IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON– Director

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DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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July 3, 2018

Tina Botai, Administrator
North Idaho Pain Center
1686 W. Riverstone Drive, Suite 2
Coeur d'Alene, ID 83814-5779

RE: North Idaho Pain Center, Provider #13C0001058

Dear Ms. Botai:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at North Idaho Pain Center on June 21, 2018.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare 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. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 16, 2018,** and keep a copy for your records.

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

Sincerely,

Nate Elkins
Supervisor
Facility Fire Safety & Construction Program

NE/lj

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13C0001058	A. BUILDING 01 - ENTIRE THIRD FLOOR OF BUILDING B. WING _____	06/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH IDAHO PAIN CENTER	1686 W RIVERSTONE DRIVE, SUITE 2 COEUR D'ALENE, ID 83814

(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
K 000	INITIAL COMMENTS The facility is a Type V (111) single story building that is approximately 6,700-square-foot in size. The building is protected by a complete automatic fire sprinkler system, a fire alarm-smoke detection system, and uses a uninterruptible power supply system (UPS). There is clinical space and an outpatient surgery center with two procedure rooms. The following deficiencies were cited during the fire/life safety survey conducted on June 21, 2018. The survey was conducted under applicable provisions set forth in the Life Safety Code, 2012 Edition, Chapter 21, Existing Ambulatory Health Care Occupancies, 42 CFR 416.44(b). The surveyor conducting the survey was: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction	K 000	RECEIVED JUL 18 2018 FACILITY STANDARDS	
K 325	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: o Corridor is at least 6 feet wide. o Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols. o Dispensers shall have a minimum of 4-foot horizontal spacing. o Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage	K 325		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nina Botai	Administrator	7/16/18

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 325	Continued From page 1 cabinet, excluding one individual dispenser per room. o Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30. o Dispensers are not installed within 1 inch of an ignition source. o If floor is carpeted, the building is fully sprinkler protected. o ABHR does not exceed 95% alcohol. o Operation of the dispenser shall comply with Section 20.3.2.6(11) or 21.3.2.6(11). o ABHR is protected against inappropriate access. 21.3.2.6, 8.7.3.1, CFR 416.44 This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure Alcohol Based Hand Rub Dispensers (ABHR) were maintained in accordance with NFPA 101. Failure to test and document the operation of ABHR dispensers in accordance with the manufacturer's care and use instructions each time a new refill is installed could result in inadvertently spilling flammable liquids, increasing the risk of fires. Findings include: During the review of facility inspection records on June 21, 2018, from approximately 7:30 AM to 9:30 AM, no records were available indicating ABHR dispensers were tested in accordance with manufacturer's care and use instructions when a new refill is installed. ABHR dispensers were observed throughout the facility and when asked, the Office Manager stated the facility was not aware of the requirement to test ABHR dispensers each time a new refill is installed. Actual NFPA standard:	K 325	action: Testing of ABHR in accordance with manufacturer's care and use of instructions when a refill is installed.	7/11/18

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K 325	Continued From page 2 NFPA 101 19.3.2.6* Alcohol-Based Hand-Rub Dispensers. Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1, unless all of the following conditions are met: (1) Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm). (2) The maximum individual dispenser fluid capacity shall be as follows: (a) 0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors (b) 0.53 gal (2.0 L) for dispensers in suites of rooms (3) Where aerosol containers are used, the maximum capacity of the aerosol dispenser shall be 18 oz. (0.51 kg) and shall be limited to Level 1 aerosols as defined in NFPA30B, Code for the Manufacture and Storage of Aerosol Products. (4) Dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm). (5) Not more than an aggregate 10 gal (37.8 L) of alcohol-based hand-rub solution or 1135 oz (32.2 kg) of Level 1 aerosols, or a combination of liquids and Level 1 aerosols not to exceed, in total, the equivalent of 10 gal (37.8 L) or 1135 oz (32.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 19.3.2.6(6). (6) One dispenser complying with 19.3.2.6 (2) or (3) per room and located in that room shall not be included in the aggregated quantity addressed in 19.3.2.6(5). (7) Storage of quantities greater than 5 gal (18.9 L) in a single smoke compartment shall meet the requirements of NFPA 30, Flammable and	K 325	Improvement: The ASC staff has created a form on card stock that will be stored in the dispenser. (Example A) Implementation: A policy has been implemented immediately, staff has been trained. Staff will initial, date and confirm function and correct amound dispensed based on manufactures instructions. This policy will be reviewed with janitorial staff as well. Completion Date: Monitoring & tracking: ongoing Responsible Person: Machel Barnhart, R.N.	7/11/18 7/11/18

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K 325	Continued From page 3 Combustible Liquids Code. (8) Dispensers shall not be installed in the following locations: (a) Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source (b) To the side of an ignition source within a 1 in. (25 mm) horizontal distance from the ignition source (c) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source (9) Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments. (10) The alcohol-based hand-rub solution shall not exceed 95 percent alcohol content by volume. (11) Operation of the dispenser shall comply with the following criteria: (a) The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation. (b) Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device. (c) An object placed within the activation zone and left in place shall not cause more than one activation. (d) The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.	K 325		
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection,	K 353		

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K 353	Continued From page 4 Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to inspect, test and maintain the fire suppression system in accordance with NFPA 25. Failure to maintain fire suppression systems could hinder system performance during a fire event. Findings include: During the review of facility inspection records conducted on June 21, 2018, from approximately 7:30 AM to 9:30 AM, no documentation could be produced for quarterly sprinkler inspections. Observation of the sprinkler riser during the facility tour revealed the facility had a full 13 system. When asked, the Office Manager stated the facility was not aware quarterly sprinkler inspections were required. Actual NFPA standard: NFPA 101 9.7.5 Maintenance and Testing. All automatic	K 353	Action: Setting up quarterly Sprinkler system testing and maintaining water-based fire protection system. 7/11/18 Improvement: We have set up quarterly inspections with our service contractor. This will ensure maintainence of fire suppression system and performance during a fire event. Implementation: this Standard is implemented. I have created; set up quarterly inspections for 1 year. I have also set up reminders in a tickler calendar 7/11/18 Monitoring/Tracking: Ongoing. Tickler file calendared for reminder	

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K 353	Continued From page 5 sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. 9.7.7 Documentation. All required documentation regarding the design of the fire protection system and the procedures for maintenance, inspection, and testing of the fire protection system shall be maintained at an approved, secured location for the life of the fire protection system. 9.7.8 Record Keeping. Testing and maintenance records required by NFPA25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, shall be maintained at an approved, secured location. NFPA 25 5.1.1.1 This chapter shall provide the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. 5.1.1.2 Table 5.1.1.2 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. (See Table 5.1.1.2)	K 353	Responsible person: Tina Botai – Administrator	
K 712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible	K 712		

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K 712	Continued From page 6 alarms. 21.7.1.4 through 21.7.1.7 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of required fire drills, one per shift per quarter. Failure to perform fire drills on each shift quarterly could result in confusion and hinder the safe evacuation of patients during a fire event. Findings include: During record review on June 21, 2018 from approximately 7:30 AM to 9:30 AM, fire drill documentation revealed the facility failed to perform a fire drill during the second quarter of 2017, and had not yet performed a fire drill for second quarter 2018. When asked, the Office Manager stated the facility was aware of the missing fire drill. Actual NFPA standard: 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.	K 712	Action: Fire drills to be held quarterly. 6/28/18 Improvement: Quarterly fire drills will be calendared on the Administrators multi-year Training Schedule. This will ensure all 4 drills are completed. Monitor/Tracking: at Governing board meeting by Administrator - Ting Botai Implementation: This has been completed. Our 2018 2nd Quarter was Completed on 6/28/18 at 10:45 am. We will continue to vary the time of our drills. Responsible person: Ting Botai Administrator	

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E 000	Initial Comments The facility is a Type V (111) single story building that is approximately 6,700-square-foot in size. The building is protected by a complete automatic fire sprinkler system, a fire alarm-smoke detection system, and uses a uninterruptible power supply system (UPS). There is clinical space and an outpatient surgery center with two procedure rooms. The facility was found to be in substantial compliance during the initial Emergency Preparedness Survey conducted on June 21, 2018. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 416.54. The surveyor conducting the survey was: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction	E 000	RECEIVED JUL 18 2018 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vicky Bolar — TITLE: Administrator — (X6) DATE: 7/16/18

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