



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DEBBY RANSOM, R.N., R.H.I.T. -- Chief  
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May 13, 2015

Keith Gnagey, Administrator  
Teton Valley Hospital  
120 East Howard Avenue  
Driggs, ID 83422

RE: Teton Valley Hospital, Provider ID# 131313

Dear Mr. Gnagey:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Teton Valley Hospital, on April 30, 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.

Keith Gnagey, 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 'MPG', with a long horizontal flourish extending to the right.

MARK P. GRIMES  
Supervisor  
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>TETON VALLEY HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 EAST HOWARD AVENUE DRIGGS, ID 83422</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	<p><b>INITIAL COMMENTS</b></p> <p>The hospital is a single story structure with a partial basement; is of at least Type V(III) construction; and, is protected throughout by a complete automatic fire extinguishing system. A complete renovation of the existing building and a major addition was completed in August of 1996. Additional fire safety features include a fire alarm system with smoke detection in each patient room, common areas, and at some barrier partition door assemblies; portable fire extinguishers throughout; a smoke barrier partition (i.e., two smoke compartments) on the main floor; and, an essential electrical system (i.e., diesel powered generator). There are a total of four (4) exits to grade from the first (i.e., main) floor and two (2) exits directly to grade from the non-patient use basement level. A medical office clinic is attached to the west end of the hospital and is separated from the hospital by a two (2) hour rated wall assembly with a pair of one and one half (i.e., 1 1/2) hour rated door assemblies in the common opening between the hospital and clinic.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on April 30, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</p>	K 000		
K 062	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are</p>	K 062		

RECEIVED  
MAY 22 2015  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Nathan Elkins* TITLE *CEO* (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 062	<p>Continued From page 1</p> <p>continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by: Based upon observation and interview the facility failed to assure sprinkler heads are continuously maintained in a reliable condition. Failure to maintain sprinkler heads could affect the water distribution patterns, delay operations, or render the sprinkler inoperable. This deficient practice could potentially affect patients, staff and visitors on the date of survey. The facility is licensed for 13 beds with a census of two on the day of survey.</p> <p>Findings include:</p> <p>During the facility tour on April 30, 2015 between 9:00 AM and 2:00 PM observation of the kitchen revealed excessive dust and grime build up on multiple sprinkler heads above the kitchen hood. When asked, the Maintenance Supervisor stated he was unaware of the loaded sprinkler heads.</p> <p>Actual NFPA reference: NFPA 25 2-2.1 Sprinklers. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Exception No. 1*: Sprinklers installed in</p>	K 062	<p><b>ID Prefix Tag K 062</b></p> <p>The two sprinkler heads in the kitchen were cleaned of the excessive dust and grime build up as shown in pictures Exhibit 1. Maintenance discussed with dietary staff the need to keep a clean work environment to avoid having excessive dust and grime in the area. During our annual fire sprinkler inspections maintenance will walk the entire facility with the inspection company to identify any sprinkler heads that have foreign materials on them. Affected sprinkler heads will be cleaned or replaced. These inspections happen every February.</p>	5/4/2015
		<p><b>Cleaning performed on May 4, 2015</b></p> 		

*Keith Luaga CEO 5/21/15*

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K 062	Continued From page 2 concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown	K 062			
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 3,000 cu.ft. are enclosed by a one-hour separation.  (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  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 could potentially affect patients, staff and visitors on the day of survey. The facility is licensed for 13 hospital beds with a census of two on the date of survey.  Findings include:  During the facility tour on April 30, 2015 between 9:00 AM and 2:00 PM, observation of the	K 076			

*Keith Guagey CEO 5/12/15*

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DEF May 22, 2015 4:00PM T.V.H.C. SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

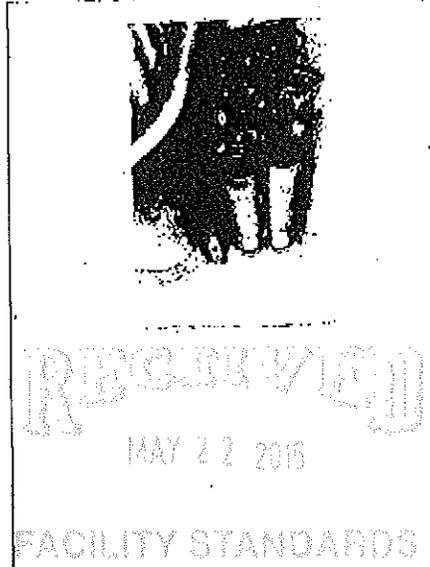
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FORM APPROVED  
OMB NO. 0938-0391

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K 076	<p>Continued From page 3</p> <p>Radiology room revealed one (1) oxygen tank that was not properly secured in a cylinder stand or cart. When asked, the Maintenance Supervisor stated he was unaware of the freestanding gas cylinders.</p> <p>Actual NFPA standard: NFPA 99 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a)* Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 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</p>	K 076	<p align="center"><b>ID Prefix Tag 076</b></p> <p align="right">5/1/2015</p> <p>The oxygen tank was placed into appropriate carrier as shown in pictures <b>Exhibit 2</b>. The staff that placed the tank outside of the carrier was informed of the importance of keeping the tanks in their appropriate carrier or cart. During monthly fire extinguisher checks maintenance staff will ensure that all oxygen tanks are in their appropriate carriers or carts. If any tanks are found to be out their appropriate carriers they will be placed into a carrier and staff will be reminded of the importance to keep tanks in their carriers.</p>	
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*Keith Gray CEO*  
5/21/15

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K 076	Continued From page 4 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 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	K 076		

*Kurt Luegg, CEO  
5/21/15*

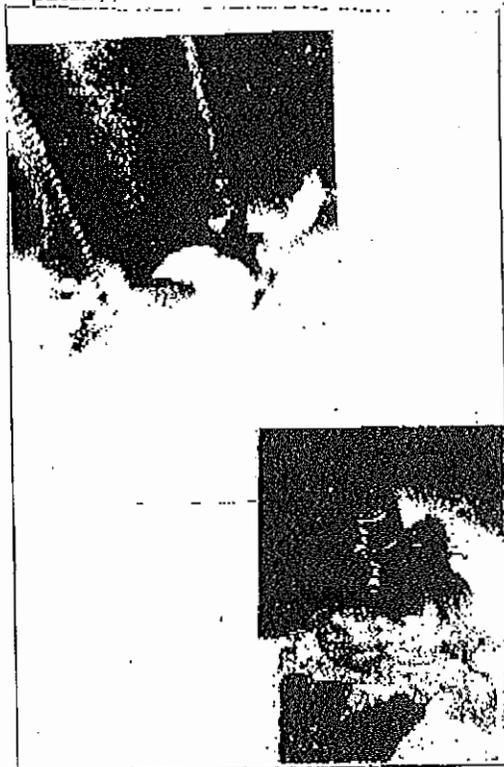
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K 076	Continued From page 5 for storage purposes other than for containers of nonflammable gases. Storage of full or empty containers shall be permitted. Other nonflammable medical gas supply systems or storage locations shall be permitted to be in 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 functioning of cylinder or manifold pressure-relief devices. 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. 11. Construction and Arrangement of Supply System Locations. 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)10a shall be constructed of noncombustible or limited-combustible materials. 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. c. Enclosures for supply systems shall be provided with doors or gates that can be locked. 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. 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	K 076		

*Keith Lueg, CEO*  
 5/20/15

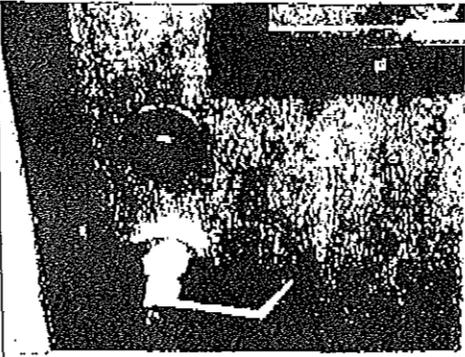
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K 076	Continued From page 6 cylinders from reaching temperatures exceeding 130°F (54°C). Open electrical conductors and transformers shall not be located in close proximity to enclosures. Such enclosures shall not be located adjacent to storage tanks for flammable or combustible liquids. f. Smoking shall be prohibited in supply system enclosures. g. Heating shall be by steam, hot water, or other 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	K 076		

*Keith Sweeney*  
CBO 5/10/15

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K 076	Continued From page 7 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 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	ID Prefix Tag K 104  1. The pipes were sealed with a combination of fire barrier foam and fire sealant to prevent the passage of smoke as shown in pictures Exhibit 3. The hospital performs quarterly fire barrier inspections and will now perform additional inspections during and after remodel work being performed by contractors. All fire/smoke barrier breaks will be patched.	5/4/2015
K 104	NFPA 101 LIFE SAFETY CODE STANDARD  Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.  This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure smoke barrier penetrations were effectively sealed to prevent or impede the transfer of smoke between compartments. Failure to limit the products of combustion could affect patient safety as well as staff and visitors. The facility is licensed for 13 hospital beds with a census of two on the day of survey.  1.) During the facility tour on April 30, 2015 between 9:30 AM and 2:00 PM, observation of the smoke barrier above the cross corridor doors adjacent to room #5 and room #7 revealed 1 inch pipe and a 3 inch pipe penetrating through the smoke barrier with wires running through the pipes. The pipes were not properly sealed inside or around the piping to prevent the passage of	K 104		



*Keith Laaga, CEO*  
*5/20/15*

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K 104	<p>Continued From page 8</p> <p>smoke. When asked, the Maintenance Supervisor stated he was unaware of the penetrations but aware of the standard.</p> <p>2.) During the facility tour on April 30, 2015 between 9:30 AM and 2:00 PM, observation of room 164 revealed 1 inch circular hole penetrating through the 3/4 hour rated door. When asked, the Maintenance Supervisor stated he was aware of the hole in the door due to a previously attached key pad door lock.</p> <p>3.) During the facility tour on April 30, 2015 between 9:30 AM and 2:00 PM, observation of room 182 revealed an approximately 2 inch circular hole with electrical wiring penetrating through the ceiling. When asked, the Maintenance Supervisor stated an antenna was installed for the EMS crew but the hole was not fixed.</p> <p>Actual NFPA Standard: LSC 101-2000 8.3.6 Penetrations and Miscellaneous Openings in Floors and Smoke Barriers. 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to</p>	K 104	<p>2. The hole in the door to room 164 was patched with a brass plate as seen in pictures Exhibit 4. The hospital performs quarterly fire barrier inspections and will now perform additional inspections during and after remodel work being performed replacement.</p>  <p>Exhibit 4: Door penetration before and after fixing with brass plate.</p> 	5/5/2015

*Kurt Luogo, CEO*  
*5/5/15*

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K 104	Continued From page 9 penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose	K 104	3. The hole in room 182 was filled with Roxul Safe n Sound Insulation Fire Wool as seen in pictures Exhibit 5. The hospital performs quarterly fire barrier inspections and will now perform additional inspections during remodel work being performed by contractors  Exhibit 5: 2" Penetration through ceiling in room 183. Before and after being filled with fire barrier insulation.  	5/5/2015	

*Kath Lueg*  
2005/05/05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>TETON VALLEY HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 EAST HOWARD AVENUE DRIGGS, ID 83422</b>		
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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a single story structure with a partial basement; is of at least Type V(III) construction; and, is protected throughout by a complete automatic fire extinguishing system. A complete renovation of the existing building and a major addition was completed in August of 1996. Additional fire safety features include a fire alarm system with smoke detection in each patient room, common areas, and at some barrier partition door assemblies; portable fire extinguishers throughout; a smoke barrier partition (i.e., two smoke compartments) on the main floor; and, an essential electrical system (i.e., diesel powered generator). There are a total of four (4) exits to grade from the first (i.e., main) floor and two (2) exits directly to grade from the non-patient use basement level. A medical office clinic is attached to the west end of the hospital and is separated from the hospital by a two (2) hour rated wall assembly with a pair of one and one half (i.e., 1 1/2) hour rated door assemblies in the common opening between the hospital and clinic.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on April 30, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623 and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals In Idaho.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</p>	B 000		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE:

(X6) DATE

*Keith Hugga*

CEO

5/6/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131313	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL  B. WING _____	(X3) DATE SURVEY COMPLETED  04/30/2015
NAME OF PROVIDER OR SUPPLIER  TETON VALLEY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST HOWARD AVENUE DRIGGS, ID 83422		
(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
BB161	Continued From Page 1	BB161		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>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.</p> <p>General Requirements. General requirements for the fire and life safety standards for a hospital are that:</p> <p>The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public.</p> <p>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.</p> <p>This RULE: is not met as evidenced by: Refer to the following Federal tags on CMS 2567:</p> <ol style="list-style-type: none"> <li>1.) K062 Sprinkler Systems</li> <li>2.) K078 Med Gas Storage</li> <li>3.) K0104 Penetrations</li> </ol>	BB161	<p>Refer to Fed Form 2567</p> <p>ms 5/26/15</p>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*Keith Drueger CEO 5/21/15*