DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

IMPORTANT NOTICE – PLEASE READ CAREFULLY

February 3, 2011

Craig A. Johnson, CEO/CFO Boundary Community Hospital 6640 Kaniksu Street Bonners Ferry, ID 83805-7532

CMS Certification Number: 13-1301

Re: Complaint Intake #: 4787 (EMTALA)

Dear Mr. Johnson:

Thank you for submitting your plan of correction dated January 20, 2011. We have determined that Boundary Community Hospital's allegation of compliance is credible based upon our review of the documentation provided. We appreciate the time and energy that you and your staff have invested in developing and implementing the plan of correction.

The proposed termination action from our January 11, 2011, letter is rescinded based upon the credible allegation of compliance. There will be no onsite revisit in follow-up to this EMTALA investigation by the Idaho Bureau of Facility Standards. We are discontinuing the termination action and closing this case.

We thank you for your cooperation and look forward to working with you on a continuing basis in the administration of the Medicare program. If you have questions regarding this letter, please contact Kate Mitchell of my staff at (206) 615-2432 or by e-mail catherine.mitchell@cms.hhs.gov.

Sincerely,

Steven Chickering
Associate Regional Administrator
Western Consortium Division of Survey & Certification

CC: Idaho Bureau of Facility Standards



January 20, 2011



FACILITY STANDARDS

Kate Mitchell CMS, Seattle Regional Office 2201 Sixth Avenue, RX-48 Seattle, WA 98121

RE: Complaint Intake # 4787 (EMTALA)

Dear Ms. Mitchell:

This letter is Boundary Community Hospital's response to your letter and EMTALA citation dated January 11, 2011.

You will also find enclosed, Boundary Community Hospital's plan of correction and supporting documentation for the EMTALA citation.

Should you have questions or need additional details, please contact me at 208-267-4850 or in writing at 6640 Kaniksu Street, Bonners Ferry, ID 83805.

Sincerely,

Craig A. Johnson

CEO/CFO

cc: Debbie Ransom, State of Idaho Department of Health & Welfare

PHINTED: 01/11/20 OF TIEVETTI VIAN LICINIAIN SERVICES FORM APPROV: CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-03 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 131301 11/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET **BOUNDARY COMMUNITY HOSPITAL BONNERS FERRY, ID 83805** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETIC (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 INITIAL COMMENTS C 000 All dates indicated are for the year 2010. The following deficiencies were cited during the Disclaimer: complaint investigation conducted on 11/29/10 Plan of correction is being LINGS FRAN and 11/30/10. Surveyors conducting the submitted in accordance with investigation were: specific regulatory requirements. Gary Guiles, RN, HFS, Team Leader It shall not be construed as an Susan Costa, RN, HFS admission of any deficiency cited. Acronyms used in this report include: While this entire incident could and BHC = Boundary Community Hospital should have been avoided, there are CAH = Critical Access Hospital other factors which also played a ED = Emergency Department EMTALA = Emergency Medical Treatment and role in in this event. Active Labor Act Patient #4 is a frequent patient at ER = Emergency Room the Hospital's Emergency Department. MD = medical doctor PCP = primary care provider Patient #4 does suffer from mental pt. = patient illness and is at times a difficult RN = registered nurse wc = wheelchair patient. C2400 489.20(I) COMPLIANCE WITH 489.24 C2400 In this event the E.D. physician was frustrated that the patient did [The provider agrees,] in the case of a hospital not follow the PCP instructions and as defined in §489.24(b), to comply with §489.24. the E.D. physician was under the impression the actual reason for the This STANDARD is not met as evidenced by: patient's visit was to receive pain Based on patient and staff interview and review of control medications as the patient's medical records and hospital policies, it was determined the hospital failed to comply with the prescription for pain medications had provisions at CFR 489.24(d4,d5). The hospital expired. failed to ensure an appropriate medical screening examination was not delayed for 1 of 22 ER patients (Patient #4) whose records were reviewed, in order to inquire about the individual's method of payment. The findings include: LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE

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.

PHINTED: 01/11/20 SEL ALTUNENT OF DEALTH AND HUMAN SERVICES FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING C B. WING 131301 11/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET **BOUNDARY COMMUNITY HOSPITAL BONNERS FERRY, ID 83805** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ìD (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) With this background, the E.D. C2400 Continued From page 1 C2400 physician's approach to the patient 1. Refer to A2408 as it relates to a delay in was with the intent to effect a treatment provided to a patient. change in the patient's behavior C2408 489.24(d)(4-5) DELAY IN EXAMINATION OR C2408 of utilizing the E.D. as her PCP and TREATMENT

payment or insurance status.

(ii) A participating hospital may not seek, or direct an individual to seek, authorization from the individual's insurance company for screening or stabilization services to be furnished by a hospital, physician, or nonphysician practitioner to an individual until after the hospital has provided the appropriate medical screening examination required under paragraph (a) of this section, and initiated any further medical examination and treatment that may be required to stabilize the

emergency medical condition under paragraph (d)

(i) A participating hospital may not delay providing

an appropriate medical screening examination

required under paragraph (a) of this section or

required under paragraph (d)(1) of this section in

order to inquire about the individual's method of

further medical examination and treatment

(4) Delay in treatment.

(iii) An emergency physician or nonphysician practitioner is not precluded from contacting the individual's physician at any time to seek advice regarding the individual's medical history and needs that may be relevant to the medical treatment and screening of the patient, as long as this consultation does not inappropriately delay services required under paragraph (a) or paragraphs (d)(1) and (d)(2) of this section.

Hospitals may follow reasonable registration processes for individuals for whom examination

With this background, the E.D. physician's approach to the patient was with the intent to effect a change in the patient's behavior of utilizing the E.D. as her PCP and to encourage the patient to actually follow the PCP's instructions rather than ignoring the PCP's plan of care and then access the E.D. for additional evaluation and treatment, including obtaining additional medications. It was also the intent and desire of the E.D. physician to provide evaluation and treatment, but due to the verbal altercation between the E.D. physician and the patient, the patient refused treatment and left

before the physician could complete

It is important to note that the exchange between the E.D. physician and the patient took place in the E.D. exam room, where the patient has been placed in order to receive evaluation and treatment. Also, the physician was available and ready to provide care almost instantly when the patient arrived in the exam room. However, the patient refused evaluation and treatment by the physician and left the Hospital.

Although this information was not included in the medical record it is germaine to the situation.

1/20/2011

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(1) of this section.

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this exam.

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PRINTED: 01/11/20 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 131301 11/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET **BOUNDARY COMMUNITY HOSPITAL BONNERS FERRY, ID 83805** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETIOI (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) C2408 The Hospital does take this citation very Continued From page 2 C2408 seriously and has instituted a plan of or treatment is required by this section, including correction as follows: asking whether an individual is insured and, if so, what that insurance is, as long as that inquiry does not delay screening or treatment. C2400 - 489.20 (1) Compliance with Reasonable registration processes may not 489.24 (Refer to A2408 as it relates to a unduly discourage individuals from remaining for delay in treatment provided to a patient) further evaluation. 489.24(d) (4 - 5) Delay in Examination or Treatment A hospital meets the requirements of paragraph Completion date of 02/11/2011. (d)(1)(ii) of this section with respect to an Examination or Treatment Identification of individual if the hospital offers to transfer the individual to another medical facility in Patients: accordance with paragraph (e) of this section and - All patients will be triaged by a Licensed informs the individual (or a person acting on his or Nurse upon presentation to the Emergency her behalf) of the risks and benefits to the Department. individual of the transfer, but the individual (or a Responsible Party: person acting on the individual's behalf) does not Emergency Department Manager/Designee consent to the transfer. The hospital must take - All patients will receive a Medical Screen all reasonable steps to secure the individual's by a physician prior to Establishment of written informed refusal (or that of a person acting financial/payment sources. on his or her behalf). The written document must indicate the person has been informed of the Responsible Party: risks and benefits of the transfer and state the Emergency Department Medical Director/ reasons for the individual's refusal. The medical Designee record must contain a description of the proposed Completion date of 02/11/2011. transfer that was refused by or on behalf of the Systematic Changes: individual. Each patient will be triaged per the Emergency Department Patient Arrival and Disposition Algorithm and BCH's Triage Acuity Scale. This STANDARD is not met as evidenced by: Responsible Party: Based on patient and staff interview and review of Emergency Department Manager/Designee medical records and CAH policies, it was - The Physician will provide a medical determined the CAH failed to ensure an screen in a timely manner.

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appropriate medical screening examination was

not delayed for 1 of 22 ER patients (Patient #4)

about the individual's method of payment. This

whose records were reviewed, In order to inquire

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Designee

Responsible Party:

Emergency Department Medical Director/

Completion date of 02/11/2011.

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STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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C2408	treatment and had treatment of all patit hospital's ER. The Hospital policies prabout payment until examination had be The policy "Medical revised 4/01/09, stated "In providing examination to any hospital, by him or person, requesting stabilizing treatment another facility." The Medical Screening the patient will be reor the registered nuabout method of patinancial information. The policy "Emerge Treatment and Trastated "In providing examination, BHC any individual became to the patient and the patient and the policy and the patient and the policy and the policy and the policy and the patient and the policy and the patient and the policy and the policy and the policy and the patient and the policy and the patient an	ent leaving the ER without the potential to delay the tents who came to the findings include: ohibited staff from inquiring I a medical screening een conducted. I Screening Examinations," ated "Boundary Community provide a medical screening individual who presents to the herself or with another treatment and, if necessary, itand appropriate transfer to the policy stated "After the Examination and stabilization, egistered by registration clerk arse. At this time inquiries ayment, insurance status, and	C24	408	Policy and Procedure Implementa - Emergency Department Patient Disposition Algorithm - Triage Policy - Management of the Patient Pre to the Emergency Department - Triage Acuity Scale Completion date of 02/11/2011. Staff Education Mandatory in-sel include: All Emergency Department Nurse Physicians and Registration Staff - EMTALA Regulations - Triage Procedures - Management of Patients Prese the Emergency Department Responsible Party: Emergency Department Manage and Emergency Medical Director Completion date of 02/11/2011. Quality Improvement Monitoring - Audit: All patients leaving prio seen by physician - 100% revi x 90 days Timeliness of initial Medical So x 90 days then Quarterly Completion of Triage Assessm Documentation weekly x 90 designations.	senting rvice to es, f nting to er/Designee r/Designee g: r to being ew weekly creen week		

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The CAH failed to comply with these policies

medical screening examinations and

status. Examples include:

regarding requesting financial information before

discriminating against patients due to financial

a. Patient #4 was interviewed on 11/30/10 beginning at 11:00 AM. She stated she had injured her leg 2 weeks before presenting to the

Facility ID: IDTF3L) Liner 1/20/2011

monthly

Completion date of 02/11/2011.

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	RS FOR MEDICARE OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(V2) 3/	1117	PLE CONSTRUCTION	OMB NO. (X3) DATE SU	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI			COMPLET	ED
		131301	B. WII	NG		11/30	; /2010
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	1.700	7240 E
BOUNDA	RY COMMUNITY HO	SCRITAL		!	640 KANIKSU STREET		
BOOMDA	ARY COMMUNITY HO	GFITAL		E	SONNERS FERRY, ID 83805		
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C2408	clinic. She stated it bruised, including for the emergency rishe spoke to a relate he advised her to gexamined. She stated he advised her to gexamined. She stated he advised her to gexamined. She stated had not have in humiliated. She sate hospital and was tropical and was tropical her bear old female who 10/03/10 at 3:42 Plus mergency Depardated or timed, stated Patient #4 hafter the fall. The rishe have the knee xord her but she her but she ne some discussion, and left [without] be note stated she left. The "EMERGENC" dated 10/03/10 at a already has knee in out of pain meds a very busy& informed at this time, so she offer to evaluate it,	ner knee was still swollen and resh bruising, when she went coom for treatment. She stated ative who was a physician and go to the ER to have it ated when she arrived at the refused to treat her because surance. She stated she felt aid she then went to a second eated. Itical record documented a 26 to presented to the ER on M. A nursing note in the atment Charting" form, not ted Patient #4 complained of the September. The note ad been examined by a PCP note stated Patient #4 was told trayed if the pain worsened. Itient #4 could not stand on her ne nursing note on the other so not timed, stated "To ER via MD here to examine pt. It is not an emergency & he will eds to pay her bills. After she called her friend for ride geing seen via wc." The nursing	C2-	408	Enclosures: - Emergency Department Patient and Disposition Algorithm - Triage Policy - Management of the Patient Prethe Emergency Department - Triage Acuity Scale - EMTALA for ER Personnel		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
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NAME OF PROVIDER OR SUPPLIER BOUNDARY COMMUNITY HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET BONNERS FERRY, ID 83805					
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C2408	PCP is more approleave without being Patient #4 went to a 33 miles away. The RECORD" from the Patient #4 arrived a nursing record stated distress and had paknee and ankle. The "splints/braces" wer 10/04/10. The "EMERGENC's the second hospital stated pain and sweet remity had worse. The physician order and ankle and an unextremity. The x-reswelling and joint event as internal derangeright ankle ligament documented Patient #4 was dischospital at 12:14 All c. The physician or when Patient #4 was dischospital at 12:14 All c. The physician or when Patient #4 had injury weeks before present had then seen clinic. He stated the had told Patient #4 had injury weeks before present had then seen clinic. He stated the had told Patient #4	priate. Patient decided to seen. No charge." another hospital approximately e "EMERGENCY NURSING e second hospital stated at 8:10 PM on 10/03/10. The ed Patient #4 appeared in mild ain and swelling in her right he nursing record stated re applied at 12:05 AM on Y PHYSICIAN RECORD" from I, dated 10/03/10 at 11:45 PM, elling of the right lower ened over the past 2 weeks. red an x-ray of the right knee litrasound of the right lower ays showed soft tissue ffusion but no fracture. The no deep venous thrombosis in listed Patient #4's diagnoses ment of the right knee and tous injury. The physician at #4 was given morphine and and was observed for 1 hour. Charged home from the second	C24						

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		131301	B. WI	NG_		C 11/30/2010			
NAME OF PROVIDER OR SUPPLIER BOUNDARY COMMUNITY HOSPITAL					STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET BONNERS FERRY, ID 83805				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPP DEFICIENCY)	ULD BE	(X) COMPL DA		
C2408	#4 was at the hosp did not examine Patold Patient #4 she of dollars and she she then offered to eangry and "stormed". The RN on duty Patient #4 presente 11/30/10 beginning Patient #4 came to her leg was getting it x-rayed. The RN Patient #4 how she before he had exame the physician if he had about her finances.	itial for an x-ray. He stated he atient #4. Instead, he stated he owed the hospital thousands should pay her bills. He said evaluate her but she became dout" of the ER. in the ER on 10/03/10, when ed, was interviewed on at 10:55 AM. She stated the ER and complained that worse and she wanted to get confirmed the physician asked was going to pay for services mined her. She stated Patient refused an examination by the not confronted the patient	C24	408					

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