



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RICHARD M. ARMSTRONG -- Director

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DIVISION OF LICENSING & CERTIFICATION
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October 30, 2015

John Hoopes, Administrator
Caribou Memorial Hospital
300 South 3rd West
Soda Springs, ID 83276

RE: Caribou Memorial Hospital, Provider ID# 131309

Dear Mr. Hoopes:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Caribou Memorial Hospital, on October 20, 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,

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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.

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 November 12, 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,



MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

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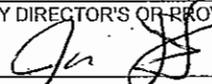
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131309	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2015
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NAME OF PROVIDER OR SUPPLIER CARIBOU MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH 3RD WEST SODA SPRINGS, ID 83276
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K 000	INITIAL COMMENTS The facility is a two story, fire resistive construction building. The plans were approved in May 1967. The facility is protected by an automatic fire sprinkler system accordance with NFPA 13 which was installed in September 2011 and there is full smoke detection coverage. Currently the facility is licensed for 25 hospital beds. In addition, there are 30 SNF/NF beds in the upper level. The following deficiencies were cited during the annual fire/life safety survey conducted on October 20, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623. The Survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	K 000		
K 012	NFPA 101 LIFE SAFETY CODE STANDARD 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 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure the fire and smoke resistive properties of the structure were maintained by sealing penetrations. Failure to seal penetrations would increase exposure of patients to hazards associated with fire events. This deficient practice affected all patients, staff and visitors on the date	K 012		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 11/20/15
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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 of the survey. The facility is licensed for 25 hospital beds and had a census of 6 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on October 20, 2015 from 10:00 AM to 4:00 PM, observation of the ceiling of the Soiled Linen room off the main Laundry revealed eight (8) unsealed holes ranging in size from approximately two (2) inches in diameter to four (4) inches in diameter exposing the upper level of the structure. When asked about these unsealed penetrations, the Maintenance Supervisor stated it was the result of removal of sterilizers in the room above.</p> <p>Actual NFPA standard:</p> <p>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:</p> <p>(a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings.</p> <p>(b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill.</p> <p>(c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system.</p>	K 012	<p>All holes were sealed on 10/26/15. The area was checked for other penetrations by maintenance. Maintenance will check for other penetrations in the future if other equipment is removed.</p>	10/26/15

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K 012	Continued From page 2 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 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029			

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K 029	<p>Continued From page 3</p> <p>This Standard is not met as evidenced by: Based on observation, operational testing and interview, the facility failed to ensure hazardous areas were equipped with self-closing doors. Failure to provide hazardous areas with self-closing doors could allow smoke and dangerous gases to enter the corridors affecting egress during a fire event. This deficient practice affected all patients, staff and visitors on the date of the survey. The facility is licensed for 25 hospital beds and had a census of 6 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on October 20, 2015 from 10:00 AM to 4:00 PM, observation and operational testing of 1 of 2 doors entering the Laboratory from the corridor revealed it was not equipped to self-close. When asked why this door was not equipped with a self-closing device, the Maintenance Supervisor stated the door previously entered the Pharmacy, but the Laboratory had expanded into this space.</p> <p>Actual NFPA standard:</p> <p>NFPA 101 3.3.13.2 Area, Hazardous. 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.</p> <p>19.3.2 Protection from Hazards.</p>	K 029	<p>New door and closure ordered on 10/22/15 - will be installed on 11/13/15. Area was checked for other self closing doors.</p>	11/13/15

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K 029	<p>Continued From page 4</p> <p>19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:</p> <ol style="list-style-type: none"> (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft² (9.3 m²) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft² (4.6 m²), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door. <p>19.3.2.2* Laboratories. Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered as a severe hazard shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.</p>	K 029		

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K 038	<p>Continued From page 6 previously separated the Laboratory from the Pharmacy and the Pharmacy from the corridor. Currently, the Laboratory utilizes both spaces.</p> <p>Actual NFPA standard:</p> <p>NFPA 101 7.1.9 Impediments to Egress. Any device or alarm installed to restrict the improper use of a means of egress shall be designed and installed so that it cannot, even in case of failure, impede or prevent emergency use of such means of egress unless otherwise provided in 7.2.1.6 and Chapters 18, 19, 22, and 23.</p> <p>7.2.1.5 Locks, Latches, and Alarm Devices. 7.2.1.5.1 Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side. Exception No. 1: This requirement shall not apply where otherwise provided in Chapters 18 through 23. Exception No. 2: Exterior doors shall be permitted to have key-operated locks from the egress side, provided that the following criteria are met: (a) Permission to use this exception is provided in Chapters 12 through 42 for the specific occupancy. (b) On or adjacent to the door, there is a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high on a contrasting background that reads as follows: THIS DOOR TO REMAIN UNLOCKED WHEN THE BUILDING IS OCCUPIED (c) The locking device is of a type that is readily</p>	K 038		
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K 038	Continued From page 7 distinguishable as locked. (d) A key is immediately available to any occupant inside the building when it is locked. Exception No. 2 shall be permitted to be revoked by the authority having jurisdiction for cause. Exception No. 3: Where permitted in Chapters 12 through 42, key operation shall be permitted, provided that the key cannot be removed when the door is locked from the side from which egress is to be made.	K 038		
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure fire extinguishers were installed free of obstructions and maintained in accordance with NFPA 10. Failure to keep fire extinguishers accessible and maintained could diminish staff response capabilities during a fire event. This deficient practice affected all patients, staff and visitors on the date of the survey. The facility is licensed for 25 hospital beds and had a census of 6 on the day of the survey. Findings include: 1) During the facility tour conducted on October 20, 2015 from 10:00 AM to 4:00 PM, observation of the clean agent fire extinguisher installed in the operating suite revealed the replacement date of the annual inspection tag was dated as being replaced in 2010 and the last monthly inspection	K 064	A new fire extinguisher will arrive on 11/05/15. Maintenance will check the fire extinguisher every month to ensure that it is up-to-date/current.	11/05/15

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K 064	<p>Continued From page 8</p> <p>was signed in 2013. When asked, the Maintenance Supervisor stated he was not sure of why the vendor had missed this extinguisher since 2010 and monthly inspections had not been performed.</p> <p>2) During the facility tour conducted on October 20, 2015 from 10:00 AM to 4:00 PM, observation of installed extinguishers in the facility revealed the extinguisher installed in the Dietary Kitchen was blocked by the sink and the trash can.</p> <p>3) During the facility tour conducted on October 20, 2015 from 10:00 AM to 4:00 PM, observation of the extinguisher installed in the Laboratory was blocked by equipment.</p> <p>Actual NFPA standard:</p> <p>Finding 1 NFPA 10</p> <p>4-4* Maintenance. 4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection.</p> <p>4-4.4* Maintenance Recordkeeping. Each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed and that identifies the person performing the service</p> <p>Finding 2 & 3 NFPA 10</p> <p>1-6.3 Fire extinguishers shall be conspicuously located</p>	K 064	<p>The fire extinguisher was moved by the maintenance supervisor on 11/04/15 to a more open and visible area.</p> <p>The fire extinguisher was moved on 11/04/15, and the laboratory staff was in-serviced about not having equipment in the way blocking the extinguisher. Maintenance checked all extinguishers for obstruction and will check for obstructions on a monthly basis.</p>	<p>11/04/15</p> <p>11/04/15</p>

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K 064	Continued From page 9 where they will be readily accessible and immediately available in the event of fire. Preferably they shall be located along normal paths of travel, including exits from areas. 1-6.6* Fire extinguishers shall not be obstructed or obscured from view. Exception: In large rooms, and in certain locations where visual obstruction cannot be completely avoided, means shall be provided to indicate the location.	K 064		
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 on observation and interview, the facility failed to store oxygen cylinders in accordance with NFPA 99. Failure to properly store oxygen cylinders could result in damages of cylinders resulting in explosions and fires from damaged or mishandled cylinders. This deficient practice affected all patients, staff and visitors on the date of the survey. The facility is licensed for 25 beds and had a census of 6 on the day of the survey.	K 076		

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K 076	Continued From page 10 Findings include: During the facility tour conducted on October 20, 2015 from 10:00 AM to 4:00 PM, observation revealed a recessed storage area near the entrance to the operating suite which housed eighteen (18) "E" sized cylinders and one (1) "K" cylinder. Further inspection revealed this area was directly open to the corridor system, without any enclosure. When asked, the Maintenance Supervisor stated the oxygen storage had been moved to this location by nursing staff to accommodate space requirements in ICU. 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	K 076	The oxygen cylinders were removed. Staff was in-serviced on proper storage of oxygen cylinders. During daily rounds, maintenance will check to ensure oxygen cylinders are not in the hallways.	11/02/15

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K 076	Continued From page 11 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 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	K 076		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131309	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2015
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NAME OF PROVIDER OR SUPPLIER CARIBOU MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH 3RD WEST SODA SPRINGS, ID 83276
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K 076	<p>Continued From page 12</p> <p>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.</p> <p>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.</p> <p>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 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)10a 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</p>	K 076		
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K 076	<p>Continued From page 13</p> <p>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 indirect means. Cylinder temperatures shall not exceed 130°F (54°C).</p> <p>(b) Additional Storage Requirements for Nonflammable Gases Greater Than 3000 ft³ (85 m³).</p> <p>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.</p> <p>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.</p> <p>3. The walls, floors, and ceilings of locations for supply systems of more than 3000 ft³ (85 m³)</p>	K 076		

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K 076	Continued From page 14 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 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 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 on record review, observation and interview, the facility failed to ensure that fire dampers with fusible links were inspected and maintained in accordance with NFPA 90A. Failure to maintain smoke and fire dampers could increase the risk of associated hazards of fires by	K 104		

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K 104	<p>Continued From page 15</p> <p>allowing fires to communicate unhindered between compartments. This deficient practice affected all patients, staff and visitors on the date of the survey. The facility is licensed for 25 hospital beds and had a census of 6 on the day of the survey.</p> <p>Findings include:</p> <p>1) During record review of the facility maintenance records conducted on October 20, 2015 from 8:30 AM to 10:00 AM, no records were provided for any testing on installed fire dampers.</p> <p>2) During the facility tour conducted on October 20, 2015 from 10:00 AM to 4:00 PM, observation of the facility HVAC system revealed ten (10) fire dampers with fusible links were installed in the air handling system of the facility. When asked, the Maintenance Supervisor stated the air handling system serviced the entire building, but he was not aware of any testing having been conducted on the dampers, or any periodic maintenance of the fusible links installed.</p> <p>Actual NFPA standard:</p> <p>NFPA 90A 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.</p>	K 104	<p>All dampers were checked. Fusible links were removed. Dampers lubricated and inspected for proper functioning. All dampers fully close, latches checked and are working on all dampers. This procedure now part of the maintenance log and will be checked at least every 4 years.</p>	11/04/15

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDG0JJ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2015
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B 000	<p>16.03.14 Initial Comments</p> <p>The facility is a two story, fire resistive construction building. The plans were approved in May 1967. The facility is protected by an automatic fire sprinkler system accordance with NFPA 13 which was installed in September 2011 and there is full smoke detection coverage. Currently the facility is licensed for 25 hospital beds. In addition, there are 30 SNF/NF beds in the upper level.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on October 20, 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>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	B 000	<p>Please refer to the 2567 Form for the Plan of Correction for tags K012, K029, K038, K064, K076 and K104.</p>	
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</p>	BB161		

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TITLE

(X6) DATE

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11/06/15

Bureau of Facility Standards

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BB161	Continued From page 1 patients, employees, and the public. This Rule is not met as evidenced by: Please refer to federal "K" tags: K-012 Construction K-029 Hazardous areas K-038 Means of Egress K-064 Fire Extinguishers K-076 Oxygen storage K-104 Fire Dampers	BB161		