

COPY



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

April 2, 2013

Carl Hanson, Administrator
Minidoka Memorial Hospital
1224 Eighth Street
Rupert, ID 83350

RE: Minidoka Memorial Hospital, Provider ID# 131319

Dear Mr. Hanson:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Minidoka Memorial Hospital, on March 19, 2013.

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.

Carl Hanson, Administrator

April 2, 2013

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 **April 15, 2013.**

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 'Mark P. Grimes', with a long horizontal line extending to the right.

MARK P. GRIMES

Supervisor

Facility Fire Safety and Construction Program

MPG/nw

Enclosure

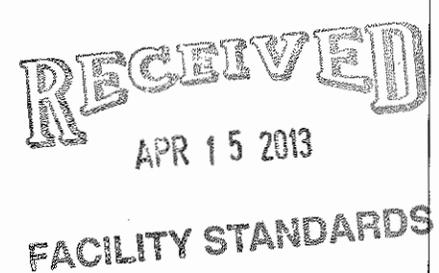
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350
---	---

(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	<p>INITIAL COMMENTS</p> <p>The hospital is a single story structure of Type II (111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm system was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.</p> <p>The following deficiencies were cited at the above facility during a recertification survey conducted on March 19, 2013. The facility was surveyed under the Life Safety Code, 2000 Edition, Existing Health Care Occupancies in accordance with 42 CFR 282.41(b)</p> <p>The Survey was conducted by:</p> <p>Tom Mroz, CFI-II Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000		
K 012	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Care Harrison</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4-12-13</i>
---	-------------------------------	-----------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 012	Continued From page 1 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to maintain the smoke resistive properties of a smoke barrier ceiling and wall. This potentially allows the spread of smoke to other areas of the facility, exposing patients to a smoke or fire environment. The deficient practice affected staff and no patients in two of eight smoke compartments. The facility has the capacity for 25 beds with a census of 6 the day of survey. Findings include: 1.) During the facility tour on 03/19/13 at 12:33 p.m., observed three penetrations in the kitchen, one through the wall above the dishwasher approximately 1 ½" round, the second, an approximately ½" gap in the annular space around a 2" pipe going through the wall, and the third, approximately 3 inch gap in the annular space around a bundle of soda system flexible hoses. Interview with the Maintenance Supervisor on 03/19/13 at 12:33 p.m., disclosed the facility was unaware of the penetrations. 2.) During the facility tour on 03/19/13 at 1:40 p.m., observed an approximately 2" by 6" open penetration in the surgery mechanical access closet ceiling. Interview with the Maintenance Supervisor on 03/19/13 at 1:40 p.m., disclosed the roof recently had a leak and they had yet to replace the damaged ceiling tile. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit conference on 03/19/13.	K 012	K 012 Corrective Action: The identified areas: 1. The three unsealed penetrations in the kitchen were sealed on 3/21/13. 2. The open penetration in the surgery mechanical access closet ceiling was sealed on 3/21/13. Maintenance Supervisor is aware of the NFPA 101 standard. Systemic changes – Maintenance Supervisor will do a facility walk through at least quarterly to monitor for penetrations in the smoke barriers. Monitor – Administrator will review and monitor the documentation from Maintenance Supervisor proving the walk through are being completed quarterly to assure that there are not penetrations in the smoke barriers. Quality Assurance - Maintenance Supervisor will report to the facility's Safety Committee quarterly, beginning in June 2013.	4/15/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 012	Continued From page 2 Actual NFPA Standards: NFPA 101, 8.2.4.2 Smoke partitions shall extend from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces.	K 012		
K 076	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to provide the required protective features for storage of nitrous oxide, nitrogen and oxygen. This has the potential for a fire and explosive hazard exposure to the staff. The deficient practice affected one of eight smoke compartments, staff, and no patients. The facility has the capacity for 25 beds with a census of 6 the day of survey. Findings include: 1.) On 03/19/13 at 12:15 p.m., it was observed that an "E" type oxygen cylinder in the ambulance sally port was lying on the ground beneath a gurney. Interview with the Maintenance Supervisor on 03/19/13 12:15 p.m., revealed that	K 076	K 076 Corrective Action: The identified areas: 1. The "E" type oxygen cylinder in the ambulance sally port lying on the ground beneath a gurney. 2. The two bundles of four in-service "K" type nitrous oxide cylinders and two bundles of four in-service "K" type nitrogen cylinders in the compressed gas storage room. 3. The 11 "K" type cylinders in the compressed gas storage room. The "E" type oxygen cylinder was properly stored. The facility storage area that contains medical or other type of gas cylinders was redesigned so that each cylinder is individually secured. A strip of flat iron was mounted on the wall and chains were attached in the medical gas storage area. Each "K" type cylinder was individually secured with a chain to the wall. Our medical gas supplier was contacted on 3/20/13 and informed of the changes in our storage system and will assure that each cylinder is secured properly. Continued on page 4 of 11	4/15/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350	
(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 076	Continued From page 3 the facility was not aware the cylinder was left lying on the ground in the ambulance sally port. 2.) On 03/19/13 at 12:20 p.m., it was observed that two bundles of four in-service "K" type nitrous oxide cylinders and two bundles of four in-service "K" type nitrogen cylinders in the compressed gas storage room, were not individually secured and located to prevent falling or being knocked over. Interview with the Maintenance Supervisor on 03/19/13 12:20 p.m., revealed that the facility was not aware of the requirement that cylinders in service were to be individually secured and located to prevent falling or being knocked over. 3.) On 03/19/13 at 12:25 p.m., it was observed that 11 "K" type cylinders were chained together in the compressed gas storage room, were not individually secured and located to prevent falling or being knocked over. Interview with the Maintenance Supervisor on 03/19/13 12:25 p.m., revealed that the facility was not aware of the requirement that cylinders in storage were to be individually secured and located to prevent falling or being knocked over. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 03/19/13. Actual NFPA Standard: NFPA 99, 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.	K 076	K 076 Continued from page 3 of 11 Systemic Change: Maintenance, Nursing, and Respiratory staff were informed of new procedure for individually securing medical gas cylinders in the storage room. Monitor: Maintenance Supervisor will routinely monitor medical gas storage area to assure that cylinders are individually secured. Quality: Maintenance Supervisor will report to the facility's Safety Committee quarterly, beginning in June 2013.	4/15/13
K 131	NFPA 101 LIFE SAFETY CODE STANDARD Emergency procedures are established for controlling chemical spills in accordance with NFPA 99. 10.2.1.3.2	K 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 131	Continued From page 4 This Standard is not met as evidenced by: Based on interview and record review, the facility failed to provide documentation of procedures for controlling chemical spills within the laboratory. This resulted in the potential for the facility ' s inability to effectively deal with the care, health and safety of patients, staff and other individuals when a chemical spill occurs. The facility has the capacity for 25 beds with a census of 6 the day of survey. Findings include: The facility did not develop procedures for chemical spills within the hospital laboratory. There was no plan available detailing procedures for controlling chemical spills. Interview with the laboratory manager on 03/19/13 at 1:10 p.m., indicated the facility was unable to provide laboratory specific procedures for controlling chemical spills. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 03/19/13. Actual NFPA Standard: NFPA 99, 10-2.1.3.2 Emergency procedures shall be established for controlling chemical spills.	K 131	K 131 Corrective Action: The Identified Area: Failure to provide documentation of procedures for controlling chemical spills within the laboratory. Procedures for controlling chemical spills within the laboratory were located and are being updated. Other individuals: All hospital staff, patients, visitors have the ability to be affected by this. Systemic Changes: Procedures for controlling chemical spills within the laboratory are being updated with completion date of June 1, 2013. Laboratory staff were trained on procedures for controlling chemical spills within the laboratory on 3/19/13. Mandatory annual training is provided via CareLearning on Hazardous Communications for chemical handling and MSDS for spill handling.	4/15/13
K 132	NFPA 101 LIFE SAFETY CODE STANDARD Continuing safety education and supervision is provided, incidents are reviewed monthly, and procedures are reviewed annually in accordance with NFPA 99. 10.2.1.4.2	K 132	Monitor: The Laboratory Safety Officer will monitor monthly to ensure spill kits are conveniently located and report to the monthly Laboratory staff meeting. Quality: The Laboratory Director will report monitor results at the quarterly Safety Committee meeting beginning June 2013.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013	
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 132	<p>Continued From page 5</p> <p>This Standard is not met as evidenced by: Based on interview and record review, it was determined the facility failed to provide continuing safety education for laboratories. This resulted in the potential for the facility's inability to effectively deal with the care, health and safety of staff and other individuals when a laboratory emergency occurs. The facility has the capacity for 25 beds with a census of 6 the day of survey. Findings include:</p> <p>The facility failed to provide continuing safety education for the hospital laboratory and the pathology laboratory. Interview with the laboratory manager on 03/19/13 at 1:05 p.m., indicated the facility was unable to provide documented orientation and training records of new laboratory personnel.</p> <p>The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 03/19/13.</p> <p>Actual NFPA Standard: NFPA 99, 10-2.1.4 Orientation and Training. 10-2.1.4.1 New laboratory personnel shall be taught general safety practices for the laboratory and specific safety practices for the equipment and procedures they will use. 10-2.1.4.2 Continuing safety education and supervision shall be provided, incidents shall be reviewed monthly, and procedures shall be reviewed annually.</p>	K 132	<p>K 132</p> <p>Corrective Action: The Identified Area: Failed to provide continuing safety education for laboratories.</p> <p>All pathology lab testing is off site.</p> <p>Other individuals: All hospital staff, patients, visitors have the ability to be affected by this.</p> <p>Systemic Change: Continuing safety education will be addressed in the monthly laboratory staff meeting. Mandatory annual training for all hospital staff is provided via CareLearning on Hazardous Communications for chemical handling and MSDS for spill handling.</p> <p>The Lab Safety Officer will define all safety features of the lab and make a checklist. All new hires will be trained on the checklist as well as trained on hazardous materials and MSDS during orientation.</p> <p>Monitor: The Lab Director evaluates individual laboratory staff training, including completion of CareLearning, during annual performance evaluations in September.</p>	4/15/13
K 134	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where the eyes or body of any person can be exposed to injurious corrosive materials, suitable fixed facilities for quick drenching or flushing of the eyes and body are provided within the work</p>	K 134		

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

Printed: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013	
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 134	<p>Continued From page 6 area for immediate emergency use. Fixed eye baths are designed and installed to avoid injurious water pressure in accordance with NFPA 99. 10.6</p> <p>This Standard is not met as evidenced by: Based on observation and interview, it was determined the facility failed to test the emergency shower in the laboratory. This resulted in the potential for the facility ' s inability to effectively deal with the care, health and safety of staff and other individuals when a laboratory emergency occurs. The facility has the capacity for 25 beds with a census of 6 the day of survey. Findings include:</p> <p>Observation 03/19/13 at 1:25 p.m., revealed that the facility emergency shower within the laboratory work area was new and had never been used. Interview with the laboratory manager on 03/19/13 at 1:25 p.m., disclosed the shower was installed in July 2012 and had not been tested from time to time since it was installed. The facility was unaware of the testing requirements for laboratory showers.</p> <p>The finding was acknowledged by the Administrator and the Maintenance Supervisor at the exit interview on 03/19/13.</p> <p>Actual NFPA Standard: NFPA 99, 10-8.1.4 Periodic safety inspection shall include the testing of all emergency showers, eye baths, and other emergency equipment.</p> <p>A-10-6 (appendix material, advisory only) Protective Devices. Showers should be controlled by a non-automatic shutoff device.</p>	K 134	<p>K 134 Corrective Action: The Identified Area: There was not documentation of testing the emergency shower and eyewash stations in the laboratory, which was new and had never been used.</p> <p>On 4/11/13 the Maintenance Supervisor tested the emergency shower, eyewash stations, and flushed the floor drain in the laboratory.</p> <p>Other individuals: All hospital staff, patients, visitors have the ability to be affected by this.</p> <p>Systemic Change: Maintenance and Laboratory Supervisors were made aware of the standard.</p> <p>The Maintenance Supervisor will test the emergency shower, eyewash stations, and flush the floor drain in the laboratory quarterly.</p> <p>Monitor: The Laboratory Supervisor will review and monitor the documentation from Maintenance Supervisor proving the emergency shower, eyewash stations, and floor drain flushing is being completed quarterly.</p> <p>Quality: Maintenance Supervisor will report to the facility's Safety Committee quarterly, beginning in June 2013.</p>	4/15/13

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

Printed: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013	
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 134	<p>Continued From page 7</p> <p>Although a self-closing shower valve (favored by most designers) would minimize flooding of the building if, for example, the shower were maliciously activated, it does not afford maximum help to the injured user. Since a person would have to use one hand to keep the valve open, efforts to remove clothing or wipe away offending materials would be greatly hampered.</p> <p>Although emergency showers are rarely used, their use when necessary can mean the difference between superficial burns and serious disfigurement, or loss of life. In some cases where such showers have not been activated for long periods, they have been found inoperative. It is essential that emergency showers be provided and tested from time to time to determine that their valves are in good operating condition. Advance planning needs to be made to handle the water that will flow in a test.</p> <p>Floor drains in areas of hospitals and other health care facilities are likely to dry out if the floors are not wet-mopped regularly, and dry traps can permit passage of gases, vapors, odors, and vermin. Since a floor drain will be of great value if a safety shower is used, resulting in the release of several hundred gallons of water, it is recommended that floor drains be filled with water regularly, or in new construction that some plumbing be provided to fill the traps manually, automatically, or incidentally by plumbing design.</p> <p>Another consideration is to be sure that all holes in floor slabs that have not been sealed around pipes to prevent the passage of smoke be so sealed, and in a manner that will prevent water from flowing to lower floors from the discharge of an emergency shower or sprinkler head.</p>	K 134		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 134	Continued From page 8 Wall-mounted portable eye wash stations do not contain an adequate supply of water for the 15-minute flushing recommended by chemical manufacturers.	K 134		
K 136	NFPA 101 LIFE SAFETY CODE STANDARD Procedures for laboratory emergencies are developed. Such procedures include alarm actuation, evacuation, and equipment shutdown procedures, and provisions for control of emergencies that could occur in the laboratory, including specific detailed plans for control operations by an emergency control group within the organization or a public fire department in accordance with NFPA 99, 10.2.1.3.1, 19.3.2.1 This Standard is not met as evidenced by: Based on interview and record review, it was determined the facility failed to provide documentation of procedures for laboratory emergencies. This resulted in the potential for the facility's inability to effectively deal with the care, health and safety of patients, staff and other individuals when a laboratory emergency occurred. The facility has the capacity for 25 beds with a census of 6 the day of survey. Findings include: Review of the hospital emergency operation plan there was no evidence of a laboratory specific section for laboratory emergencies. There were no plans available detailing procedures for alarm actuation, evacuation and equipment shutdown procedures, and provisions for control of emergencies that could occur in the laboratory, including specific detailed plans for control operations by an emergency control group within	K 136	K 136 Corrective Action: The Identified area: There was not a laboratory specific section for laboratory emergencies in the hospital emergency operation plan. A laboratory emergency procedure will be established for alarm, actuation, evacuation, equipment shutdown, and area security in correlation with the hospital emergency operation plan. Completion date of June 1, 2013. Other individuals: All hospital staff, patients, visitors have the ability to be affected by this. Systemic Change: Laboratory personnel will be trained on procedure for alarm, actuation, evacuation, equipment shutdown, area security, as well as extinguishing clothing fires the laboratory staff meeting on April 25, 2013. Monitor: The Laboratory Safety Officer will include training at the laboratory staff meetings and the annual procedure manual reviews.	4/15/13

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

Printed: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 136	Continued From page 9 the organization or a public fire department. There were no procedures established for extinguishing clothing fires. When asked about the plan, on 03/19/13 at 1:08 p.m. the facility ' s laboratory manager thought the hospital's emergency operations plan was all encompassing for all departments within the hospital including the laboratories. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 03/19/13. Actual NFPA Standard: NFPA 99, 10-2.1.3 Emergency Procedures. 10-2.1.3.1 Procedures for laboratory emergencies shall be developed. Such procedures shall include alarm actuation, evacuation, and equipment shutdown procedures, and provisions for control of emergencies that could occur in the laboratory, including specific detailed plans for control operations by an emergency control group within the organization or a public fire department. 10-2.1.3.3 Emergency procedures shall be established for extinguishing clothing fires.	K 136		
K 141	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This Standard is not met as evidenced by: Based on observation and interview, the facility failed to post the required precautionary sign at an oxygen storage location. The facility has the capacity for 25 beds with a census of 6 the day of survey.	K 141	K 141 Corrective Action: The Identified Area: On 3/20/13 a "No Smoking" sign was installed on the exterior door of the oxygen storage room on the north side of the building. Systemic Change: Maintenance Supervisor is aware of the standard in accordance with NFPA 99 Monitor: Maintenance Supervisor will perform weekly checks to assure that the "No Smoking" sign is in place. Quality: Maintenance Supervisor will report to the facility's Safety Committee quarterly, beginning in June 2013.	4/15/13

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

Printed: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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 141	<p>Continued From page 10 The findings include:</p> <p>Observation on 03/19/13 at 12:40 p.m., revealed that the oxygen storage room on the north side of the building accessible from the exterior was not posted with a "No Smoking" sign. Interview with the Maintenance Supervisor on 03/19/13 at 12:40 p.m., revealed that the facility was not aware that oxygen storage location was missing the "No Smoking" sign.</p> <p>The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 03/19/13.</p> <p>Actual NFPA Standard: NFPA 99, 8-3.1.11.3. A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS (ES) STORED WITHIN NO SMOKING.</p>	K 141		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a single story structure of Type II (111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm system was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.</p> <p>The following deficiencies were cited at the above facility during a recertification survey conducted on March 19, 2013. The facility was surveyed under IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho</p> <p>The Survey was conducted by:</p> <p>Tom Mroz, CFI-II Health Facility Surveyor Facility Fire/Life Safety and Construction Program B161</p>	B 000		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety</p>	BB161		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Care Harrison* TITLE: *Administrator* (X6) DATE: *4-12-13*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2013
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(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) COMPLETE DATE
BB161	Continued From Page 1 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 the following Federal tags on CMS 2567: 1.) K012 Penetrations 2.) K076 Compressed gas storage 3.) K131 Controlling Chemical Spills 4.) K132 Continuing Safety Education 5.) K134 Emergency Shower 6.) K136 Emergency Procedures for Laboratory 7.) K141 No Smoking signage	BB161	BB161 Refer to K012 Refer to K076 Refer to K131 Refer to K132 Refer to K134 Refer to K136 Refer to K141	4/15/13

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.