



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 17, 2013

Teri Paluso, Administrator
IPC Surgical Center, LLC
2841 Juniper Drive
Lewiston, ID 83501

RE: IPC Surgical Center, LLC, Provider #13C0001048

Dear Ms. Paluso:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at IPC Surgical Center, LLC on September 10, 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.

Teri Paluso, Administrator
September 17, 2013
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After you have completed your Plan of Correction, return the original to this office by **September 30, 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', 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: 09/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001048	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC WING B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2013
NAME OF PROVIDER OR SUPPLIER IPC SURGICAL CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2841 JUNIPER DRIVE LEWISTON, ID 83501		
(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	<p>INITIAL COMMENTS</p> <p>The Ambulatory Surgery Center was constructed in '03/'04 with completion on March 08, 2004. The Ambulatory Surgery Center occupies approximately 5,100 s.f. of a single story medical office building. The ASC portion is of Type V(III) construction and is one (1) hour separated for the attached clinic portion of the building by a one (1) hour rated separation wall. The entire building is protected throughout by an automatic sprinkler system designed per NFPA Std 13 for a light hazard occupancy. There is a complete supervised addressable fire alarm system throughout both the ASC and the clinic. Emergency power to the ASC is provided by a diesel powered automatic generator designed as a Type 3 system per NFPA Std 99. Piped in medical gas (i.e., oxygen and medical air) are provided and designed per NFPA Std 99 for a Level 1 system. Portable fire extinguishers are provided throughout and there are three (3) exits from the ASC as well as doors to the exterior through the mechanical room, soiled holding, and the employee lounge.</p> <p>The following deficiencies were cited during the certification survey conducted on September 10, 2013. The survey was conducted under applicable provisions set forth in the Life Safety Code, 2000 Edition, Chapter 20, New Ambulatory Health Care Occupancy and 42 CFR 416.44(b).</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction Program</p>	K 000	<p>RECEIVED</p> <p>SEP 27 2013</p> <p>FACILITY STANDARDS</p>	
K 130	<p>MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130		

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

Veresa Paluso

TITLE

Administrator

(X6) DATE

9-23-13

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.

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K 130	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the automatic fire sprinkler system was being maintained in accordance NFPA 25. Properly maintaining the fire sprinkler system helps to ensure system reliability.</p> <p>Findings include:</p> <p>During record review on September 10, 2013 at 2:02 PM, the facility was unable to provide documented quarterly automatic fire sprinkler system inspections for the previous twelve month period. When questioned about the quarterly inspections the facility Administrator stated that she was unaware of the required quarterly inspections.</p> <p>Actual NFPA Standard:</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 Edition</p> <p>2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage.</p> <p>2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly.</p>	K 130	<p>_____ will be on-site on October 23, 2013 to provide training to the Clinical Nurse Coordinator (RN) and Administrator to begin doing the required quarterly testing to include visual inspection for physical damage and testing of the waterflow alarm device. The quarterly testing indicators will be added to the fire safety log book thereby assuring the quarterly monitoring is accomplished. The Clinical Nurse Coordinator (RN) will be responsible for performing the quarterly testing.</p>	