



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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BUREAU OF FACILITY STANDARDS
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August 15, 2014

Joseph Peterson, Administrator
Ambulatory Surgery Center of Burley
1344 Hiland Avenue, Suite E
Burley, ID 83318

RE: Ambulatory Surgery Center of Burley, Provider #13C0001028

Dear Mr. Peterson:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Ambulatory Surgery Center Of Burley on August 8, 2014.

Based on the results of this survey, Ambulatory Surgery Center Of Burley 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: 08/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001028	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2014
NAME OF PROVIDER OR SUPPLIER AMBULATORY SURGERY CENTER OF BURLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1344 HILAND AVENUE. SUITE E BURLEY, ID 83318	
(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)
K 000	<p>INITIAL COMMENTS</p> <p>The Ambulatory Surgery Center (i.e., ASC) is located in a portion of the first floor of a medical office building of Type V(000) construction. The ASC portion of the medical office building is physically separated from the general office practice by a one (1) hour separation. The building is provided with a fire alarm system with system smoke detection throughout the physician office and ASC. The fire alarm system is off-site monitored. Emergency power is supplied by a combination of battery pack lighting/exit signs and an on-site, natural gas powered, automatic emergency generator complying with NFPA Std 99 for a Type 1 system. The generator transfer switch is located in the basement. There are three (3) remote exits from the ASC directly to the exterior. There are ABC portable fire extinguishers in the clinic/ASC.</p> <p>The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on August 8, 2014. The facility was surveyed under Existing Ambulatory Health Care Occupancy classified in Chapter 21, National Fire Protection Association Life Safety Code 101.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</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.