is supplied by an on-site, diesel powered, automatic, 60 KW generator designed per NFPA Std 99 for a Type 3 system (i.e., no general anesthesia/no required electrical life support). Portable fire extinguishers are provided throughout. Exiting from the ASC is via three (3) exterior doors directly to grade. Piped in oxygen is provided and designed/installed per NFPA Std 99 for a Level 3 system.</p> <p>The above facility was found to be in substantial compliance during the annual Fire and Life Safety survey conducted on May 15, 2014. The facility was surveyed under applicable fire/life safety requirements of the Life Safety Code, 2000 Edition, New Ambulatory Health Occupancies as set forth under Title XVIII (i.e., Medicare) for certification as an Ambulatory Surgery Center.</p> <p>The fire/life safety survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction Mark Grimes Supervisor FFSC</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.