



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
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May 14, 2015

Virgil Boss, Administrator
Cascade Medical Center
PO Box 1330
Cascade, ID 83611

RE: Cascade Medical Center, Provider ID# 131308

Dear . Boss:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Cascade Medical Center, on May 6, 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.

Virgil Boss, Administrator
May 14, 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', followed by a long horizontal line 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: 131308	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2015
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NAME OF PROVIDER OR SUPPLIER CASCADE MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 402 OLD STATE HIGHWAY CASCADE, ID 83611
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>Cascade Medical Center is a single story Type V (111) building with a partial basement and attached Clinic separated by a two-hour Fire Resistive Rated wall with 90 minute opening protective's. The building is fully sprinklered and has a manual fire alarm system with corridor, smoke detection and limited detection in some locations. The Hospital was constructed in 1972 with the clinic addition in 1998, a CT scanner was added to an attached ambulance building in 2009. The facility was surveyed under the 2000 Edition of NFPA 101, the Life Safety Code (LSC), Existing Health Care Occupancies in accordance with 42 CFR 482.41. The facility is licensed for 10 beds and had a census of one on the date of the survey.</p> <p>The following deficiencies were cited during the annual life Safety Code survey conducted on May 6, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p>	K 000	<p>POC</p> <p>Answers will address 5 basic questions:</p> <ol style="list-style-type: none"> 1) what corrective action(s) will be accomplished for these individuals found to be affected by the tag. 2) How will others who have the potential to be affected by the same tag be notified of tags and what actions to correct were taken 3) What measures are in place on systemic change made to be sure deficient practice does not reoccur. 4) How will corrective action be monitored/what quality assurance practice will be in place 5) Date of completion → 	
K 012	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This Standard is not met as evidenced by: Based upon observation the facility failed to ensure the protected construction was maintained to prevent the passage of smoke between compartments. The deficient practice allows</p>	K 012	<p>RECEIVED</p> <p>MAY 21 2015</p> <p>FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Virginia L. Bon</i>	TITLE DIRECTOR	(X6) DATE 05/20/2015
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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 012	<p>Continued From page 1</p> <p>smoke and gases to migrate between compartments during a fire event. This deficient practice affected the basement and patient care compartments, one resident and six staff. The facility is licensed for 10 beds and had a census of one on the date of the survey.</p> <p>Findings include:</p> <p>During the facility tour on May 6, 2015, between 10:00 AM and 3:00 PM observation revealed penetrations in construction:</p> <ol style="list-style-type: none"> 1. A two inch hole in the mechanical room ceiling with cat 5 computer cables running through it and connecting to the floor above. 2. An opening in construction from two drilled holes, approximately four inches in diameter each (appearing like a figure eight) in the two hour fire resistive rated construction wall above the drop ceiling at the connection with the PT clinic. <p>Actual NFPA Standards: 19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.) Exception*: Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met: (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings. (b) The roof is separated from all occupied portions of the building by a noncombustible floor</p>	K 012	<p>① Maintenance supervisor will inform all staff in hospital (day shift) of life safety survey, POC and reason to not let a wall penetration go unreported during weekly rounds.</p> <p>② Use all internal users email to provide same information for night+weekend shifts by Maintenance Supervisor</p> <p>③ Maintenance Supervisor will have a inspection sheet to remind himself and contractors whenever wall penetrations are planned. Second signature by CEO</p> <p>④ Any sub contractor work will be pre approved by Maintenance supervisor and/or CEO. This will address all wall penetrations & junk routes. Work will be inspected before and after completion. Any unsealed smoke penetrations will be resolved before project completion or</p>	<p>ITEM 1) 5/7/15</p> <p>ITEM 2) 5/11/15</p>
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release for payment.
Sign off by Maintenance Supervisor and CEO

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

Printed: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131308	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2015
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K 012	Continued From page 2 assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill. (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system. 8.2.1* Construction. Buildings or structures occupied or used in accordance with the individual occupancy chapters (Chapters 12 through 42) shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be based on either of the following: (1) Separate buildings if a 2-hour or greater vertically-aligned fire barrier wall in accordance with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the building Exception: The requirement of 8.2.1(1) shall not apply to previously approved separations between buildings. (2) The least fire-resistive type of construction of the connected portions, if no such separation is provided	K 012		
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors	K 018		

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K 018	<p>Continued From page 3 are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Based upon observation the facility failed to ensure doors could be readily closed in an emergency without excessive actions. This deficient practice allows smoke and fire gases to spread quickly through all compartments affecting egress and safe refuge. This affected one patient and six staff, the facility is licensed for ten beds and had a census of one on the date of the survey.</p> <p>Findings include:</p> <p>Observation during the facility tour on May 6, 2015 between 10 AM and 3 PM revealed doors protecting corridor openings were equipped with drop down door stops which did not release when pushed or pulled. Doors affected all corridors, compartments and both levels. After observation of seven door stops, no further documentation was required.</p> <p>Actual NFPA standard:</p> <p>101-2000</p>	K 018	<p><i>During weekly rounds</i></p> <p>① Maintenance Supervisor will inform all staff in hospital (day shift) of life safety survey. POC and reason why all door drops were removed and that no other impediment to closing door is allowed</p> <p>② Use all internal users email to provide same information for night + weekend staff by Maintenance Supervisor</p> <p>③ Maintenance Supervisor will add checking for door drop downs on impediments to closing doors to his weekly rounds + document.</p> <p>④ Maintenance Supervisor is only person who can install door stops, so this practice should not reoccur.</p> <p>5 →</p>
		5/19/15	

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K 018	Continued From page 4 19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted. A.19.3.6.3.3 Doors should not be blocked open by furniture, door stops, chocks, tie-backs, drop-down or plunger-type devices, or other devices that necessitate manual unlatching or releasing action to close. Examples of hold-open devices that release when the door is pushed or pulled are friction catches or magnetic catches.	K 018		
K 033	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1 This Standard is not met as evidenced by: Based upon observation the facility failed to maintain the door closer protecting the upper level corridor system from smoke and gases originating on the lower level. This deficient practice would allow smoke and fire gases to affect the egress corridor system, impeding evacuation and shelter in place. This affected all patients, staff and visitors, the facility is licensed for ten beds and had a census of one on the date of the survey. Findings include: During the facility tour on May 6, 2015 between	K 033		

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K 033	<p>Continued From page 5</p> <p>10 AM and 3 PM the main level door to the basement stairwell enclosure was observed to have the automatic door closer disconnected and portions of the mechanism removed. Operational testing indicated the door would not self-close, but did latch securely.</p> <p>Actual NFPA standards:</p> <p>101-2000</p> <p>19.3.1 Protection of Vertical Openings. 19.3.1.1 Any vertical opening shall be enclosed or protected in accordance with 8.2.5. Where enclosure is provided, the construction shall have not less than a 1-hour fire resistance rating. Exception No. 1: Unprotected vertical openings in accordance with 8.2.5.8 shall be permitted. Exception No. 2: Exception No. 1 to 8.2.5.6(1) shall not apply to patient sleeping and treatment rooms. Exception No. 3: Multilevel patient sleeping areas in psychiatric facilities shall be permitted without enclosure protection between levels, provided that all the following conditions are met: (a) The entire normally occupied area, including all communicating floor levels, is sufficiently open and unobstructed so that a fire or other dangerous condition in any part is obvious to the occupants or supervisory personnel in the area. (b) Egress capacity is sufficient to provide simultaneously for all the occupants of all communicating levels and areas, with all communicating levels in the same fire area being considered as a single floor area for purposes of determination of required egress capacity. (c) The height between the highest and lowest finished floor levels shall not exceed 13 ft (4 m); the number of levels shall not be restricted.</p>	K 033	<p>① During weekly rounds maintenance supervision will educate staff (day shift) that we had a life safety inspection on May 6, 2015 and we've given a deficiency K033 for no door closer on upper level stairwell door. The reason for keeping that exit safe as a smoke compartment for employee egress & contractor egress for utility spaces. This door must remain closed at all times.</p> <p>② Maint. Supervision will send out a cell internal user email to cover night & weekend shift explaining same process. All subcontractors will also be instructed to leave upper & lower stairwell doors closed during pre-inspection of work.</p> <p>③ Maintenance Supervision is only employee who can mount a door closer so this should & will not reoccur.</p>

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K 033	Continued From page 6 Exception No. 4: Unprotected openings in accordance with 8.2.5.5 shall not be permitted. Exception No. 5: Where a full enclosure of a stairway that is not a required exit is impracticable, the required enclosure shall be permitted to be limited to that necessary to prevent a fire originating in any story from spreading to any other story. 19.3.1.2 A door in a stair enclosure shall be self-closing and shall normally be kept in the closed position. Exception: Doors in stair enclosures held open under the conditions specified by 19.2.2.2.6 and 19.2.2.2.7. 19.2.2.2.6* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.	K 033 <u>Cont.</u>	(4) Maint supervision will add upon a lower door closer inspection to rounds sheet & document any impediment to door closing properly & corrective plan.	(5) 5/11/15
K 034	NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4 This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure stairwells were kept clear of storage beneath the stairs and not utilized for any purpose that could interfere with egress. Fuel	K 034		

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K 034	<p>Continued From page 7</p> <p>loading underneath stairs could render them unusable creating a chimney effect during a fire. This deficient practice affected staff and vendors. The facility is licensed for ten beds and had a census of one on the date of the survey.</p> <p>Findings include:</p> <p>1.) During the facility tour on May 6, 2015 between 10:00 AM and 3:00 PM, observation revealed the storage of decorations and auxiliary supplies stored underneath the unprotected wood framed stairs. When asked the Administrator stated he was not aware of this storage area, but acknowledged it was being used for combustible storage. Observation could not determine whether the space was sprinklered.</p> <p>Actual NFPA standard:</p> <p>NFPA 101-2000 7.2.2.5.3* Usable Space. There shall be no enclosed, usable space within an exit enclosure, including under stairs, nor shall any open space within the enclosure be used for any purpose that has the potential to interfere with egress. Exception: Enclosed, usable space shall be permitted under stairs, provided that the space is separated from the stair enclosure by the same fire resistance as the exit enclosure. Entrance to such enclosed usable space shall not be from within the stair enclosure. (See also 7.1.3.2.3.)</p> <p>7.1.3.2.3* An exit enclosure shall not be used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. (See also 7.2.2.5.3.)</p>	K 034	<p>① Maintenance Supervisor will educate Director of Nursing, Controller and Cascade Medical Center Auxiliary Secretary that we had a life safety inspection and were given a tag for this understair storage of Auxiliary decorations & Foundation Golf Tournament supplies.</p> <p>② no other staff has ever had access to this space</p> <p>③ All items will be removed from the area under the stairs and Maintenance Supervisor will screw shut the access panel.</p> <p>④ Maint. Supervisor will monitor panel for tampering on regular basis & record annually.</p>	<p>⑤ 5/22/15</p>

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B 000	16.03.14 Initial Comments Cascade Medical Center is a single story Type V (111) building with a partial basement and attached Clinic separated by a two-hour Fire Resistive Rated wall with 90 minute opening protective's. The building is fully sprinklered and has a manual fire alarm system with corridor smoke detection and limited detection in some locations. The Hospital was constructed in 1972 with the clinic addition in 1998, a CT scanner was added to an attached ambulance building in 2009. The facility was surveyed under the 2000 Edition of NFPA 101, the Life Safety Code (LSC), Existing Health Care Occupancies in accordance with 42 CFR 482.41 and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals. The facility is licensed for 10 beds and had a census of one on the date of the survey. The following deficiencies were cited during the annual life Safety Code survey conducted on May 6, 2015. The surveyor conducting the survey was: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program	B 000	The 5 recommended POC steps were followed: ① Maintenance Supr. will inform all day shift during weekly rounds that we had a life safety inspection on May 5, 2015. The deficiency K012, K018, K033. were explained + why they were corrected K034 required an explanation to Director of Nursing, Controller of Cascade Medical Center Auxiliary Sec. as they were the only staff who had access to under stair storage. ② Maint. Supervisor used all internet via email to notify night + weekend staff of above event explanation. ③ Maintenance Supr. added all four tags to inspection on weekly rounds to assure corrections are still in place.	
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. 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.	BB161		

RECEIVED
MAY 21 2015
FACILITY STANDARDS

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

Michael Boss DIRECTOR

CEO

05/20/2015

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BB161	Continued From Page 1 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 deficiencies identified on Federal Form 2567 K012 Penetrations in Construction K018 Drop Down Door Stops K033 Door Closer Vertical Opening K034 Storage Underneath Stairs	BB161	<p>(4) Any subcontractor work will be pre approved by Maint. Supervisor and or CEO Instruct that all penetrations thru smoke compartments are sealed according to NFPA code 101. Inspect before and after completion. Any unsealed smoke penetrations will be resolved before project completion & release for payment. Sign off by Maint. Supervisor and CEO.</p> <p>K018 (4) Maintenance supervision is only person who can install door stops, so should not see reoccurrence</p> <p>K033 (4) Closer reinstalled by Maint. Supervisor. So only need to watch for impediment to door closing, & inform subcontractors during pre inspection. Not to block their doors open.</p> <p>K034 (4) Maintenance Supn. will monitor under stair storage for temporary.</p> <p>K012 _____ (5)</p> <p>K018 (5) complete 5/19/15</p>	<p>1) 5/7/15 2) 5/14/15</p>

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

K033 (5) HOY021 complete 5/11/15

K034 (5) complete 5/22/15