



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS  
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September 4, 2014

Wendy Binegar, Administrator  
Pain Care Center Boise  
301 West Myrtle  
Boise, ID 83702

RE: Pain Care Center Boise, Provider #13C0001049

Dear Ms. Binegar:

This is to advise you of the findings of the Medicare Fire Life Safety Survey conducted at Pain Care Center Boise on August 29, 2014.

Based on the results of this survey, Pain Care Center Boise 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: 09/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC BLDG  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/29/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>PAIN CARE CENTER BOISE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 WEST MYRTLE BOISE, ID 83702</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 Center is a 3800+ square foot, single story structure of protected wood frame construction. The building was an existing structure that was renovated with plans approved in February 2004. Construction was completed in late March 2004 with an occupancy certificate issues on March 26, 2004. The actual ASC portion of the building is approximately one-half of the structure with the physician office practice housed in the remainder. For purposes of the Life Safety Code, the entire building is considered the ASC with the physician as the sole tenant.</p> <p>The building is provided with a complete fire alarm/smoke detection system throughout; two (2) remotely located exits directly to grade; portable fire extinguishers throughout; and emergency power/lighting via several battery pack units and a diesel powered, on-site, automatic generator design/installed per NFPA Std 99 for a Type 3 system. There is a single sprinkler head installed in the oxygen storage room which is connected to the facility water supply.</p> <p>The facility was surveyed as an Existing Ambulatory Health Care Occupancy classified in Chapter 21, National Fire Protection Association Life Safety Code 101.</p> <p>The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on August 29, 2014.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</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.

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