IDAHO DEPARTMENT OF
HEALTH & WELFARE

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February 6, 2013

Carol Lugar, Administrator
Boise Endoscopy Center
425 West Bannock
Boise, ID 83702

RE: Boise Endoscopy Center, Provider #13C0001024

Dear Ms. Lugar:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Boise Endoscopy Center on January 25, 2013.

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.

After you have completed your Plan of Correction, return the original to this office by **February 19, 2013**, 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,

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/nw

Enclosures

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
	13C0001024	A. BUILDING 02 - ENTIRE ASC FLOOR AND V B. WING _____	01/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOISE ENDOSCOPY CENTER	425 WEST BANNOCK BOISE, ID 83702

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K 000	INITIAL COMMENTS The Endoscopy Center (i.e., Ambulatory Surgery Center) is housed on the lower level of the Office Occupancy of the Physician Practice and is separated from the Office Occupancy by a one (1) hour rated wall/floor/ceiling assembly. The plans for the center were approved in October 1998 with completion / occupancy on December 22, 1998. the building's construction type is protected wood frame (i.e., V111). The Center is protected throughout by a complete fire alarm / smoke detection system; there are two (2) remotely located exits from the floor; and, there are portable fire extinguishers throughout. Medical gas and vacuum systems are provided per NFPA Std 99 for a Level 1 system. Emergency power is an automatic fuel fired generator. Emergency lighting is provided battery backup units. The facility was surveyed on January 25, 2013 under the provisions and applicable fire/life safety requirements [i.e., 416.44(b)] set forth under Medicare (i.e., Title XVIII) for certification as an Ambulatory Surgery Center. The following deficiencies were cited during the recertification survey. The survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction Program	K 000	RECEIVED FEB 19 2013 FACILITY STANDARDS	
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		

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

Clinical Director | 2/15/2013

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 029	Continued From page 1 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 interview it was determined that the facility did not ensure that hazardous area doors were self closing. This deficiency can allow smoke and fire gases to spread beyond the hazardous area in the event of a fire occurring in the room. Findings include: During the tour of the facility on January 25, 2013 at 2:04 PM, observation of operational testing of the the door to the soiled linen room revealed that the door would not self close when released from the open position. Further observation revealed that the door was not equipped with a self closing device. When questioned about the door the Facility Administrator stated that she was unaware that hazardous area doors are required to be self closing. 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 woodworking and painting areas shall be protected in accordance with Section 8.4. 8.4.1.1* Protection from any area having a degree of hazard greater than that normal to the general occupancy of the building or structure shall be provided by one of the following means:	K 029	K029 A self closure was installed on the door to soiled holding. The door has been tested and is self closing by Carol Luger RN Monitored and spot checking by clinical director CR	2/1/13

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K 029	Continued From page 2 (1) Enclose the area with a fire barrier without windows that has a 1-hour fire resistance rating in accordance with Section 8.2. (2) Protect the area with automatic extinguishing systems in accordance with Section 9.7. (3) Apply both 8.4.1.1(1) and (2) where the hazard is severe or where otherwise specified by Chapters 12 through 42. 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		
K 046	416.44(b)(1) LIFE SAFETY CODE STANDARD Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1 This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure that emergency illumination was being tested and maintained. Operational testing helps to ensure nonoperational units are discovered and repaired. Findings include: During record review on January 25, 2013 at 1:42 PM, it was revealed that the facility was unable to provide testing records for the emergency lighting units for 30 seconds a month and an annual 90 minute test for the previous twelve month period. When questioned about the emergency light testing the Facility Administrator stated that she did not know that the emergency lighting was required to be tested. Actual NFPA Standard:	K 046	Emergency lighting identified. 1/30/13 On 1/30/13 Emergency lighting units were tested for 30 seconds. The 2 units passed. A New log sheet was created for the monthly test as well as the annual. This will be assigned to the assistant clinical director - Donelle Humphreys	

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K 046	Continued From page 3 21.2.9 Emergency Lighting and Essential Electrical Systems. 21.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046		
K 064	416.44(b)(1) LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided. 20.3.5.2, 21.3.5.2 This Standard is not met as evidenced by: Based on observation, record review and interview it was determined that the facility did not ensure that portable fire extinguishers were being inspected in accordance with NFPA 10. Monthly inspections helps to ensure extinguisher reliability in the event of a fire requiring the use of an extinguisher. Findings include: During the tour of the facility on January 25, 2013 at 11:20 AM, observation of the inspection tag on the portable fire extinguisher located in the employee break room revealed that the annual	K 064	A monthly inspection has been completed on all fire extinguishers for January and February 2013. This is assigned to the Tech. Education on the timing & signature has been completed. The annual inspection will be completed in April 2013. Oversight is by the clinical director.	1/30/13

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K 064	Continued From page 4 inspection was in April 2012 and that the last monthly inspection to be dated and signed off was on September 9, 2012. When questioned about the monthly fire extinguisher inspection the Facility Administrator stated that she had forgotten to check that extinguisher. Actual NFPA Standard: NFPA 10 Standard for Portable Fire Extinguishers 1998 Edition 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. 4-3.4.2 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded.	K 064		
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Based on observation, and interview it was determined that the facility failed to prevent storage of combustible materials under the stairwell. This deficiency has the potential for accelerated fire growth and possibly make the stairwell unusable in the event of a fire. Findings include:	K 130	All cardboard has been removed from under the stairs. A sign has been placed on each door indicating that combustible materials may not be stored under the stairwell. Spot checking to be done by clinical director	1/30/13

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K 130	Continued From page 5 During the facility tour on January 25, 2013 at 2:00 PM, observation of a room under the stairwell revealed a large amount of cardboard boxes that contained records being stored under the stairwell. When questioned about the materials being stored in the room the Facility Administrator stated that she did not know that storage was not allowed under the stairwell. Actual NFPA Standard: 7.2.2.5.3* Usable Space. There shall be no enclosed, usable space within an exit enclosure, including under stairs, nor shall any open space within the enclosure be used for any purpose that has the potential to interfere with egress. Exception: Enclosed, usable space shall be permitted under stairs, provided that the space is separated from the stair enclosure by the same fire resistance as the exit enclosure. Entrance to such enclosed usable space shall not be from within the stair enclosure. (See also 7.1.3.2.3.)	K 130		
K 144	416.44(b)(1) LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110, 8.4.2 This Standard is not met as evidenced by: Based on record review, interview and observation it was determined that the facility did not ensure that the emergency generator was being load tested monthly or inspected on a weekly basis and that the generator location was in accordance with NFPA 110. Failure to conduct monthly load tests or inspect the generator on a weekly basis could result in the generator not	K 144	Weekly inspections are to include visual condition, check belts and hoses, check of engine oil level, check lube oil ~~fil~~ heater coolant level, jacket of water heater, breaker remains closed, monthly load test of 30 minutes to include test date, start & stop time, oil pressure operating temp this is	1/30/13

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K 144	Continued From page 6 starting or functioning properly in the event of a power outage. Findings include: 1. During record review on January 25, 2013 at 1:40 PM, the facility was unable to provide documented 30 minute monthly load tests or weekly inspections for the previous twelve month period. When this deficient practice was discussed with the Facility Administrator she stated that she was unaware of the emergency generator testing and inspection requirements. 2. During the tour of the facility on January 25, 2013 at 1:37 PM, observation of the emergency generator room revealed that the room was not equipped with an emergency lighting source. When this deficient practice was discussed with the Facility Administrator she stated that the room had previously been equipped with an emergency light and was unsure why the room no longer contained the emergency light. Actual NFPA Standard: NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition 6-4 Operational Inspection and Testing. 6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:	K 144	assigned to Julie Dahl - Infection control Nurse	

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K 144	Continued From page 7 (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. 5-3 Lighting. 5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.	K 144	A battery powered light was placed in the generator room. Carol Lugar will verify its presence.	2/6/13
K 147	416.44(b)(1) LIFE SAFETY CODE STANDARD Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1 This Standard is not met as evidenced by: Based on observation and interview the facility did not ensure that electrical wiring and equipment usage was in accordance with NFPA 70. Utilizing series connected relocatable power taps can lead to overloaded wiring and start a fire. Findings include: During the tour of the facility on January 25, 2013 at 1:56 PM, observation of the telephone room revealed a relocatable power tap plugged into another relocatable power tap. When questioned about the relocatable power tap usage the Facility	K 147	Adam Eldred - IT removed the series connection of the re locatable Power taps. Education completed. Carol Lugar	2/14/13

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K 147	Continued From page 8 Administrator stated that she was unaware of the usage in the room. Actual NFPA Standard: NFPA 70 National Electrical Code 1999 Edition 110-3. Examination, Identification, Installation, and Use of Equipment (a) Examination. In judging equipment, considerations such as the following shall be evaluated: 1. Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. 2. Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided 3. Wire-bending and connection space 4. Electrical insulation 5. Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service 6. Arcing effects 7. Classification by type, size, voltage, current capacity, and specific use 8. Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (b) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling. UL 1363	K 147		

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K 147	Continued From page 9 RELOCATABLE POWER TAPS (XBYS) Relocatable Power TapsXBYSUSE AND INSTALLATION This category covers relocatable power taps rated 250 V ac or less, 20 A or less. They are intended for indoor use as relocatable multiple outlet extensions of a single branch circuit to supply laboratory equipment, home workshops, home movie lighting controls, musical instrumentation, and to provide outlet receptacles for computers, audio and video equipment, and other equipment. They consist of one attachment plug and a single length of flexible cord terminated in a single enclosure in which one or more receptacles are mounted. They may, in addition, be provided with fuses or other supplementary overcurrent protection, switches, suppression components and/or indicator lights in any combination, or connections for cable, communications, telephone and/or antenna. Relocatable power taps are intended to be directly connected to a permanently installed branch circuit receptacle. Relocatable power taps are not intended to be series connected (daisy chained) to other relocatable power taps or to extension cords. Relocatable power taps are not intended for use at construction sites and similar locations. Relocatable power taps are not intended to be permanently secured to building structures, tables, work benches or similar structures, nor are they intended to be used as a substitute for fixed wiring. The cords of relocatable power taps are not intended to be routed through walls, windows, ceilings, floors or similar openings. Relocatable power taps have not been investigated and are not intended for use with general patient care areas or critical patient care areas of health care facilities as defined in Article	K 147		

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K 147	Continued From page 10 517 of ANSI/NFPA 70, "National Electrical Code."	K 147		
K 211	416.44(b)(1) LIFE SAFETY CODE STANDARD o Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor, the corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that Alcohol Based Hand Rub (ABHR) dispensers were not installed above a carpeted floor in an unsprinklered building. This deficiency can accelerate and increase the intensity of a fire in the event a fire were to occur in the room. Findings include: During the tour of the facility on January 25, 2013 at 2:10 PM, observation of the waiting room lobby revealed two (2) Alcohol Based Hand Rub (ABHR) dispensers installed in the room that is carpeted and the building is not provided with an automatic fire suppression sprinkler system. When questioned about the dispensers the Facility Administrator stated that she was	K 211	On 2/12/13 the (2) Alcohol based hand rubs ~~was replaced~~ dispensers were replaced in the waiting room were replaced with a non alcohol based hand rub dispenser. ~~These~~ will be maintained by	2/12/13

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K 211	Continued From page 11 unaware that Alcohol Based Hand Rub (ABHR) dispensers could not be installed above a carpeted floor in an unsprinklered building.	K 211	by Eddy Mclane. The alcohol based container and the ~~does not~~ al non alcohol based dispensors use different sized containers for the hand rub so they will not be ~~easily~~ confused Carb/Lugar	