



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
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 22, 2011

Vaughn Ward, Administrator
Northwest Specialty Hospital
1593 East Polston Avenue
Post Falls, Idaho 83854

RE: Northwest Specialty Hospital, Provider #130066

Dear Mr. Ward:

This is to advise you of the findings of the Fire Life Safety & Construction survey at Northwest Specialty Hospital, which was concluded on February 1, 2011.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Northwest Specialty Hospital into compliance, and that the Northwest Specialty Hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

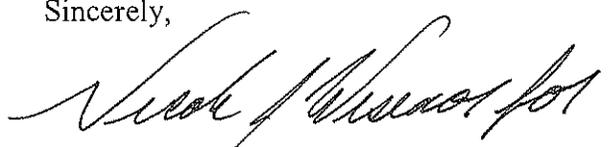
Vaughn Ward, Administrator
February 22, 2011
Page 2 of 2

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 **March 7, 2011**, and keep a copy for your records.

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,



MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130066 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____ | (X3) DATE SURVEY COMPLETED 02/01/2011 |
|--|--|---|--|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER NORTHWEST SPECIALTY HOSPITAL | STREET ADDRESS, CITY, STATE, ZIP CODE 1583 EAST POLSTON AVENUE POST FALLS, ID 83854 |
|--|---|

| (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 | <p>INITIAL COMMENTS</p> <p>Northwest Specialty Hospital is a two story structure with a finished basement and parking garage whose original construction was completed in August of 2003, an addition was added in 2010. The addition included operating rooms and patient rooms, with a parking structure, separated by two hour construction. The construction type is II (222) with a complete automatic fire extinguishing system throughout. The main floor contains approximately 58,000 square feet and is divided into four (4) smoke zones. The basement, which is non-patient use, contains approximately 8,000 square feet in a single smoke zone. The parking garage is approximately 8400 square feet.</p> <p>Fire safety features include complete sprinkler coverage; a fully addressable fire alarm system, a Type I Essential Electrical System; Level 1 piped in medical gas/vacuum systems; multiple exits to grade from the main level; three exits from the basement level with two being to grade; portable fire extinguishers throughout; eight (8) foot wide exit access corridors, four (4) foot wide corridor doors; and three (3) smoke barrier partition walls on the main level.</p> <p>The following deficiencies were found during the Life Safety Code Validation survey conducted on January 31 and February 1, 2011. with applicable fire/life safety requirements set forth under 42 CFR 482.41.</p> <p>The survey was conducted by:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Idaho Department of Health & Welfare</p> | K 000 | <p style="text-align: center;">RECEIVED MAR 03 2011 FACILITY STANDARDS</p> | |
|-------|---|-------|---|--|

| | | |
|--|--------------|---------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESANTATIVE'S SIGNATURE  | TITLE CEO | (X6) DATE 3/3/11 |
|--|--------------|---------------------|

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.

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

PRINTED: 02/24/2011
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130066 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____ | (X3) DATE SURVEY COMPLETED 02/01/2011 |
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| NAME OF PROVIDER OR SUPPLIER NORTHWEST SPECIALTY HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1593 EAST POLSTON AVENUE POST FALLS, ID 83854 | |
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| K 029 | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure hazardous areas are properly separated. Failure of doors to self close and latch securely allows smoke and gases to spread during a fire event.</p> <p>Findings include:</p> <p>During the facility tour on January 31, 2011 and on February 1, 2011 observation of hazardous areas revealed:</p> <p>1) On January 31, 2011 at approximately 4:18 PM the Kitchen door separating the kitchen from the corridor was found to not self close and positively latch. This finding was witnessed and acknowledged by the Director of Maintenance.</p> <p>2) On January 31, 2011 at approximately 4:25 PM, the Morgue room in the basement was being used as clean linen storage (bagged) while awaiting off site removal. The bags filled the area to waist level creating a hazardous area. The door did not self close and positively latch. This finding was witnessed and acknowledged by the Director of Maintenance.</p> <p>3) On January 31, 2011 at approximately 4:45</p> | K 029 | <p>#1) K 029 NFPA 101 Life Safety Code- The Director of Maintenance adjusted the door closer to ensure that the latch engaged securely. Plant Maintenance Manager is responsible for compliance. Completion date: 1/31/2011 To monitor compliance a monthly preventative maintenance form has been created to document function checks of all self closing doors.</p> <p>#2) K. 029 NFPA 101- The Director of Maintenance removed the linen bags, adjusted the door to latch properly. This incident resulted as a one time incident related to the transfer of services to a new linen service. Maintenance staff were provided on the spot education as to the importance of maintaining egress and fire safety. Plant Maintenance is responsible for continual compliance. Documentation will occur on previous mentioned form.</p> | |

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| K 029 | Continued From page 2 PM the interior separation wall between the Mechanical room and the electrical room, was not sealed where it intersects the exterior wall. The gap was gradual from minute to nearly 1/2 inch at the top of the wall. Interview with the Director of Maintenance confirmed this wall had not been modified since the original construction in 2003. When light on either side of the wall intersection was shut off light passing through could clearly be seen. 4) On February 1, 2011 at approximately 9:15 AM the storage room across from Patient Room #24 was found to not self close and positively latch. This finding was witnessed and acknowledged by the Director of Maintenance. Actual NFPA reference: NFPA 101, the Life Safety Code, 2000 Edition 18.3.2.1 Hazardous Areas. Any hazardous area shall be protected in accordance with Section 8.4. The areas described in Table 18.3.2.1 shall be protected as indicated. | K 029 | #3) K 029 Continued: Gap identified between rooms resulting in a 1/2 inch opening was filled on with fire and smoke calking. Completed by Plant Maintenance 1/31/2011 A monthly maintenance check list will be completed to maintain continual compliance. #4) K 029 NFPA 101 Life Safety Code- The Director of Maintenance adjusted the door closer to ensure that the latch engaged securely. Plant Maintenance Manager is responsible for compliance. Completion date: 1/31/2011 To monitor compliance a monthly preventative maintenance form has been created to document function checks of all self closing doors. | | |
| K 046 | NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure emergency lighting devices were maintained in an operational condition. Failure of emergency lighting units can cause disorientation during a fire event or power outage. | K 046 | | | |

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| NAME OF PROVIDER OR SUPPLIER NORTHWEST SPECIALTY HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1593 EAST POLSTON AVENUE POST FALLS, ID 83854 | |
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| K 046 | Continued From page 3 Findings Include: During the facility tour on February 1, 2011 at approximately 8:25 AM, the battery powered emergency lighting unit mounted on the wall of the Doctor's Lounge in the basement would not operate when tested. This testing was witnessed and acknowledged by the Director of Maintenance, who asked if a non-required emergency light was required to be maintained or could it be removed. Actual NFPA reference: NFPA 101, the Life Safety Code, 2000 Edition 18.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. | K 046 | K 046 NFPA 101 Life Safety Code Standard- The battery pack was replaced by Plant Operations Manager. Completion date 2/1/2011. Compliance will be monitored using the existing monthly monitoring form. | |
| K 062 | NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based upon record review and interview the facility failed to ensure periodic maintenance and testing of the sprinkler system in accordance with NFPA 25. The lack of quarterly maintenance and testing could lead to a malfunction and the absence of an alarm being sounded during an event. | K 062 | | |

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| K 062 | Continued From page 4 Findings include: Record review indicated annual testing of the sprinkler system was conducted on April 5, 2010 by an outside contractor and five year inspection had been conducted on June 26, 2009, but could produce no records of quarterly waterflow alarm testing. Interview with the Director of Maintenance indicated he was unaware of this requirement. Actual NFPA reference: NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. | K 062 | K 062 NFAP Life Safety Code Standard- Water flow alarm testing is now scheduled for quarterly testing, documented on the preventative maintenance form. The Plant Maintenance Manager is responsible for continual compliance. The testing was completed 2/25/2011. | |
| K 070 | NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 18.7.8 This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure portable space heaters located in staff only non sleeping spaces were properly tested to ensure heating elements did not exceed | K 070 | K 070 NFPA Life Safety Code Standard - Space heaters have been prohibited in sleeping areas. Policy revision included criteria to measure heating elements to ensure that they do not exceed 212 degrees F. (100 degrees C) upon initial evaluation and application of facility safety sticker. Space heaters will be checked for proper heat limitations on an annual basis. Checks completed 3/3/2011. | |

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| K 070 | Continued From page 5 212 degrees Fahrenheit. Failure to test these devices could result in a fire within the facility. Findings include: 1) During the facility tour on January 31, 2011 at approximately 4:30 PM, an oil-filled portable space heater was discovered in the clean linen side of the laundry, this space is currently being used as a break or record keeping space. Interview with the Director of Maintenance disclosed he was unaware of the device being present and had not tested the unit's surface temperature. 2) During the facility tour on February 1, 2011 at approximately 10:45 AM, an electric space heating device was observed in the finance office of the administrative area. The Director of Maintenance disclosed he was unaware of the device being present and had not tested the unit's surface temperature. Actual NFPA reference: NFPA 101 the Life Safety Code, 2000 Edition 18.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in nonsleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C). | K 070 | K 070 NFPA Life Safety Code Standard - Space heaters have been prohibited in sleeping areas. Policy revision included criteria to measure heating elements to ensure that they do not exceed 212 degrees F. (100 degrees C) upon initial evaluation and application of facility safety sticker. Space heaters will be checked for proper heat limitations on an annual basis. Checks completed 3/3/2011. | |
| K 147 | NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 | K 147 | | |

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| K 147 | Continued From page 6 This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure adequate electrical receptacles were available thereby preventing the need for extension cords and multi plug adaptors. Failure to ensure the proper circuitry is available can overload circuits and cause a fire. Findings include: During the facility tour on February 1, 2011 at approximately 8:25 AM; observation revealed a computer in the Doctor's lounge in the basement being powered by a relocatable power tap (RPT), powered by a heavy duty extension cord, powered by a multi plug adaptor which was plugged into a duplex wall outlet. The extension cord and RPT were tightly bound with extreme bends by a plastic tie tie. Actual NFPA reference: NFPA 70, National Electrical Code, 199 Edition 110.3 Examination, Identification, Installation, and Use of Equipment. (A) Examination. In judging equipment, considerations such as the following shall be evaluated: (1) Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. | K 147 | K 147 NFPA 101 Life safety Code Standard-Natl. Elec. Code- NFPA 70- The multi-outlet strip was removed upon discovery. An electrical contractor was consulted, an additional wall outlet was installed 2/7/2011 meeting NFPA 70. Plant Maintenance is responsible for compliance. | |

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| K 147 | Continued From page 7 (2) Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided (3) Wire-bending and connection space (4) Electrical insulation (5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service (6) Arcing effects (7) Classification by type, size, voltage, current capacity, and specific use (8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling. | K 147 | | |