



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
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PHONE 208-334-6626
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September 18, 2015

Timothy Powers, Administrator
North Canyon Medical Center
267 North Canyon Drive
Gooding, ID 83330

RE: North Canyon Medical Center, Provider ID# 131302

Dear Mr. Powers:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at North Canyon Medical Center, on September 11, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. If applicable, a similar State Form will be provided listing licensure health 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.

Timothy Powers, Administrator
September 18, 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 **October 1, 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: 10/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A - NORTH CANYONE MEDICAL CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2015
NAME OF PROVIDER OR SUPPLIER NORTH CANYON MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 287 NORTH CANYON DR GOODING, ID 83330	
(X4) IO 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 hospital is a 53,000 square foot single story Type II (111) protected construction. Plans were approved in 2008 and building construction completed in June of 2010. The building is protected throughout by a complete automatic fire extinguishing system designed/installed per NFPA Standard 13 for light hazard occupancy. There is a complete fire alarm system throughout including smoke detection in the corridors and open areas. There are multiple exits that discharge to grade and, an exit at the corridor opening to the physically attached, but two (2) hour separated, business/administrative/clinic office building. The Essential Electrical System is supplied by a diesel powered, on-site automatic generator. Medical gases and vacuum are supplied by a level 1 piped system. Currently the facility is licensed for 15 hospital beds. The hospital building was surveyed as a New Health Care Occupancy based upon applicable requirements set forth in the Life Safety Code, 2000 Edition and 42 CFR 482.41. The following deficiencies were cited during the recertification life safety survey conducted on September 11, 2015. The Survey was conducted by: Nate Elkins Health Facility Surveyor Facility Fire Safety & Construction	K 000		
K 029	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour	K 029		

10/13/2015
OCT 23 2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **Chief Executive Officer** (X6) DATE 10/01/2015

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 029	<p>Continued From page 1</p> <p>fire-rated barrier, with a 3/4 hour fire-rated door, without windows (In accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, operational testing and interview, the facility failed to ensure that hazardous areas were protected with self-closing doors. Failure to provide self-closing doors for hazardous areas would allow smoke and dangerous gases to pass freely into corridors and hinder egress during a fire event. This deficient practice affected staff and visitors on the date of the survey. The facility is licensed for 15 beds with a census of 7 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour on September 11, 2015 at approximately 2:00 PM, observation and operational testing revealed two sets of doors leading from the corridor to the cafeteria/kitchen area were not equipped with self closing devices. When asked, the Director of Engineering stated the facility was unsure the doors needed to be on self closures.</p> <p>Actual NFPA Standard: 18.3.2.1* Hazardous Areas. Any hazardous area shall be protected in accordance with Section 8.4. The areas described in Table 18.3.2.1 shall be protected as indicated.</p> <p>3.3.13.2 Area, Hazardous.</p>	K 029	<p><i>K029 Response:</i> accordance with Section 8.4 of NFPA 99. We have received bids for the magnets for these doors and they have been installed as of October 20, 2015. We are awaiting the arrival of the automatic closers and they will be installed as soon as we receive them. Maximum completion date for the entire door project will be November 11, 2015. Once the automatic door closers are installed with the fire safety system, this will ensure all doors required to be smoke barriers will close upon alarm activation and this deficiency will not occur. Regular testing of the doors has been added to the preventative maintenance schedule to routinely check the performance of the closure and alarm system.</p> <p>Director of Engineering will be responsible for implementing this correction with oversight from Chief Executive Officer.</p>	11/11/15	

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K 029	Continued From page 2 An area of a structure or building that poses a degree of hazard greater than that normal to the general occupancy of the building or structure, such as areas used for the storage or use of combustibles or flammables; toxic, noxious, or corrosive materials; or heat-producing appliances. 8.4.1.1* Protection from any area having a degree of hazard greater than that normal to the general occupancy of the building or structure shall be provided by one of the following means: (1) Enclose the area with a fire barrier without windows that has a 1-hour fire resistance rating in accordance with Section 8.2. (2) Protect the area with automatic extinguishing systems in accordance with Section 9.7. (3) Apply both 8.4.1.1(1) and (2) where the hazard is severe or where otherwise specified by Chapters 12 through 42.	K 029		
K 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire suppression systems were tested and maintained in accordance with NFPA 25. Failure to properly test, inspect and maintain the sprinkler systems could result in the system not performing as designed during a fire	K 062	K062 Response: - Sprinkler Systems: Per NFPA 99. Preventive Maintenance policies have been created, approved by Chief Executive Officer and governing body Board Chair to include annual and 5 year testing on fire suppression systems, effective November 1, 2015. These policies and maintenance records will be on file and available for review if requested. The fire suppression sprinkler system was inspected by Delta Fire Systems on September 17, 2015. (see attached) Inspection of fire suppression systems has been added to the preventative maintenance checklists to prevent this error from occurring again. Director of Engineering will be responsible for implementing this correction with oversight from Chief Executive Officer.	11/01/15

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K 062	Continued From page 3 event. This deficient practice affected all patients, staff and visitors on the date of the survey. The facility is licensed for 15 beds with a census of 7 on the day of the survey. Findings Include: During record review on September 11, 2015 at approximately 10:00 AM, the facility was unable to provide documented 5 year internal piping inspection reports of the automatic sprinkler system. When asked, the maintenance supervisor stated they were unaware of the 5 year internal piping inspection requirements. Actual NFPA standards: NFPA 25, 10-2.2 Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.	K 062		
K 132	NFPA 101 LIFE SAFETY CODE STANDARD Continuing safety education and supervision are provided, incidents are reviewed monthly, and procedures are reviewed annually in accordance with NFPA 99. 10.2.1.4.2	K 132	<i>K132 Response:</i> Policy LB-111 "Lab Staff Orientation & Continuing Education" was revised, approved by Chief Executive Officer and governing body Board Chair and will be reviewed at the Laboratory Staff meeting on November XX, 2015. Meeting minutes will provide evidence of education of revised policy.	10/22/15

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K 132	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide continuing safety education for the laboratory. Failure to provide continuing education could prohibit the facilities ability to effectively deal with the care, health and safety of staff and other individuals should a laboratory emergency occur. This deficient practice affected laboratory staff only of the date of survey. The facility has the capacity for 15 beds with a census of 7 the day of survey.</p> <p>Findings include:</p> <p>During laboratory record review on September 11, 2015 at approximately 11:00 PM, record review revealed the facility could not provide continuing safety education for the employees in the laboratory. When asked, the Laboratory Manager stated the facility does conduct continuing education for staff but the records were not available to view.</p> <p>Actual NFPA Standard: NFPA 99, Chapter 10, Laboratories</p> <p>10-2.1.4.2 Continuing safety education and supervision shall be provided, incidents shall be reviewed monthly, and procedures shall be reviewed annually.</p>	K 132	<p><i>K132 Response cont.:</i> Policy LB-111 "Lab Staff Orientation & Continuing Education" was revised, approved by Chief Executive Officer and governing body Board Chair and will be reviewed at the Laboratory Staff meeting in November 2015. Meeting minutes will provide evidence of education of revised policy. Meeting agendas and minutes from monthly staff meetings and sign-off sheets for trainings will be retained and produced if requested to evidence ongoing compliance with this Standard of Participation.</p> <p>POLICY TITLE: LAB DEPARTMENT ORIENTATION & CONTINUING EDUCATION</p> <p>Policy Statement: Lab Director will ensure new laboratory personnel shall be oriented to all lab equipment, policies and procedures and continuing education will be conducted monthly and documented appropriately per NFPA 99, section 10-2.1.4.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. New laboratory personnel shall be taught general safety practices for the laboratory and specific safety practices for the equipment and procedures they will use. 2. Initial Orientation Training, monthly ongoing education and annual competency testing will be documented on Employee In-service/Training Log and retained for review upon request. 	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ID8C0B	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 1A - NORTH CANYONE MEDICAL CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2015
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH CANYON MEDICAL CENTER 267 NORTH CANYON DR
GOODING, ID 83330

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B 000

16.03.14 Initial Comments

The hospital is a 53,000 square foot single story Type II(111) protected construction. Plans were approved in September of 2008 and building construction completed in June of 2010. The building is protected throughout by a complete automatic fire extinguishing system designed/installed per NFPA Standard 13 for light hazard occupancy. There is a complete fire alarm system throughout including smoke detection in the corridors and open areas. There are multiple exits that discharge to grade and, an exit at the corridor opening to the physically attached, but two (2) hour separated, business/administrative/clinic office building. The Essential Electrical System is supplied by a diesel powered, on-site automatic generator. Medical gases and vacuum are supplied by a level 1 piped system.

The hospital building was surveyed as a New Health Care Occupancy based upon applicable requirements set forth in the Life Safety Code, 2000 Edition and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.

The following deficiencies were cited during the recertification life safety survey conducted on September 11, 2015

The surveyor conducting the survey was:

Nate Elkins
Health Facility Surveyor
Facility Fire Safety & Construction

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

B 000

K132 Response cont.:

3. These trainings will include: disaster and fire plans, infection control and laboratory safety as well as general hospital policies and procedures.

4. Incidents (spills, exposures and occurrences) shall be reviewed monthly at staff meetings and forwarded to Chief Compliance Officer and Performance Improvement Committee of the governing board. (per NFPA 99)

5. Fire drills will be conducted quarterly per hospital policy and shall include all personnel at least annually.

6. QA measure to quantify monthly continuing education will be added to 2016 Laboratory Quality Assurance measures.

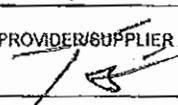
This policy was revised October 22, 2015 and will be documented ongoing.

Lab Director will be responsible for implementing this correction with oversight from Chief Executive Officer.

10/13/2015
OCT 23 2015

BB161

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Chief Executive Officer

(X6) DATE

10/01/15

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ID9C0B	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 1A - NORTH CANYON MEDICAL CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2015
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BB161	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>This Rule is not met as evidenced by: Refer to the following deficiencies identified on Federal Form 2567:</p> <p>K029 Hazardous Areas K062 Sprinkler Systems K132 Laboratory Continuing Education</p>	BB161	<p><i>BB132 Response:</i> Please see responses K029, K062, and K132 above.</p>	