IDAHO DEPARTMENT OF HEALTH & WELFARE

JAMES E. RISCH – 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 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

July 31, 2006

RECEIVED
AUG 14 2006
FACILITY STANDARDS

Tracy Farnsworth, Administrator
State Hospital South
P.O. Box 400
Blackfoot, ID 83221

RE: State Hospital South, provider #134010

Dear Mr. Farnsworth:

This is to advise you of the findings of the Medicare Health survey, which was conducted at your facility on June 23, 2006.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form HCFA-2567, listing Medicare deficiencies. The hospital is under no obligation to provide a plan of correction for these deficiencies. If you do choose to submit a plan of correction, 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 <u>all</u> 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. <u>Sign and date the form</u>(s) in the space provided at the bottom of the first page.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134010	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 06/23/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STATE HOSPITAL SOUTH	700 EAST ALICE BLACKFOOT, ID 83221

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A 000	INITIAL COMMENTS The following deficiency was cited during the Medicare validation survey of your hospital. Surveyors conducting the validation were: Gary Guiles, RN, HFS, Team Leader Deb Dore, RN, HFS	A 000		
A 148	482.21(b)(2)(i) QAPI QUALITY OF CARE The hospital must use the data collected to monitor the effectiveness and safety of service and quality of care. This Standard is not met as evidenced by: Based on review of performance improvement (PI) data and staff interview, it was determined the hospital failed to use the data collected to monitor the effectiveness and safety of attempts to decrease the number of dangerous incidents on 4 of 4 patient units (admissions, adolescents, GAC, and GAD). The findings include: The hospital tracked the number of incidents in the areas of accidents, assaults, falls, self inflicted injuries, and elopements. This data was reviewed from October 2005 through April 2006. The data was reported in the following ways: a. the total number of incidents for the hospital and skilled nursing facility (SNF) together b. the number of total events by unit c. the number of specific types of incidents in the hospital and nursing home together by month. For example, the the number of falls for the hospital and SNF by month, the number of self inflicted injuries for the hospital and SNF by	A 148	RECEIVED AUG 14 2006 BUREAU OF FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: Aug 11, 2006

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134010	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/23/2006

NAME OF PROVIDER OR SUPPLIER
STATE HOSPITAL SOUTH

STREET ADDRESS, CITY, STATE, ZIP CODE
700 EAST ALICE
BLACKFOOT, ID 83221

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A 148	Continued From page 1 month, etc. This data was not separated out which prevented the hospital from determining whether the numbers of specific types of incidents were increasing or decreasing. For example, if the number of assaults on a given unit increased while the number of self inflicted injuries on the same unit decreased by a similar number, it would appear that no changes were occurring. Staff responsible for the unit would not be prompted to examine the cause of the increase in assaults and develop measures to decrease their number. Also, the combining of hospital and SNF data made it more difficult to assess trends in hospital incidents alone.	A 148	Deficiency A-148 has been corrected. The information contained in the monthly safety report has been separated. The data pertaining to SCNF has been separated from the data pertaining to the hospital. A separate report is now generated to depict SCNF by itself. This information is reviewed daily by the reporting unit and Safety Department and collectively it is reviewed on a monthly basis by the Safety Committee. This was effective with the June 2006 report and will be reviewed monthly hereafter. This information will also be reviewed on a quarterly basis for trends on each of the units. The daily, monthly, and quarterly reviews will be under the discipline of the Safety Committee and under the direction of the Safety and Security Director.	