



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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September 4, 2014

Laurie Sothers, Administrator  
Southwest Idaho Surgery Center  
900 North Liberty Street, Suite 400  
Boise, ID 83704

RE: Southwest Idaho Surgery Center, Provider #13C0001021

Dear Ms. Sothers:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Southwest Idaho Surgery Center on August 29, 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:

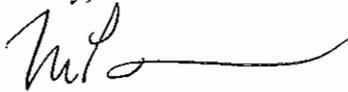
1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline 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.

Laurie Sothers, Administrator  
September 4, 2014  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 17, 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', with a long horizontal flourish 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

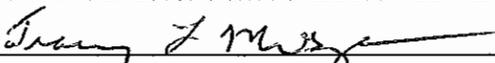
Printed: 09/04/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13C0001021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE ASC FLOOR</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/29/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO SURGERY CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 NORTH LIBERTY STREET. SUITE 400 BOISE, ID 83704</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>Southwest Idaho Surgery Center is located on the fourth floor of a fire resistive medical office building who's construction was completed in November of 1997. The Center occupies approximately one third of the floor with the Physician's office practice occupying the remainder of the floor.</p> <p>The building is protected throughout by an automatic fire extinguishing system; a supervised, addressable fire alarm system; and portable fire extinguishers. The floor is served by two (2) enclosed stairways that discharge directly to the exterior.</p> <p>A Type I Essential Electrical System serves the Center along with piped in Medical gasses and vacuum installed per applicable requirements of NFPA Std 99. The Center is separated into two (2) smoke zones by a one (1) hour rated smoke barrier partition and the Center is one (1) hour separated from the common exit access corridor of the floor and the adjoining physician's office practice.</p> <p>The ASC was surveyed in accordance with 42 CFR 416.44 (b) and the provisions of the Life Safety Code, Chapter 21, Existing Ambulatory Health Care Occupancies.</p> <p>The following deficiencies were cited during the Life Safety Code Survey conducted on August 29, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	K 000	<p style="text-align: right;">RECEIVED SEP 22 2014 FACILITY STANDARDS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>8/16/14</b>
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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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K 021 K 021	Continued From page 1 416.44(b)(1) LIFE SAFETY CODE STANDARD  Any door with a required fire protection rating, such as stairways, exit passageways, horizontal exits, smoke barriers, or hazardous area enclosures, if held open, is arranged to close automatically by the actuation of the manual fire alarm system and either smoke detectors arranged to detect smoke on either side of the opening or a complete automatic sprinkler system. 20.2.2.3, 21.2.2.3  This Standard is not met as evidenced by: Based on observation operational testing and interview, the facility failed to ensure exit doors designed to self close were not impeded. Failure to ensure the proper operation of self-closing doors could allow smoke and dangerous gases to pass freely into corridors and affect the safe evacuation of occupants during an emergency. This deficient practice affected 2 patients, staff and visitors in 2 of 2 smoke compartments on the date of the survey.  Findings include:  During the facility tour conducted on August 29, 2014 from 10:00 AM to 12:30 PM, observation by the RN and the surveyor of the smoke compartment door separating the lobby from the pre-op/post op section found it was chocked open with a rubber door chock. When asked, the RN on staff indicated she was not aware this method of holding the door open was not allowed.  Actual NFPA standard:  20.2.2.3 Any door in an exit passageway, horizontal exit,	K 021 K 021	Staff has been informed via memo that doors cannot be propped or blocked open. This will be reiterated at a staff meeting to be held on 9/29/14. At the meeting, the staff will be educated about the reasons behind this. The Medical Director (Dr. Todd Rustad) and Administrator (Tracy McGeorge) will continue to educate staff and do unannounced checks to confirm compliance.	9/16/14

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K 021	Continued From page 2 smoke barrier, stairway enclosure, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The required manual fire alarm system and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.  7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, doors shall be permitted to be automatic-closing, provided that the following criteria are met: (1) Upon release of the hold-open mechanism, the door becomes self-closing. (2) The release device is designed so that the door instantly releases manually and upon release becomes self-closing, or the door can be readily closed. (3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door release service in NFPA 72, National Fire Alarm Code®. (4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the door becomes self-closing. (5) The release by means of smoke detection of one door in a stair enclosure results in closing all doors serving that stair.	K 021		
K 029	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	K 029	staff has been informed via memo that doors cannot be blocked or propped open. This will	9/16/14

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K 029	<p>Continued From page 3</p> <p>areas are provided with both fire barriers and sprinkler systems 38.3.2, 39.3.2</p> <p>This Standard is not met as evidenced by: Based on observation and operational testing, the facility failed to ensure that hazardous area doors were not impeded from self-closing as required. Failure to protect hazardous areas would allow the passage of smoke and dangerous gases to pass freely into corridors and hinder the safe evacuation of occupants during a fire or emergency. This deficient practice affected 2 patients, staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on August 29, 2014 from 10:00 AM to 12:30 PM, observation and operational testing of the Central Storage room door and the Soiled Utility door abutting the operating theaters found both were blocked open. The Central Storage door was found blocked with a standing lamp. This room measured approximately ten feet by ten feet; one hundred square feet. The Soiled Utility room abutting the operating theaters was found chocked open with a rubber door chock.</p> <p>Actual NFPA standard:</p> <p>3.3.13.2 Area, Hazardous. An area of a structure or building that poses a degree of hazard greater than that normal to the general occupancy of the building or structure, such as areas used for the storage or use of combustibles or flammables; toxic, noxious, or corrosive materials; or heat-producing appliances.</p>	K 029	<p>be reiterated at a staff meeting to be held on 9/29/14. At the meeting, the staff will be educated about the reasons behind this. The Medical Director (Dr. Todd Rustad) and Administrator (Tracy McGeorge) will continue to educate staff and do unannounced checks to confirm compliance.</p>	

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K 029	Continued From page 4  38.3.2.1* Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.4.	K 029		
K 032	416.44(b)(1) LIFE SAFETY CODE STANDARD  At least two exits, located remote from each other, are provided for each floor or fire section of the building. 20.2.4.1, 21.2.4.1, 7.5.1.4  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure at least two exits were provided and maintained free of obstructions at all times. Failure to keep exits clear would hinder the safe evacuation of occupants during an emergency. This deficient practice affected 2 patients, staff and visitors on the day of the survey.  Findings include:  During the facility tour conducted on August 29, 2014 from 10:00 AM to 12:30 PM, observation of the northeast exit, directly opposite of the Recovery Lounge found it blocked from full access by (2) wheelchairs. When asked, the RN and Clinic Manager stated they understood the importance of keeping this exit clear for emergency evacuation.  Actual NFPA standard:  20.2 MEANS OF EGRESS REQUIREMENTS 20.2.1 General.	K 032	To ensure patients and staff have access to multiple exits, the back hallway has been cleared. A policy has been implemented to unload supplies within one hour of receipt. A smaller laundry bin has been ordered to avoid hallway blockage. All staff will be educated about keeping fire exits clear at the 9/29/14 staff	9/3/14

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K 032	Continued From page 5 Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7. Exception: As modified by 20.2.2 through 20.2.11.  7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.	K 032	meeting. Unannounced audits will be performed by the Administrator (Tracy McGeorge) to ensure compliance.	
K 050	416.44(b)(1) LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2  This Standard is not met as evidenced by: Based on record review and interview, the facility failed to perform fire drills, one per shift per quarter. Failure to perform necessary fire drills could hinder staff performance during a fire or emergency requiring evacuation. This deficient practice affected 2 patients, staff and visitors on the day of the survey.  Findings include:  During record review of the facility conducted on August 29, 2014 from 10:00 AM to 10:45 AM, the only confirmed fire drill found in the facilities records for the past year was for May 5, 2014. Interview of the RN found she was not aware of the missing fire drills and stated they relied on building Maintenance of the hospital staff to conduct and notify them of fire drills.	K 050	Quarterly fire drills will be implemented beginning this month. An electronic calendar reminder has been created. A log indicating who was in attendance for each drill will be maintained.	9/23/14

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K 050	Continued From page 6 Actual NFPA standard:  20.7.1.2* Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.	K 050		