



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

December 10, 2015

Lenne Bonner, Administrator  
Clearwater Valley Hospital & Clinics  
301 Cedar Street  
Orofino, ID 83544

RE: Clearwater Valley Hospital & Clinics, Provider ID# 131320

Dear Ms. Bonner:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Clearwater Valley Hospital & Clinics, on December 3, 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,

Lenne Bonner, Administrator  
December 10, 2015  
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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 **December 23, 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, option 3.

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

Printed: 12/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131320	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL INCLUDES CLINIC B. WING _____	(X3) DATE SURVEY COMPLETED  12/03/2015
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NAME OF PROVIDER OR SUPPLIER <b>CLEARWATER VALLEY HOSPITAL &amp; CLINICS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 CEDAR STREET OROFINO, ID 83544</b>
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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	INITIAL COMMENTS  The facility consists of the original hospital constructed in 1957, with various additions and remodels. The current configuration is two levels of Type II Unprotected construction, fully sprinklered with fire alarm and corridor smoke detection. The facility is currently licensed for 23 beds. The facility had a census of ten patients on the day of the survey.  The following deficiencies were cited during the annual fire/life safety survey conducted on December 03, 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, the facility failed to close penetrations and openings to ensure the fire and smoke resistive properties of the structure were maintained. Failure to seal penetrations and openings would allow fire, smoke and dangerous gases to communicate between compartments reducing evacuation capabilities. This deficient practice affected all patients, staff and visitors on	K 012		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sam Burbank</i>	TITLE <i>CAO</i>	(X6) DATE <i>12/22/15</i>
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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>the date of the survey. The facility is licensed for 23 hospital beds and had a census of 8 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on December 3, 2015 from 10:00 AM to 12:30 PM, observation of the facility found the following unsealed penetrations:</p> <p>1) In the Boiler room, inspection of the ceiling revealed an unsealed hole approximately two foot by two foot in size exposing the floor above, along with two (2) open holes approximately three inches in diameter exposing the floor above.</p> <p>2) In the basement "Pop" storage area, inspection of the ceiling revealed an unsealed two inch diameter hole.</p> <p>3) In the IT closet abutting the Oxygen storage area, inspection of the floor revealed two (2) unsealed holes approximately two inches in diameter.</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: (a) The roof covering meets Class C requirements in accordance with NFPA 256,</p>	K 012	<p>Please see work orders in enclosure A that have been generated to address this citation.</p> <p>1) Work order requested to patch all ceiling penetrations with appropriate product. 2) Fire caulk penetrations 3) Place fire barrier pillows in conduit 4) Cover 2x2 penetration with steel plate, caulk edges. Patching with the steel plate will create the necessary barrier and allow for future access to truss assembly if needed to hoist tanks in the future.</p> <p>Additionally we are initiating a "Barrier Penetration Policy" to monitor all future modification to our building envelope. This permit process will enable Plant Operations/Maintenance a more active involvement in all modifications of our structures. It is a very critical component of Life-Safety and a common approach to safe guard the quality of services from both internal and external influences by Facilities Management teams throughout the industry. Please see draft of policy and barrier penetration permit in enclosures B and C.</p>	March 1, 2016

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K 012	Continued From page 2 Standard Methods of Fire Tests of Roof Coverings. (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. (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system  8.3 SMOKE BARRIERS 8.3.1* General. Where required by Chapters 12 through 42, smoke barriers shall be provided to subdivide building spaces for the purpose of restricting the movement of smoke.  8.3.2* Continuity. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces. Exception: A smoke barrier required for an occupied space below an interstitial space shall not be required to extend through the interstitial space, provided that the construction assembly forming the bottom of the interstitial space provides resistance to the passage of smoke equal to that provided by the smoke barrier.	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 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20	K 018		

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K 018	<p>Continued From page 3</p> <p>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 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 on observation and operational testing, the facility failed to ensure corridor doors were maintained to resist the passage of smoke. Failure to provide corridor doors which resist the passage of smoke would allow products of combustion to enter corridors and hinder egress capabilities. This deficient practice affected all patients, staff and visitors on the date of the survey. The facility is licensed for 23 hospital beds and had a census of 8 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on December 3, 2015 from 10:00 AM to 12:30 PM, observation and operational testing of the double doors from the corridor into the Emergency room suite revealed the upper half of the doors had a gap of approximately 1/4".</p>	K 018		

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K 018	Continued From page 4 Actual NFPA standard:  19.3.6.3 Corridor Doors.  19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.  2-3 Openings. 2-3.1 Door Frames. 2-3.1.7 The clearance between the edge of the door on the pull side and the frame, and the meeting edges of doors swinging in pairs on the pull side shall be 1/8 in. ± 1/16 in. (3.18 mm ± 1.59 mm) for steel doors and shall not exceed 1/8 in. (3.18 mm) for wood doors.	K 018	These doors due to their function cannot be managed with a typical astragal. We have found a product we believe will manage this issue. It is magnetic seal that once applied to each door will create the necessary smoke seal, yet will cause no issue in function of either door. Please see the 375 Mark Hardware Specs in Enclosure D. It will be installed upon delivery.	February 1, 2016

Bureau of Facility Standards

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B 000	16.03.14 Initial Comments  The facility consists of the original hospital constructed in 1957, with various additions and remodels. The current configuration is two levels of Type II Unprotected construction, fully sprinklered with fire alarm and corridor smoke detection. The facility is currently licensed for 23 beds. The facility had a census of ten patients on the day of the survey.  The following deficiencies were cited during the annual fire/life safety survey conducted on December 03, 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.  The survey was conducted by:  Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	B 000		
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. 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.	BB161	Pen of INK CHALKS WITH ADMIN? 1/11/16 - "REFER TO FEDERAL FORM 2567" <i>SB</i>	

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Idaho form

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

*Linnae J. Benson*

STATE FORM

021199

TITLE

CAO  
FOY821

(X6) DATE

12/22/15

If continuation sheet 1 of 2

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL INCLUDES CLINIC B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2015</b>
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BB161	Continued From Page 1  This Rule is not met as evidenced by: Please refer to federal "K" tags:  K-012 Continuity of construction K-018 Corridor doors	BB161		