

COPY



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

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T. -- Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

February 1, 2013

Shane Ricks, Administrator  
Millennium Surgery Center  
1828 South Millennium Way, Suite 100  
Meridian, ID 83642

RE: Millennium Surgery Center, Provider #13C0001011

Dear Mr. Ricks:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Millennium Surgery Center on January 29, 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.

Shane Ricks, Administrator  
February 1, 2013  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **February 14, 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,

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

MARK P. GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MPG/nw

Enclosures

# **MSC Millennium** **SURGERY CENTER**

1828 S. Millennium Way, Suite 100, Meridian, ID 83642  
Phone 208-381-0262, Fax 208-429-8575

2/6/2013

Bureau of Facility Standards  
3232 Elder St  
PO Box 83720  
Boise ID, 83720-0009

**RECEIVED**  
**FEB 12 2013**  
**FACILITY STANDARDS**

## Medicare Fire Life Safety Survey Plan of Correction

Mr Grimes, Millennium Surgery Center has addressed the following deficiencies as outlined below.

416.44 All portable extinguishers will be inspected every month. They will also be inspected after every fire drill and actual fire. They will be replaced as needed. The tag on the extinguisher and a fire extinguisher log will be kept. The administrator will supervise this practice. Reference Policy #5032 Fire Extinguisher Check, #5033 Fire Extinguishers Log.

Corrected 2/6/13

### NFPA 101 MISC.

Missing fire department connection cap missing on one of the two fire department connections. Our fire sprinkler inspection with Simplex Grinnell is due in March 2013. When They come for the inspection I will have them inspect the connection and replace the cap.

Anticipated correction date 3/2013.

K 130 NFPA 25, 9-7: Quarterly inspection of fire sprinkler system. Policy is updated # 5018. Log # 5024. Policy and log will be kept in the building maintenance log book.

Corrected 2/7/13

416.44 Weekly and Monthly Generator Checks will be performed by trained personell. Policy #7011 Policy and logs will be kept in the building maintenance log book.

Corrected 2/7/13

Thank you for the opportunity and guidance on improving and insuring the safety of our building. If you require any further information we will be glad to provide it.

Regards,

  
Shane Ricks RN MHS

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

Printed: 01/31/2013  
FORM APPROVED  
OMB NO. 0938-0391

|  |  |   |  |   |
|--|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>13C0001011</b>                                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - ENTIRE ASC INCLUDES WI</b><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>01/25/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>MILLENNIUM SURGERY CENTER</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1828 SOUTH MILLENNIUM WAY. SUITE 100<br/>MERIDIAN, ID 83642</b> |  |   |
| (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 000  | INITIAL COMMENTS<br><br>The Ambulatory Surgery Center is located in a wing of a single story Type V(000) (i.e., wood frame) structure. The space was renovated in the fall of 1991 to be an ASC. The Center encompasses approximately 1,200 s.f of floor space. The building is protected throughout by an automatic fire extinguishing system designed per NFPA Std 13 for a light hazard occupancy. The structure is also provided with a complete, off-site monitored, fire alarm system with smoke detection. Emergency power/lighting is provided by an on-site, diesel powered automatic generator and wall mounted battery pack lights in the Center. There are four (4) remotely located doors to the exterior from the Center.  | K 000   | <b>RECEIVED</b><br><b>FEB 12 2013</b><br><b>FACILITY STANDARDS</b>   |   |
| K 064  | 416.44(b)(1) LIFE SAFETY CODE STANDARD<br><br>Portable fire extinguishers are provided. 20.3.5.2, 21.3.5.2.<br><br>This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure fire extinguishers were maintained properly. This deficient practice affected all patients, staff and visitors in the facility.<br><br>Findings include:<br><br>During the facility tour on 01/25/13 between 10:30 and 11:30 a.m. fire extinguishers within the facility were observed to have annual service/maintenance tags dated March 2012. However, no monthly inspections were noted by initials or dates upon the tags. Interview with the facility administrator revealed the facility was unaware of the monthly inspection requirement. | K 064   | All 3 Fire extinguishers will be checked monthly the tag and log will be noted per # 5032 policy Fire Extinguisher Check. and Log # 5033.<br>Corrected 2/6/13 Supervised by administrator 2/6/13 |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

2/7/13

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: 01/31/2013  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>13C0001011</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - ENTIRE ASC INCLUDES WI</b><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/25/2013</b> |
|--|---|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>MILLENNIUM SURGERY CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1828 SOUTH MILLENNIUM WAY. SUITE 100<br/>MERIDIAN, ID 83642</b> |
|--|---|

| (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 064 | Continued From page 1<br>This finding was acknowledged by the facility administrator during the exit interview on 01/25/13.<br><br>Actual NFPA standard:<br><br>NFPA 101, 9.7.4.1<br>Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.<br>NFPA 10, 4-3.1 Frequency.<br>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.<br>NFPA 10, 4-3.4.2<br>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<br><br>OTHER LSC DEFICIENCY NOT ON 2786<br><br>This Standard is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure the fire sprinkler system was properly maintained. The deficient practice affected all smoke compartments, staff, and all patients. Findings include:<br><br>Observation on 01/25/13 at 9:30 a.m. of the facility's fire department connection on the southwest exterior wall revealed a missing plug or cap from one of two fire department connections. Interview with the Administrator on 01/25/13 at  | K 130 | <i>Missing Connection Cap.<br/>Fire Sprinkler inspection due in March 2013. Connection will be checked and cap to be replaced. Work to be done by Simplex Grinnel and completion will be noted by Shane Ricks Administrator</i> | <i>March 2013</i> |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>13C0001011</b>                                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - ENTIRE ASC INCLUDES WI</b><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>01/25/2013</b> |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>MILLENNIUM SURGERY CENTER</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1828 SOUTH MILLENNIUM WAY. SUITE 100<br/>MERIDIAN, ID 83642</b> |   |   |
| (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 130  | Continued From page 2<br>10:30 a.m. revealed that the facility was unaware the cap or plug was missing from the connection.<br><br>The finding was acknowledged by the Administrator at the exit interview on 01/25/13.<br><br>Actual NFPA Standards: NFPA 25, 9-7 Fire Department Connections.<br>9-7.1<br>Fire department connections shall be inspected quarterly. The inspection shall verify the following:<br>(a) The fire department connections are visible and accessible.<br>(b) Couplings or swivels are not damaged and rotate smoothly.<br>(c) Plugs or caps are in place and undamaged.<br>(d) Gaskets are in place and in good condition.<br>(e) Identification signs are in place.<br>(f) The check valve is not leaking.<br>(g) The automatic drain valve is in place and operating properly.<br>9-7.2<br>If fire department connection plugs or caps are not in place, the interior of the connection shall be inspected for obstructions, and it shall be verified that the valve clapper is operational over its full range.<br>9-7.3<br>Components shall be repaired or replaced as necessary in accordance with the manufacturer's instructions. Any obstructions that are present shall be removed. | K 130   | <i>Connections and inspection of Fire Sprinkler system will be done quarterly per Fire alarm system testing and inspection policy # 5018 Log 5024 will be completed quarterly by trained personnel supervised by Administrator 2/7/13</i> |   |
| K 144  | 416.44(b)(1) LIFE SAFETY CODE STANDARD<br><br>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   | K 144   |   |   |

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

|  |  |   |  |   |
|--|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>13C0001011</b>                                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - ENTIRE ASC INCLUDES WI</b><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>01/25/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>MILLENNIUM SURGERY CENTER</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1828 SOUTH MILLENNIUM WAY. SUITE 100<br/>MERIDIAN, ID 83642</b> |  |   |
| (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 144  | <p>Continued From page 3</p> <p>This Standard is not met as evidenced by:<br/>         Based on observation, record review, and interview, the facility failed to provide documented weekly inspections of the emergency generator. The deficient practice affected all smoke compartments, staff, and all patients. Findings include:</p> <p>Observation during record review on 01/25/13 at 10:00 a.m. of the facility's emergency generator reports for the 12 months preceding the survey, the facility was unable to provide documented weekly inspections of the facility's emergency generator. Interview with the Administrator on 01/25/13 at 10:30 a.m. revealed that the facility was unaware of the requirement for weekly inspections of the emergency generator.</p> <p>The finding was acknowledged by the Administrator at the exit interview on 01/25/13.</p> <p>Actual NFPA Standards: NFPA 110, 6.4.1 and 6.4.2. Level 1 and level 2 Emergency Power Supply Sources (EPSS)s, including all appurtenant components, shall be inspected weekly and shall be exercised under load monthly for a minimum of 30 minutes.</p> | K 144   | <p><i>Generator to be weekly and monthly inspected. Load run will be done every 28 days. Policy: Utility Systems Management, Emergency power generator maintenance #7011 weekly and monthly logs. will be completed by trained personnel supervised by the 2/7/13 Administrator.</i></p> |   |