



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 4, 2014

Teresa Wellard, Administrator
Grand Teton Surgical Center
2290 Coronado Street
Idaho Falls, ID 83404

RE: Grand Teton Surgical Center, Provider #13C0001026

Dear Ms. Wellard:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Grand Teton Surgical Center on July 23, 2014.

Based on the results of this survey, Grand Teton Surgical 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: 08/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001026	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2014
NAME OF PROVIDER OR SUPPLIER GRAND TETON SURGICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2290 CORONADO STREET IDAHO FALLS, ID 83404	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The Ambulatory Surgery Center is a single story, type V(111) building of approximately 5,000 s.f. that was completed in June of 1999. It is the sole occupant of the building. The Center is provided with a complete automatic sprinkler system designed/installed per NFPA Std 13 for a light hazard occupancy. There is a complete fire alarm/smoke detection system throughout. Emergency power is supplied by an automatic 23KW generator designed per NFPA Std 99 for a Type 3 system. Piped in medical gases and vacuum are provided and installed per NFPA Std 99 for a level 1 system. Portable fire extinguishers are provided throughout and there are two (2) exits from the Center with a service/employee entry on the east side of the facility.</p> <p>The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on July 23, 2014. The survey was conducted under the requirements set forth under Medicare (Title XVIII for certification as an Ambulatory Surgery Center - ASC).</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000		

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.