IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 29, 2015

Nancy McHugh, Administrator
Vision Care Center Of Idaho
3071 East Franklin Road, Suite 101
Meridian, ID 83642

RE: Vision Care Center Of Idaho, Provider #13C0001034

Dear Ms. McHugh:

This is to advise you of the findings of the Medicare survey of Vision Care Center Of Idaho, which was conducted on June 23, 2015.

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:

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the ASC into compliance, and that the ASC remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

After you have completed your Plan of Correction, return the original to this office by **July 13, 2015,** and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626 option 4.

Sincerely,

Susan Costa/sc

SUSAN COSTA
Health Facility Surveyor
Non-Long Term Care

Sylvia Creswell for

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

SC/pmt
Enclosures

VisionCare
CENTER OF IDAHO
3071 East Franklin Road Suite 101 Meridian, Idaho 83642 Phone: 208-288-1400 Fax: 208-855-0104

July 7, 2015

Debra Ransom, R.N., R.H.I.T-Chief
Bureau of Facility Standards
3232 Elder Street
Boise, ID 83720

Dear Ms. Ransom,

Enclosed please find our POC relative to your recent survey of June 23, 2015. Thank you for allowing us the chance to reply and remain in compliance. Should you have further questions, please do not hesitate to notify me.

Sincerely,

Jorge A Martinez, M.D.
Medical Director

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

PRINTED: 06/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 000	INITIAL COMMENTS The following deficiencies were cited during the Medicare survey and of your surgery center conducted on 6/23/15. Surveyors conducting the survey were: Susan Costa, RN, HFS, Team Leader Rebecca Lara, RN, HFS Dennis Kelly, RN, HFS Acronyms used in this report include: ASC - Ambulatory Surgical Center CRNA - Certified Registered Nurse Anesthetist DC - Discontinue OR - Operating Room RN - Registered Nurse	Q 000	RECEIVED AUG - 6 2015 FACILITY STANDARDS	
Q 062	416.42(a)(2) ANESTHETIC - DISCHARGE Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthetist as defined at §410.69(b) of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery. This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to ensure patients were evaluated by a physician or anesthetist prior to being discharged for 9 of 9 patients (#1, #3, #5, #7, #8, #9, #10, #11 and #15) that received anesthesia and whose records were reviewed. This resulted in patients being discharged without a determination that they were medically stable. Findings include:	Q 062	Post operative patient care and assesment/order forms have been modified to reflect and document pre-discharge patient assessment by either the physician or anesthetist with date and time of assessment documented. A 100%chart review by the head PACU nurse will ensure that all pre/post op orders are properly written and documented, and that all patientes are assesed by the surgeon or CRNA prior to discharge. This will assure that patients are medically fit for discharge to their homes.	7/14/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Medical Director 7/9/2015

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

PRINTED: 06/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 062	Continued From page 1 Patient #5 was a 72 year old female that was admitted to the ASC for a cataract removal and lens insertion in her right eye. Patient #5 was observed from her admission on 6/23/15 at 8:15 AM through the surgical procedure, post procedural recovery, and her discharge, at 9:22 AM. When Patient #5's procedure was completed she was transferred by gurney from the operating room to the recovery area at 9:05 AM. The physician, CRNA, and RN accompanied her to the recovery area. After a brief report to the RN, the physician and CRNA left Patient #5's bedside. The physician and CRNA did not return to Patient #5's bedside before she was discharged at 9:22 AM. The following patient records were reviewed and did not include documentation the physician or CRNA performed a post anesthesia evaluation prior to their discharge: - Patient #1 was a 72 year old female who was admitted on 6/16/15, for a cataract removal and lens placement in her right eye. Her record documented she received conscious sedation of versed and fentanyl, administered by the CRNA. - Patient #3 was a 66 year old female admitted to the ASC on 6/16/15 for a removal of a cataract and a placement of an intraocular lens implant in her left eye. Her record documented she received conscious sedation of versed and fentanyl, administered by the CRNA. - Patient #7 was a 78 year old male who was admitted on 5/26/15, for a cataract removal and lens placement in his right eye. His record	Q 062		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 062	Continued From page 2 documented he received conscious sedation of versed and fentanyl, administered by the CRNA. - Patient #8 was a 55 year old female who was admitted on 5/19/15, for a refractive lens replacement of her left eye. Her record documented she received conscious sedation of versed and fentanyl, administered by the CRNA. - Patient #9 was a 65 year old male admitted to the ASC on 5/12/15 for a removal of a cataract and a placement of an intraocular lens implant in his left eye. His record documented she received conscious sedation of versed and fentanyl, administered by the CRNA. - Patient #10 was a 73 year old female who was admitted on 4/28/15, for a cataract removal and lens placement of her left eye. Her record documented she received conscious sedation of versed and fentanyl, administered by the CRNA. - Patient #11 was an 82 year old female who was admitted on 4/21/15, for a cataract removal and lens placement in her left eye. Her record documented she received conscious sedation of versed and fentanyl, administered by the CRNA. - Patient #15 was a 54 year old female who was admitted on 4/14/15, for a cataract removal and lens placement of her left eye. Her record documented she received conscious sedation of versed and fentanyl, administered by the CRNA. During an interview on 6/23/15 beginning at 2:45 PM, the CRNA stated she did not routinely perform a post-procedural evaluation, as the patients were usually discharged by the time she returned to the recovery area. She stated she	Q 062		

PRINTED: 06/24/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 062	Continued From page 3 would accompany the patient from the operating room to the recovery area, then would immediately take another patient to the operating room for another procedure. By the time she was able to return to the recovery room, the previous patient would be discharged. She stated she would usually sign the patient forms after they were discharged, or at the end of the day. During an interview on 6/23/15 beginning at 3:30 PM, the owner/physician confirmed he did not evaluate each patient before being discharged from recovery. The physician confirmed he signed the care plan section of the patients' records, and did not include a time to indicate when he actually signed them. The ASC did not ensure the patients were evaluated after receiving anesthesia before they were discharged.	Q 062		
Q 241	416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. This STANDARD is not met as evidenced by: Based on observation, interview, policy review and record review, it was determined the facility failed to maintain a sanitary and functional environment for all patients receiving care at the facility. This directly impacted 1 of 1 Patient (#5) whose care was observed, and placed all patients at risk for infections to occur. Findings include: 1. An ASC policy, undated, titled "Policy #9 Hand	Q 241		

PRINTED: 08/24/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 241	Continued From page 4 Washing," stated "All personnel are required to wash their hands before and after caring for each patient. At no time shall care be administered to a patient without hand washing prior to treatment. A can of foamed alcohol is located next to the sink in the pre-op area and next to the scrub sinks in the operating suite which may be used for hand disinfection in place of hand washing if the hands are not grossly soiled. After handling dirty or contaminated material, gloves are removed by turning inside out and discarding in trash. Hands shall then be thoroughly washed at the nearest sink, rinsed and dried." Observations of staff providing patient care during the time of the survey demonstrated the facility policy was not followed in the example below: Patient #5 was a 72 year old female that was admitted to the ASC for a cataract removal and lens insertion in her right eye. Patient #5 was observed from her admission on 6/23/15 at 8:15 AM through the surgical procedure, post procedural recovery, and her discharge, at 9:22 AM. During the post procedural recovery, the RN who provided her care was observed to provide patient care. The following examples of missed opportunity to practice hand hygiene are included, but not limited to, the following: - Beginning at 9:15 AM, the RN was noted to touch Patient #5 and her bedding, she left the recovery area to get juice from the kitchen/refrigerator, and return to the patient recovery area. Upon leaving the patient area, the RN did not perform hand hygiene.	Q 241	The ASC hand hygiene policies and procedures as deliniated in section 1 of the ASC manual were reviewed with all staff members. Hand hygiene staff training using the above quoted policy manual as well as the Progressive Surgical Services hand hygiene continuing education module will be used to deliver quarterly hand hygiene training and as the standard againsst which the performance of staff is measured. The clinical director will assign a different staff member each quarter to secretly observe and report on staff for hand hygiene compliance. The resulting report will be reviewed by the clinical director and used to target education to specific areas of need. Compliance will be reported to the governing body at the quarterly governing body meetings. Monitor: **Clinical Director** Responsible: **Governing Board**	7/14/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 241	Continued From page 5 - The RN then went into the nurses' station and obtained a straw from a drawer. When she brought it back, she bent down to turn off Patient #5's oxygen, saw that her shoe was untied, tied her shoe, brushed her hair out from her face, touched the monitor, wrote vital signs on a clipboard, then opened the straw and juice, and offered it to Patient #5. The RN did not perform hand hygiene upon entering the patient area, or after touching her shoe and face. - The RN donned a pair of gloves and discontinued Patient #5's IV, then removed the gloves. Hand hygiene was not performed before the RN put on the gloves or after she removed them. During an interview on 6/23/15, beginning at 3:30 PM, the RN confirmed the surveyor observations of patient care without hand hygiene. The ASC failed to ensure staff consistently performed hand hygiene. 2. Patient #5 was a 72 year old female admitted to the ASC on 6/23/15 for a removal of a cataract and a placement of an intraocular lens implant in the right eye and whose care was observed on 6/23/15 from 8:00 AM to 9:22 AM. While the recovery procedures of Patient #5 were observed, the patient in the bed immediately next to Patient #5 was prepped for her procedure by a staff RN in the PACU. During the observation Patient #5 was administered eye drops. The medication bottles were then placed on a tray. On 6/23/15 at approximately 9:10 AM, the RN in the pre operative area was observed to perform hand	Q 241		

PRINTED: 06/24/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 241	Continued From page 6 hygiene, donned gloves, and retrieved the medication bottles that had been previously used for Patient #5. The RN then proceeded to administer eye drops to another patient. The RN held the other patient's eye open with her hand and administered the medication to the patient's left eye. The RN then used a tissue to wipe moisture from the patient's face and around her eye. The RN replaced the bottle on the cart and repeated this process with two more medications. She did not clean the medication bottles after handling them. In an interview on 6/23/15 at approximately 3:30 PM, the Clinical Supervisor and the staff RN that worked the PACU area confirmed breaches in infection control by the RN that provided patient care in the PACU. Additionally, the Clinical Director and the RN confirmed the breach in infection control as a result of handling medication bottles used on multiple patients. The Clinical Director and the RN confirmed this practice placed patients at an increased risk of infection due to the administration of eye drops from common medication bottles, without proper cleaning and disinfection of the bottles between patients. The ASC failed to ensure multi-use eye drop bottles were cleaned and disinfected prior to use for each patient. 3. A tour of the ASC occurred on 6/23/15. During the tour, a glucometer (a device used to monitor blood sugar) including the name, "Accu-Chek, Aviva," was observed on a counter top, in the PACU area. The box and "Owner's Booklet..." were found beside the glucometer. The "Owner's Booklet..." stated "...for Single Patient Use Only."	Q 241	Proper use and cleaning/disinfection technique for multi-use eyedrop bottles was reviewed with all staff members as deliniated in the ASC policies manual. Education will be conducted by the Clinical Director to establish the practice of confining all pre-op eyedrop bottles in an isloated fashion untill all drops are instilled in any given patient. The bottles will then be wiped with a disinfecting cloth before being returned to the clean storage area. The Clinical Director and head pre/post-op nurse will be responsible for monitoring comliance with this practice. Compliance will be documented in the Quarterly Infection Control compliance surveillance audit.	7/14/15

PRINTED: 06/24/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001034	A. BUILDING _____ B. WING _____	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISION CARE CENTER OF IDAHO	3071 EAST FRANKLIN ROAD, SUITE 101 MERIDIAN, ID 83642

(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
Q 241	Continued From page 7 A staff RN was interviewed on 6/23/15 at approximately 9:10 AM. She stated the ASC was aware the glucometer was for single patient use only. She said the multi-use glucometer the ASC normally used was no longer working properly, and the current single-use glucometer for temporary use only. The RN also indicated another multi-use glucometer had been ordered, but had not yet arrived. The ASC failed to ensure single use point of care devices were used appropriately. The RN was asked to explain the use and cleaning process of the single-use glucometer. She said a single lancette per patient was used only one time to extract patients' blood, then discarded. Additionally, she said the glucometer was cleaned after each patient use, with the cleaning wipes on the counter. The label on the cleaning wipes stated, "Clorox Hydrogen Peroxide Wipes - Non Bleach." The only active ingredient in the cleaning wipes was documented as "hydrogen peroxide." However, the glucometer booklet stated a "Super Sani-Cloth (EPA* reg. no. 9480-4)" was recommended for cleaning and disinfecting the glucometer. The "Super Sani-Cloth" Material Safety Data Sheet, undated, stated the wipes contain isopropyl alcohol. The ASC failed to ensure manufacturer instructions were adhered to when cleaning the glucometer.	Q 241	A multi-use glucometer was procured and placed into service. All RN staff members were eucated on the use of the glucometer by the head pre/ post-op nurse. This was documented on the inservice training record. Staff understanding was verified and documented by way of a written test and observation of clinical practice by either the head pre/ post-op nurse or the surgeon.	7/7/15