



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

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
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August 25, 2014

John Sonntag, Administrator  
Premier Surgical Center  
5680 West Gage Street  
Boise, ID 83706

RE: Premier Surgical Center, Provider #13C0001052

Dear Dr. Sonntag:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Premier Surgical Center on August 15, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

John Sonntag, Administrator  
August 25, 2014  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 8, 2014**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M.P. Grimes', followed by a long horizontal line extending to the right.

MARK P. GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

Printed: 08/25/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/15/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>PREMIER SURGICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5680 W GAGE STREET BOISE, ID 83706</b>
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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><b>INITIAL COMMENTS</b></p> <p>The Ambulatory Surgery Center occupies approximately 3,200 square feet of a 6,600 square foot single story wood frame medical office building. The existing building was remodeled in the summer of 2004. The ASC is separated from the remainder of the building (i.e., physician office practice) by a one (1) rated wall that runs from the floor slab to the underside of the roof deck. The entire building, including the ASC, is protected by an automatic fire sprinkler system designed/installed per NFPA Std 13 for a light hazard occupancy. A complete fire alarm system, to include some system smoke detection and off site monitoring, is provided throughout the building. There are three (3) exits to grade accessible from the ASC; two (2) are directly from the ASC, and the third is through the adjoining physician office practice. Emergency power is supplied by an on-site diesel powered automatic generator, and, the Essential Electrical System complies with applicable requirements set forth in NFPA 99 for a Type 1 system. Piped in oxygen and vacuum are provided and also comply with applicable requirements of NFPA 99 for a Level 1 system. Portable fire extinguishers are provided and are multipurpose ABC.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on August 15, 2014. The facility was surveyed as an Existing Ambulatory Health Care Occupancy 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 &amp; Construction</p>	K 000		
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RECEIVED  
SEP 16 2014  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cindy Clancy</i>	TITLE <i>Admin Director</i>	(X6) DATE <i>09/16/2014</i>
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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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  08/15/2014
NAME OF PROVIDER OR SUPPLIER  PREMIER SURGICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5680 W GAGE STREET BOISE, ID 83706		
(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 029 K 029	Continued From page 1 416.44(b)(1) LIFE SAFETY CODE STANDARD  Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems. 38.3.2, 39.3.2  This Standard is not met as evidenced by: Based on observation and operational testing, the facility failed to ensure hazardous areas were protected with self-closing doors. Failure to ensure hazardous areas are protected would allow smoke and dangerous gases to pass freely between compartments during a fire. This deficient practice affected no patients, staff and visitors on the date of the survey.  Findings include:  During the facility tour conducted on August 15, 2014 from 10:30 AM to 12:00 PM, observation and operational testing of the mechanical room door from the back exit hallway found that it is not equipped with a self-closing device. Further observation of the mechanical room found it to be the storage area for medical records in the facility, storage of maintenance and paint supplies, office products and equipment.  Actual NFPA standard:  39.3.2 Protection from Hazards. 39.3.2.1* Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include	K 029 K 029		

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

Printed: 08/26/2014  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER <b>PREMIER SURGICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5680 W GAGE STREET BOISE, ID 83706</b>		
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K 029	Continued From page 2 woodworking and painting areas shall be protected in accordance with Section 8.4.  8.4.1.3 Doors in barriers required to have a fire resistance rating shall have a 3/4-hour fire protection rating and shall be self-closing or automatic-closing in accordance with 7.2.1.8.	K 029	<i>I found the sticker on the door, it was on top. The door is a CURTIS R6666. Fire Rating attached. We installed an auto closer on the door on 8/20/2014 We will get a fire rating sticker for the door Cindy Cloney</i>	