



C.L. "BUTCH" OTTER -- Governor
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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May 13, 2015

Bradley Huerta, Administrator
Lost Rivers Medical Center
PO Box 145
Arco, ID 83213

RE: Lost Rivers Medical Center, Provider ID# 131324

Dear . Huerta:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Lost Rivers Medical Center, on April 29, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure 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. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Bradley Huerta, Administrator
May 13, 2015
Page 2 of 2

After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567 and State Form in the spaces provided on the bottom of the first pages of each of the respective forms and return the originals to this office by May 26, 2015.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'M.P. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

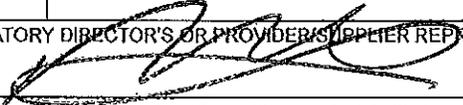
Enclosure

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

PRINTED: 05/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2015
NAME OF PROVIDER OR SUPPLIER LOST RIVERS MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 551 HIGHLAND DRIVE ARCO, ID 83213	
(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 The original hospital building is a single story structure with a partial finished basement, was constructed in 1959, and occupied in 1960. The basement walls are concrete on the perimeter; bearing interior walls are cinderblock; and, non-bearing interior walls are wood stud with lathe and plaster. The floor ceiling assembly is wood with plaster. The main level exterior walls are cinderblock with brick. Interior walls are a combination of cinderblock/plaster and wood/plaster. The roof system is composite build-up with wood trusses. There are three (3) exits on the main level. There is a two (2) hour separation that connects the main hospital to the previous Long Term Care Facility. The entire building is protected throughout by an automatic sprinkler system with retrofit in 2005. The fire alarm system was new in 2003. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on April 29, 2015. The facility was surveyed under the Life Safety Code 2000 Edition, Existing Health Care Occupancy and 42 CFR 485.623. The surveyor conducting the survey was: Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction	K 000		
K 025	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are	K 025		

RECEIVED
MAY 25 2015
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE C.E.O. (X6) DATE 5/21/15

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 025	<p>Continued From page 1</p> <p>protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that all smoke barriers would provide protection against passage of smoke between smoke compartments. Openings in smoke barriers can allow smoke and fire gasses to enter other smoke compartments in the event of a fire. This deficient practice could potentially affect all patients, staff and visitors on the day of survey. The facility has a capacity for 14 beds with a census of two on the date of survey.</p> <p>Findings include:</p> <p>1.) During the facility tour on April 29, 2015 between 8:30 AM and 2:00 PM, observation revealed multiple open ceiling penetrations that were not sealed ranging in size from approximately 1 inch to 3 inches that were found in the following locations: Janitors Closet room #32, Central Supply room #38, Oxygen Storage room, and Boiler room. Interview with the Maintenance supervisor found the facility was unaware of the open penetrations.</p> <p>2.) During the facility tour on April 29, 2015 between 8:30 AM and 2:00 PM, observation of Room #34, Storage room, revealed a hole cut in</p>	K 025	<p>1. On May 20, 2015 all penetrations listed in the K 025 finding #1, were sealed. They were sealed using fire rated caulk and fire rated foam.</p> <p>2. On May 18, 2015 The ceiling was repaired to meet fire code. It was sealed with a panel and fire rated sealant to prevent smoke penetration.</p>	

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K 025	<p>Continued From page 2</p> <p>the ceiling approximately 2' x 1' that would allow the passage of smoke. When asked, the Maintenance Supervisor stated the hole was cut because a previous water leak that was found in the ceiling.</p> <p>3.) During the facility tour on April 29, 2015 between 8:30 AM and 2:00 PM, observation of the Server room in the Materials Management office revealed a hole cut in the ceiling approximately 2' x 8" that would allow the passage of smoke. When asked, the Maintenance Supervisor stated the hole was cut in the ceiling because of a previous water leak.</p> <p>4.) During the facility tour on April 29, 2015 between 8:30 AM and 2:00 PM, observation revealed a false ceiling tile was missing from the splint room. When asked, the Maintenance Supervisor stated he was unaware of the missing ceiling tile.</p> <p>5.) During the facility tour on April 29, 2015 between 8:30 AM and 2:00 PM, observation of the Human Resources door leading to the Server room revealed a 1 inch circular hole in the top corner of the door frame that would allow the passage of smoke in the event of a fire. When asked, the Maintenance Supervisor stated he was unaware of the hole in the door frame.</p> <p>Actual NFPA reference: Items #1-4 LSC 101, 19.3.7.3. Smoke barriers shall provide at least a one half hour fire resistance rating. 8.3.1* General. Where required by Chapters 12 through 42, smoke barriers shall be provided to subdivide building spaces for the purpose of restricting the</p>	K 025	<p>3. On May 20, 2015 the in in the ceiling was sealed shut using the approved methods and materials.</p> <p>4. On May 1, 2015 the missing ceiling tile was replaced with a new light fixture. The new fixture is a troffer light fixture that meets all of the measurements and specs. for the opening in which it was placed.</p> <p>5. On May 5, 2015 the hole was sealed with a metal door plate. This plate has sealed the opening preventing the possible penetration of smoke in the future. In order to prevent further dis-cretions and to change the systemic flaws K 025 will be added to our quarterly safety inspection checklist and will be reported to QA on a quarterly basis beginning quarter 2 of 2015. Training will be provided so that all employees will be able to appropriately report any and all penetra-tions, since it is not feasible for only a few of us to find or notice all possible penetrations on a monthly or even weekly basis. All penetrations found or reported will be repaired/fixd in a time-ly manner.</p>	

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K 025	Continued From page 3 movement of smoke. Item #5 LSC 101, 19.3.7.5 Openings in smoke barriers shall be protected by fire-rated glazing; by wired glass panels and steel frames; by substantial doors, such as 13/4-in. (4.4-cm) thick, solid-bonded wood core doors; or by construction that resists fire for not less than 20 minutes. Nonrated factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door shall be permitted. Exception: Doors shall be permitted to have fixed fire window assemblies in accordance with 8.2.3.2.2.	K 025		
K 050	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire drills were conducted once per shift per quarter. Failure to adequately train staff could hinder proper response during a fire or emergency event. This deficient practice affected all patients, staff and visitors on the date	K 050		

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K 050	Continued From page 4 of the survey. The facility is licensed for 14 hospital beds and had a census of two on the day of the survey. Findings include: During record review conducted on April 29, 2015 at approximately 8:30 AM, review of the facilities fire drill reports failed to produce 3rd and 4th quarter PM shift and 1st quarter AM shift drill reports. When asked, the Maintenance Supervisor stated he was unaware of the missing fire drills. Actual NFPA reference: 19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.	K 050	On April 29, 2015 Steve Kingery, upon reviewing his log books, found the records for the missing fire drills. These records will be attached to this document upon return. In the future, all fire drill logs will be scanned into our document system in order to always have a backup. Fire drills will be recorded and reported to QA on a quarterly basis beginning 2nd quarter 2015.	
K 076	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than	K 076		

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K 076	<p>Continued From page 5 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure oxygen cylinders were secured and stored in a safe manner. Failure to secure high pressure cylinders can result in physical damage to the cylinder and resulting in overpressure events causing damage or injury. The deficient practice affected staff and visitors on the day of survey. The facility is licensed for 14 hospital beds with a census of two on the date of survey.</p> <p>Findings include:</p> <p>During the facility tour on April 29, 2015 between 8:00 AM and 2:00 PM, observation of the oxygen storage room revealed two (2) freestanding oxygen tanks that were not properly secured in place by chains. When asked, the Maintenance Supervisor stated he was unaware of the freestanding gas cylinders.</p> <p>Actual NFPA reference: NFPA 99 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a)* Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both)</p>	K 076	<p>On May 20, 2015 the oxygen tanks were secured with a chain, which is anchored to the wall. This will prevent any future accidents with the oxygen tanks. Additional training will be provided to the clinical staff to ensure their understanding of its importance. The proper storage of the tanks will be monitored monthly via safety inspection performed by the Fire Safety Office and Risk Manager. These inspection will be reported in a quarterly format to the QA department.</p>	

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K 076	Continued From page 6 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2.* Enclosures shall be provided for supply systems cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of	K 076		

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K 076	Continued From page 7 heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)]. 10. Location of Supply Systems. a. Except as permitted by 4-3.1.1.2(a)10c, supply systems for medical gases or mixtures of these gases having total capacities (connected and in storage) not exceeding the quantities specified in 4-3.1.1.2(b)1 and 2 shall be located outdoors in an enclosure used only for this purpose or in a room or enclosure used only for this purpose situated within a building used for other purposes. b. Storage facilities that are outside, but adjacent to a building wall, shall be in accordance with NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites. c. Locations for supply systems shall not be used for storage purposes other than for containers of nonflammable gases. Storage of full or empty containers shall be permitted. Other nonflammable medical gas supply systems or storage locations shall be permitted to be in the same location with oxygen or nitrous oxide or both. However, care shall be taken to provide adequate ventilation to dissipate such other gases in order to prevent the development of oxygen-deficient atmospheres in the event of	K 076		

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K 076	<p>Continued From page 8</p> <p>functioning of cylinder or manifold pressure-relief devices.</p> <p>d. Air compressors and vacuum pumps shall be located separately from cylinder patient gas systems or cylinder storage enclosures. Air compressors shall be installed in a designated mechanical equipment area, adequately ventilated and with required services.</p> <p>11. Construction and Arrangement of Supply System Locations.</p> <p>a. Walls, floors, ceilings, roofs, doors, interior finish, shelves, racks, and supports of and in the locations cited in 4-3.1.1.2(a)10 a shall be constructed of noncombustible or limited-combustible materials.</p> <p>b. Locations for supply systems for oxygen, nitrous oxide, or mixtures of these gases shall not communicate with anesthetizing locations or storage locations for flammable anesthetizing agents.</p> <p>c. Enclosures for supply systems shall be provided with doors or gates that can be locked.</p> <p>d. Ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 ft (1.5 m) above the floor to avoid physical damage.</p> <p>e. Where enclosures (interior or exterior) for supply systems are located near sources of heat, such as furnaces, incinerators, or boiler rooms, they shall be of construction that protects cylinders from reaching temperatures exceeding 130°F (54°C). Open electrical conductors and transformers shall not be located in close proximity to enclosures. Such enclosures shall not be located adjacent to storage tanks for flammable or combustible liquids.</p> <p>f. Smoking shall be prohibited in supply system enclosures.</p> <p>g. Heating shall be by steam, hot water, or other</p>	K 076		

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K 076	Continued From page 9 indirect means. Cylinder temperatures shall not exceed 130°F (54°C). (b) Additional Storage Requirements for Nonflammable Gases Greater Than 3000 ft3 (85 m3). 1. Oxygen supply systems or storage locations having a total capacity of more than 20,000 ft3 (566 m3) (NTP), including unconnected reserves on hand at the site, shall comply with NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites. 2. Nitrous oxide supply systems or storage locations having a total capacity of 3200 lb (1452 kg) [28,000 ft3 (793 m3) (NTP)] or more, including unconnected reserves on hand at the site, shall comply with CGA Pamphlet G-8.1, Standard for the Installation of Nitrous Oxide Systems at Consumer Sites. 3. The walls, floors, and ceilings of locations for supply systems of more than 3000 ft3 (85 m3) total capacity (connected and in storage) separating the supply system location from other occupancies in a building shall have a fire resistance rating of at least 1 hour. This shall also apply to a common wall or walls of a supply system location attached to a building having other occupancy. 4. Locations for supply systems of more than 3000 ft3 (85 m3) total capacity (connected and in storage) shall be vented to the outside by a dedicated mechanical ventilation system or by natural venting. If natural venting is used, the vent opening or openings shall be a minimum of 72 in.2 (0.05 m2) in total free area. (c) Storage Requirements for Nonflammable Gases Less Than 3000 ft3 (85 m3). Doors to such locations shall be provided with louvered openings having a minimum of 72 in.2 (0.05 m2) in total free area. Where the location of the supply	K 076		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2015
NAME OF PROVIDER OR SUPPLIER LOST RIVERS MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 551 HIGHLAND DRIVE ARCO, ID 83213	
(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 076	Continued From page 10 system door opens onto an exit access corridor, louvered openings shall not be used, and the requirements of 4-3.1.1.2(b)3 and 4 and the dedicated mechanical ventilation system required in 4-3.1.1.2(b)4 shall be complied with.	K 076		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation the facility did not ensure that electrical wiring with NFPA 70. Utilizing relocatable power taps and extension cords improperly can lead to overload wiring and start a fire. The deficient practice affected two patients, staff and visitors on the date of survey. The facility is licensed for 14 hospital beds with a census of two on day of survey. Findings include: 1.) During the facility tour on April 29, 2015 between 8:00 AM and 1:00 PM, observation of room #114 revealed an extension cord that was series connected (daisy chained) to a Relocatable Power Tap (RPT). When asked, the Maintenance Supervisor stated he was unaware of the use of extension cord and Relocatable Power Tap (RPT). 2.) During the facility tour on April 29, 2015 between 8:00 AM and 1:00 PM, observation of the oxygen storage room revealed a cover plate missing from a junction box that housed wiring to the light switch. When asked, the Maintenance	K 147	1. On April 29, 2015 this finding was corrected. The "daisy chained" cord was removed and replaced by the proper installation of a relocatable power tap (RPT). On May 1, 2015 a cover plate was installed on the junction box. To prevent further indiscretions in regard to K 147 it will be added to our quarterly safety inspection checklist and will be reported to QA on a quarterly basis beginning quarter 2 of 2015.	

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

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NAME OF PROVIDER OR SUPPLIER LOST RIVERS MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 651 HIGHLAND DRIVE ARCO, ID 83213	
(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 147	<p>Continued From page 11</p> <p>Supervisor stated he was unaware of the cover plate missing.</p> <p>Actual NFPA reference: Item #1 NFPA 70 National Electrical Code 1999 Edition 400-8. Uses Not Permitted Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <ol style="list-style-type: none"> 1. As a substitute for the fixed wiring of a structure 2. Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors 3. Where run through doorways, windows, or similar openings 4. Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. 5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors 6. Where installed in raceways, except as otherwise permitted in this Code <p>See UL listings: XBYS Guide information XBZN2 Guide information</p> <p>Item #2 NFPA 70 National Electrical Code 1999 Edition ARTICLE 406 Receptacles, Cord Connectors, and Attachment Plugs (Caps) 406.5 Receptacle Faceplates (Cover Plates). Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface.</p>	K 147		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDO9Q0	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2015
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NAME OF PROVIDER OR SUPPLIER
LOST RIVERS MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**551 HIGHLAND DRIVE
ARCO, ID 83213**

(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) COMPLETE DATE
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B 000

16.03.14 Initial Comments

The original hospital building is a single story structure with a partial finished basement, was constructed in 1959, and occupied in 1960. The basement walls are concrete on the perimeter; bearing interior walls are cinderblock; and, non-bearing interior walls are wood stud with lathe and plaster. The floor ceiling assembly is wood with plaster. The main level exterior walls are cinderblock with brick. Interior walls are a combination of cinderblock/plaster and wood/plaster. The roof system is composite build-up with wood trusses. There are three (3) exits on the main level. There is a two (2) hour separation that connects the main hospital to the previous Long Term Care Facility. The entire building is protected throughout by an automatic sprinkler system with retrofit in 2005. The fire alarm system was new in 2003.

The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on April 29, 2015. The facility was surveyed under the Life Safety Code 2000 Edition, Existing Health Care Occupancy and 42 CFR 485.623 and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.

The survey was conducted by:

Nathan Elkins
Health Facility Surveyor
Fire Life Safety & Construction

B 000

RECEIVED
MAY 26 2015
FACILITY STANDARDS

BB161

16.03.14.510 Fire and Life Safety Standards

Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals.

BB161

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **C.E.O.** (X6) DATE **5/21/15**

STATE FORM 6599 PMRH21 If continuation sheet 1 of 2

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ID09Q0	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2015
NAME OF PROVIDER OR SUPPLIER LOST RIVERS MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 551 HIGHLAND DRIVE ARCO, ID 83213		
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BB161	Continued From page 1 General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following Federal tags on CMS 2567: 1.) K025 Smoke Barriers 2.) K050 Fire Drills 3.) K076 Medical Gas Storage 4.) K0147 Electrical Wiring	BB161	All additional training to be provided that we have mentioned in this response will be completed by August 1, 2015.	