



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

September 21, 2015

Maureen Fakinos, Administrator
Northern Idaho Advanced Care Hospital
600 North Cecil Road
Post Falls, ID 83854

RE: Northern Idaho Advanced Care Hospital, Provider #132001

Dear Ms. Fakinos:

This is to advise you of the findings of the complaint investigation, which was concluded at your facility on September 3, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction form, CMS-2567, listing Medicare deficiencies. The hospital is under no obligation to provide a plan of correction for Medicare deficiencies. If you do choose to submit a plan of correction, provide it in the spaces provided on the right side of each sheet.

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Hospital into compliance, and that the Hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Maureen Fakinos, Administrator
September 21, 2015
Page 2 of 2

Whether you choose to provide a plan of correction or not, please sign and date the form and return it to our office by **October 4, 2015**. Keep a copy for your records. For your information, the Statement of Deficiencies is disclosable to the public under the disclosure of survey information provisions.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at (208) 334-6626, option 4.

Sincerely,



TERESA HAMBLIN
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

TH/pmt
Enclosures

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

PRINTED: 09/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/03/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NORTHERN IDAHO ADVANCED CARE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH CECIL ROAD POST FALLS, ID 83854
---	---

(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
A 000	INITIAL COMMENTS	A000		
A395	<p>The following deficiencies were cited during the complaint investigation survey of your hospital. The surveyors conducting the investigation were:</p> <p>Teresa Hamblin, RN, MS, Health Facility Surveyor, Team Leader Susan Costa, RN, Health Facility Surveyor</p> <p>482.23(b)(3) RN SUPERVISION OF NURSING CARE</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on observation and review of manufacturer's instructions for forehead thermometer, it was determined the hospital failed to ensure nursing staff were appropriately trained in use of the equipment to ensure accurate results while taking forehead temperatures. This had the potential to yield inaccurate patient assessment information. Findings include:</p> <p>The reference manual for "EXERGEN Temporal Scanne(' was reviewed. It provided instructions for use of the thermometer, as follows:</p> <ol style="list-style-type: none"> 1. With probe flush on the center of forehead, depress red button, keep depressed... 2. Slowly slide probe midline across forehead to the hair line, not down side of face. 3. Lift probe from forehead and touch on the neck just behind the ear lobe. 	A395	<p>RECEIVED SEP 30 2015 FACILITY STANDARDS</p> <p>The Director of Nursing Operations (DNO) who is a Registered Nurse is responsible for ensuring staff are appropriately trained to utilize equipment in the provision of care for each patient. 10/15/15</p> <p>Procedure/Process:</p> <ul style="list-style-type: none"> ➤ The DNO or designee will review the manufacturer's video and manual on use of the EXERGEN Temporal Scanner and develop an education and procedure check off for use of the scanner. 09/28/15 (or whatever date they complete their training) ➤ The DNO or designee will provide the education and training to all clinical staff who utilize the scanner to obtain temperatures and validate staff competency with a return demonstration. 10/15/15 	

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE	TITLE	(X6) DATE
	Interim CEO	9/28/2015

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

~~CENTERS FOR MEDICARE & MEDICAID SERVICES~~

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/03/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NORTHERN IDAHO ADVANCED CARE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH CECIL ROAD POST FALLS, ID 83854
---	---

(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
A 395	<p>Continued From page 1</p> <p>4. Release the button, read, and record temperature.</p> <p>A CNA was observed to use the temporal scanner on a patient on 9/03/15 at 3:25 PM. The CNA placed the temperature probe on the patients left side of her forehead and swiped it across to the right side. She did not place the probe behind the ear as the instructions directed.</p> <p>The RN who was identified as the nurse trainer for the product was interviewed on 9/03/15 at 3:36 PM. When asked to demonstrate how to use the thermometer, he pointed to the center of his forehead, slid his finger, representative of the probe, across his forehead and down the side of his face towards the lower part of his ear. He did not indicate the area behind the ear was to be contacted with the probe. His demonstration was not consistent with the instructions provided in the reference manual provided by the hospital.</p> <p>Nursing staff were not sufficiently trained in use of the forehead thermometer.</p>	A395	<p>Monitoring and Tracking:</p> <ul style="list-style-type: none"> ➤ The DNO or designee will observe staff performance on an on-going basis to verify use consistent with instructions provided by the manufacturer and training provided to sustain compliance. 10/15/15 <p>Measure:</p> <ul style="list-style-type: none"> ➤ The actions described above will assure staff are knowledgeable and competent on the appropriate use of the scanner. 10/15/15 ➤ The DNO or designee will report compliance and any further corrective action to Quality Council, MEC and Governing Body. 10/15/15 	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

September 22, 2015

Maureen Fakinos, Administrator
Northern Idaho Advanced Care Hospital
600 North Cecil Road
Post Falls, ID 83854

Provider #I32001

Dear Ms. Fakinos:

An unannounced on-site complaint investigation was conducted from September 2, 2015 to September 3, 2015 at Northern Idaho Advanced Care Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00006506

Allegation #1: Nursing staff did not use appropriate technique to take a forehead temperature to ensure accurate results.

Findings #1: Surveyors reviewed the manufacture's instructions for how to appropriately use the thermometer used to take forehead temperatures. After reading the instructions, surveyors observed the nurse trainer and one CNA independently demonstrate how they took a forehead temperature. The RN trainer and the CNA did not demonstrate use of the thermometer consistent with the manufacturer's instructions.

The hospital was cited at CFR 482.23(b)(4) for failure to ensure nursing staff was appropriately trained in the use of the forehead thermometer.

Conclusion #1: Substantiated. Federal deficiencies related to the allegation are cited.

Allegation #2: Nursing staff lost patient records prior to transfer to another facility, interfering with the ability of staff to provide patient care and access necessary patient information. For example, nursing staff delayed giving Ativan to a patient because they could not access the medical record and staff were not able to provide transport staff with patient vital signs at the time of transport due to a lost record.

Findings #2: Five medical records were reviewed of patients who were emergently transferred to another hospital. Incident reports were reviewed. Staff were interviewed.

All medical records that were requested were promptly provided by the hospital. Incident reports did not document issues related to lost medical records. Staff denied any known issues with lost medical records.

One 75 year old patient was admitted on 04/25/14 and transferred to another hospital on 5/17/14 related to a deteriorating condition requiring a higher level of care. The medical record included documentation of ongoing monitoring or care from staff. A physician's order was written on 5/16/14 at 11:20 PM for Ativan 2-4 mg IV PRN (as needed). Nursing documentation indicated Ativan 2 mg. was administered within 20 minutes of the order, on 5/16/14 at 11:40 PM. A second dose of Ativan 2 mg dose was administered 20 minutes later at midnight.

The medical record included documentation of vitals signs at the time of transfer to the other hospital on 5/17/15, including a temperature of 99.9, pulse 122, respirations 45, and blood pressure 141/76. There were no gaps in documentation to indicate the record was lost and inaccessible to staff.

While the incident may have occurred, it could not be verified through the investigative process.

Conclusion #2: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: Staff did not check on patients immediately prior to transfer to an acute care hospital for higher level of care.

Findings #3: Five medical records were reviewed of patients who were emergently transferred to another hospital.

All of the medical records included documentation of staff monitoring and care of patients prior to transfer. There were no unexplained gaps in documentation of care.

Maureen Fakinos, Administrator
September 22, 2015
Page 3 of 3

One 75 year old patient was admitted on 04/25/14 and transferred to another hospital on 5/17/14 related to a deteriorating condition requiring a higher level of care. A physician's order for transfer to the second hospital was dated 5/17/14 at 2:30 PM. There was nursing documentation of direct care provided or coordination of care on behalf of the patient in separate record entries for 5/17/14 at 2:00 PM, 2:20 PM, 2:30 PM, 3:00 PM, 3:10 PM, and 3:15 PM.

While the events described in the complaint may have occurred, they could not be proven through the investigative process.

Conclusion #3: Unsubstantiated. Lack of sufficient evidence.

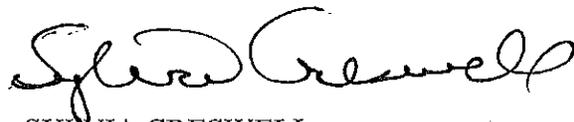
Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626, option 4. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



TERESA HAMBLIN
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

TH/pmt