



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

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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May 3, 2011

Rick Richards, Administrator  
Northern Idaho Advanced Care Hospital  
600 North Cecil Road  
Post Falls, Idaho 83854

RE: Northern Idaho Advanced Care Hospital, Provider ID# 132001

Dear Mr. Richards:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Northern Idaho Advanced Care Hospital, on April 13, 2011.

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.

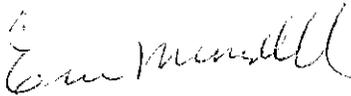
Rick Richards, Administrator  
May 3, 2011  
Page 2 of 2

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 **May 16, 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,

A handwritten signature in cursive script, appearing to read "Eric Mundell".

ERIC MUNDELL  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosure

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

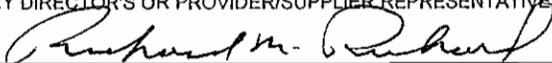
PRINTED: 05/02/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  132001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  04/13/2011
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NAME OF PROVIDER OR SUPPLIER  NORTHERN IDAHO ADVANCED CARE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH CECIL ROAD POST FALLS, ID 83854
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(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>The hospital building is a single story, 43,887 square foot structure of non-combustible type II (000) construction, subdivided into two smoke zones. The building was completed in January 2006 and was issued a hospital license for forty (40) beds in February 2006. The building is protected throughout by a fire sprinkler system; has an addressable fire alarm/smoke detection system; portable fire extinguishers throughout; eight (8) exits to grade plus ancillary service area entry/exits; Level 1 Medical Gas system, and, a Type 1 Essential Electrical System.</p> <p>The following deficiencies were cited during a Fire/Life Safety survey conducted on April 12-13, 2011. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy and 42 CFR 482.41(b). Census during the survey was 25.</p> <p>The survey was conducted by:</p> <p>Eric Mundell REHS Facility Fire/Life Safety &amp; Construction Program</p> <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 on observation it was determined that the</p>	K 000	<p style="text-align: right;">MAY 18 2011</p> <p><b>K-029 NFPA 101 Life Safety Code Standard</b></p> <ul style="list-style-type: none"> <li>Effective 4/14/2011 the appropriate automatic closure device was added to the door on the High Obs supply area which will reduce the potential for smoke or heat to infiltrate corridors potentially affecting all patients. This and all similar ¾ hour fire-rated doors without windows will be evaluated at a minimum quarterly during facility safety surveys. Any deficiencies will be corrected immediately. Findings and corrective actions will be reported at a minimum quarterly to the Safety Committee, QC, MEC, and GB. <b>Person(s) Responsible: DPO, DQRM, Safety Officer, DTO</b></li> </ul>	
K 029		K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 5/16/11
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  NORTHERN IDAHO ADVANCED CARE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH GECIL ROAD POST FALLS, ID 83854	
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K 029	Continued From page 1 facility had not ensured all hazardous areas were separated from the corridors by an enclosure. Lack of enclosure would allow smoke and heat to infiltrate the corridors in case of fire and would potentially affect all residents. The census was 25 according to facility documentation.  The findings include:  Observation on April 12, 2011 at 4:27 p.m. disclosed that the door to the ICU medical supply storage room was not self-closing. The designated use of the area had been changed to storage from a physicians' sleeping room and was located adjacent to and across the corridor from the liquid oxygen transfilling room.  The condition was observed by the surveyor and the maintenance director.  NFPA 101 reference: 18.3.2 Protection from Hazards. 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.  7.2.1.8 Self-Closing Devices. 7.2.1.8.1* A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2.	K 029		
K 143	NFPA 101 LIFE SAFETY CODE STANDARD  Transferring of oxygen is:	K 143		

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K 143	<p>Continued From page 2</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview it was determined that the facility had not ensured that the liquid oxygen (LOX) transfilling room had proper safety placards displayed for the room. The census was 25 as shown on facility documentation.</p> <p>The findings include:</p> <p>Observation on April 12, 2011 at 4:20 p.m. disclosed that the entry way door to the transfilling room did not have a placard that stated: "No Smoking, Transfilling Room". The maintenance director stated at the time of the observation that the room had been put into service approximately May 2009 and the proper signs needed to be placed.</p> <p>The condition was observed by the maintenance director and the surveyor.</p>	K 143	<p><b>K-143 NFPA 101 Life Safety Code Standard</b></p> <ul style="list-style-type: none"> <li>The addition of appropriate signage in the form of a placard reading "No Smoking, Transfilling Room" placed on 4/14/2011 helps ensure a safe environment for all individuals including patients, staff, and visitors.</li> </ul> <p>Quarterly safety surveys ensure ongoing compliance with standards. Survey results will be reported at a minimum quarterly to the Safety Committee, QC, MEC, and GB to include survey findings and corrective action taken as appropriate. <b>Person(s) Responsible: DPO, DQRM, Safety Officer, DTO</b></p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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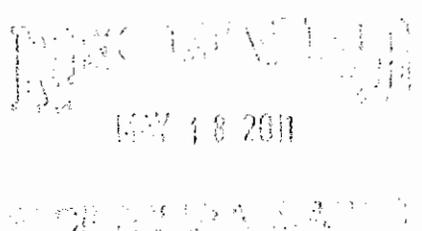
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Bureau of Facility Standards

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B 000	16.03.14 Initial Comments  The hospital building is a single story, 43,887 square foot structure of non-combustible type II (000) construction. The building was completed in January 2006 and was issued a hospital license for forty (40) beds in February 2006. The building is protected throughout by a fire sprinkler system; has an addressable fire alarm/smoke detection system; portable fire extinguishers throughout; eight (8) exits to grade plus ancillary service area entry/exits; Level 1 Medical Gas system, and, a Type 1 Essential Electrical System.  The following deficiency was cited during a Fire/Life Safety survey conducted on April 12 -13, 2011. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho). Census during the survey was 25.  The survey was conducted by:  Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program	B 000	 <p><b>BB499 Fire and Life Safety Standards</b></p> <ul style="list-style-type: none"> <li>The addition of appropriate signage in the form of a placard reading "No Smoking, Transfiling Room" placed on 4/14/2011 helps ensure a safe environment for all individuals including patients, staff, and visitors. Quarterly safety surveys ensure ongoing compliance with standards. Survey results will be reported at a minimum quarterly to the Safety Committee, QC, MEC, and GB to include survey findings and corrective action taken as appropriate. <b>Person(s) Responsible: DPO, DQRM, Safety Officer, DTO</b></li> </ul>	
BB499	16.03.14.510.01 Fire & Life Safety Standards, General Require  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. (10-14-88)  01. General Requirements. General requirements for the fire and life safety standards for a hospital are that: (10-14-88)	BB499		

Bureau of Facility Standards

*Richard M. Richard*

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

TITLE

CEO

(X6) DATE

5/16/11

Bureau of Facility Standards

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BB499	Continued From page 1  a. The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. (10-14-88)  b. 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. (10-14-88)  This Rule is not met as evidenced by: Refer to federal CMS form 2567 and K tags K029 and K143 regarding self-closing doors for hazardous areas and oxygen safety placards.	BB499	<b>BB499 Fire and Life Safety Standards</b>  <ul style="list-style-type: none"> <li>Effective 4/14/2011 the appropriate automatic closure device was added to the door on the High Obs supply area which will reduce the potential for smoke or heat to infiltrate corridors potentially affecting all patients. This and all similar ¾ hour fire-rated doors without windows will be evaluated at a minimum quarterly during facility safety surveys. Any deficiencies will be corrected immediately. Findings and corrective actions will be reported at a minimum quarterly to the Safety Committee, QC, MEC, and GB. <b>Person(s) Responsible: DPO, DQRM, Safety Officer, DTO</b></li> </ul>	