



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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Boise, Idaho 83720-0009
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January 18, 2012

Dallas Clinger, Administrator
Harms Memorial Hospital
PO Box 420
American Falls, Idaho 83211

RE: Harms Memorial Hospital, Provider ID# 131304

Dear Mr. Clinger:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Harms Memorial Hospital, on January 13, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure 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.

Dallas Clinger, Administrator
January 18, 2012
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 **January 31, 2012.**

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

Sincerely,

A handwritten signature in black ink, appearing to read 'MP 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: 01/18/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131304 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL B. WING _____ | (X3) DATE SURVEY COMPLETED 01/13/2012 |
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| NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL | STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211 |
|--|---|

| (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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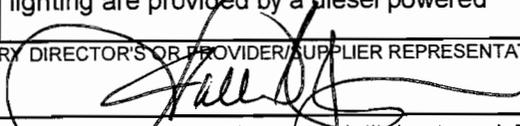
K 000

INITIAL COMMENTS

K 000

The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and /or , 4"/6" metal studs w/lath & plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured concrete above. There are a total of three (3) exits from the lower level of the hospital portion; two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and lighting are provided by a diesel powered

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE CEO/ADMINISTRATOR | (X6) DATE 30 JAN 2012 |
|--|-----------------------------------|---------------------------------|

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 077 | <p>Continued From page 2</p> <p>sized Carbon Dioxide cylinder that were not individually secured. When questioned about the cylinders the Maintenance Supervisor stated that he was unaware that the cylinders were required to be individually secured.</p> <p>Actual NFPA Standard:</p> <p>NFPA 99 Standard for Health Care Facilities 1999 Edition 4-3 Level 1 Piped Systems. 4-3.1 Piped Gas Systems (Source and Distribution) - Level 1. 4-3.1.1* Source - Level 1. 4-3.1.1.1 Cylinder and Container Management. Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over. (a) * Cylinders or supply containers shall be constructed, tested, and maintained in accordance with the U.S. Department of Transportation specifications and regulations. (b) Cylinder contents shall be identified by attached labels or stencils naming the components and giving their proportions. Labels and stencils shall be lettered in accordance with CGA Pamphlet C-4, Standard Method of Marking Portable Compressed Gas Containers to Identify the Material Contained. (c) Contents of cylinders and containers shall be identified by reading the labels prior to use. Labels shall not be defaced, altered, or removed.</p> | K 077 | <p>Maintenance Staff will check the inside oxygen storage room and ensure that neither the supplier nor nursing staff has left cylinders unsecured and make the needed correction.</p> <p>What measure will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>The monthly safety in-service will include the new procedures for individually securing medical gas cylinders in the storage room.</p> <p>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.</p> <p>Beginning January 30, 2012, the maintenance staff will check the medical gas cylinders once a week for five weeks, then monthly for three months to assure that the cylinders stored in either area are individually secured. Any deficiencies will be reported to the QA for a QA project.</p> | |

Bureau of Facility Standards

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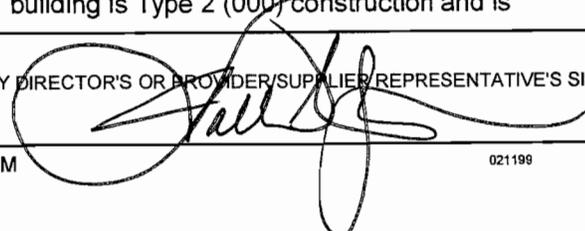
16.03.14 Initial Comments

The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and /or , 4"/6" metal studs w/lath & plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured concrete above. There are a total of three (3) exits from the lower level of the hospital portion; two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and lighting are provided by a diesel powered automatic on-site automatic generator. The building is Type 2 (000) construction and is

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



TITLE

CEO/ADMINISTRATOR

(X6) DATE

30 JAN 2012

Bureau of Facility Standards

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| B 000 | Continued From Page 1 currently licensed for 10 beds. The following deficiencies were cited during the annual fire/life safety survey conducted on January 13, 2012. The facility was surveyed in accordance with IDAPA 16.03.14 and the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy. The survey was conducted by: Taylor Barkley 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. This Rule is not met as evidenced by: Refer to Federal K tags on the CMS 2567; 1. K077 Compressed gas cylinder storage. | BB161 | BB161 Please refer to the corrective action for federal citation K077 on page 2 of 3 of the form CMS-2567. | 31JAN12 |