



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

June 8, 2011

Norman Stephens, Administrator
Portneuf Medical Center
777 Hospital Way
Pocatello, ID 83201

RE: Portneuf Medical Center, Provider ID# 130028

Dear Mr. Stephens:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Portneuf Medical Center, on May 18, 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.

Norman Stephens, Administrator
June 8, 2011
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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 **June 21, 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 black ink, appearing to read 'M.P. Grimes', with a stylized flourish at the end.

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

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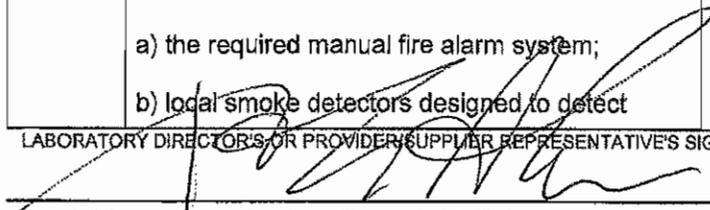
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130028	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2011
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NAME OF PROVIDER OR SUPPLIER PORTNEUF MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 777 HOSPITAL WAY POCATELLO, ID 83201
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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>Portneuf Medical Center is a six story Type 1 constructed hospital building, approximately 400,000 square feet, with attached Medical Office Building, separate Cancer Center building and parking structure. The five levels provide patient care and the sixth level is mechanical. Plans were approved in January of 2010 and construction completed in May of 2011. The new building opened on May 10, 2011 for complete occupancy with a capacity of 187 beds.</p> <p>The facility is fully sprinklered, with complete smoke detection and fire alarm system, type 1 Essential Electrical Service, and level 1 Medical Gas and Vacuum System.</p> <p>The following deficiencies were cited at the above facility during the Life Safety survey conducted on May 17 -18, 2011. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy and in accordance with 42 CFR 482.41.(b)</p> <p>The surveyor conducting the survey was: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p>	K 000	<p style="text-align: center;">RECEIVED JUN 21 2011 FACILITY STANDARDS</p>	
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K 021	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system; b) local smoke detectors designed to detect</p>	K 021	<p>K 021 Plan of Correction</p> <p>1. Automatic release devices have been added to the Materials Management doors. The Human Resources and Volunteer staff have been educated that the storage room doors in their respective departments cannot be propped open.</p>	1. Completed 6/7/2011
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ACTING Administrator	(X6) DATE 6/20/2011
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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 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 021	Continued From page 1 smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 18.2.2.2.6 7.2.1.8.2 This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure doors in hazardous area separations would self close upon activation of the fire sprinkler and smoke detection system. This deficient practice would allow fire products to move unconstrained through fire/smoke separations. Findings include: During the facility tour on 5-18-2011 between 9:00 AM and 10:30 AM, observation of the fire separation doors in Materials Management revealed the double doors were propped open by improvised means and would not self close. Interview with the Chief Engineer indicated he was unaware the doors were being propped open, and immediately implemented interim life safety measures. Additional doors were found to be propped open in Human Resources and the gift shop storage room. Actual NFPA standard: LSC 101, 2000 Edition 18.2.2.2.6* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or	K 021	K 021 Plan of Correction - continued 2. All hazardous area enclosures throughout the hospital shall be identified. The directors/managers with such enclosures shall be oriented and shall orient their staff that the doors to these rooms cannot be propped open. The need for additional automatic release devices shall be provided as needed. 3. Hazardous area enclosures shall be periodically monitored to ensure that compliance with this standard is maintained. 4. The Engineering and Security departments shall monitor for compliance no less than monthly for the next six months with documentation submitted to the hospital Safety Committee. Based on the findings of whether or not the deficient practice is recurring, the Safety Committee may reduce or increase the frequency of inspection, as deemed appropriate to ensure full compliance.	2. 8/21/2011 3. 7/31/2011 . . . 4. 7/31/2011

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K 021	Continued From page 2 hazardous area enclosure (except boiler rooms, heater rooms, and mechanical equipment rooms) shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system and the fire alarm system, and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.	K 021		
K 038	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This Standard is not met as evidenced by: Based upon observation and interview it was determined that the facility failed to ensure exit discharge was unobstructed to a public way. Failure to provide accessible exit discharge prevents egress to a safe area by wheelchairs, beds and mobility impaired persons. Findings include:	K 038	K 038 Plan of Correction 1. A cement side walk has been added to the level one North corridor exit (near the OR suite) which discharges to a public way. 2. All other exit accesses were observed to be in compliance. 3. Any future remodels that add additional exits from the building shall comply with this standard 4. No corrective actions are needed at this time.	1. Completed 05/30/11 2. Completed 05/18/2011 3. N/A 4. N/A
	During the facility tour on May 17, 2011 at approximately 4:30 PM, observation revealed the level one North corridor exit (near the OR suite) discharge did not connect to a public way or parking area, there was approximately 30 feet of landscaped surface to cross before a hard surface area was available. This was observed by the surveyor and acknowledged as a potential problem during snow and wet weather by the Chief Engineer. Actual NFPA Standard:			

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K 104	<p>Continued From page 4</p> <p>During the facility tour and above ceiling inspection conducted on May 17 & 18, 2011, observation revealed several penetrations of smoke barriers, corridors and hazardous areas enclosures.</p> <p>Observation of the smoke barrier above the cross corridor doors near ED/Fast Track revealed two-four inch electrical conduits, not filled to prevent the passage of smoke, observation of the barriers at rooms CC2-121 and C1-528 also revealed unsealed conduits.</p> <p>Actual NFPA Standard: LSC 101-2000</p> <p>8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.</p>	K 104			

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K 104	Continued From page 5 b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose.	K 104		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure use of adequate electrical circuits thereby preventing the need for extension cords and multi plug adaptors. Failure to ensure the proper circuitry is used can overload circuits endangering surgical patients and/or cause a fire. Findings include: During the facility tour on May 17, 2011 at approximately 4:10 PM; observation revealed a heavy duty extension cord plugged into a single circuit on the equipment boom in operating room (OR) #8. That cord powered a relocatable power tap (RPT) labeled "ACE", which powered another heavy duty extension cord, which powered a 3:1 multiplug adaptor, which powered a Neptune 2 waste management unit. Observation revealed 10 duplex receptacles powered by six different circuits within reach of the Neptune unit cord. The same electrical cord setup was also observed in OR # 6 & OR # 5 during the OR tour	K 147	K 147 Plan of Correction 1. The OR Director was oriented on the Life Safety Code/Standard for Electrical Safety and the inappropriate use of non-hospital grade power strips and limiting the use of extension cords when more preferable options were available. The OR staff were then oriented. The use of these devices has been discontinued in the OR. 2. Other clinical procedure areas in the hospital, such as the ED trauma rooms, Cath Labs, CVOR's, C-Section OR's, and Endoscopy procedures rooms shall be inspected to ensure that electrical equipment is powered in accordance with NFPA 70, National Electrical Code 9.1.2. The results of this surveillance shall be reported to the hospital Safety Committee. 3. The Electrical Safety Program shall be reviewed and communicated to department directors to reinforce the hospital's policy on limiting the use of extension cords and multiple outlet power strips. When allowed in patient treatment areas, these devices must be hospital grade and suitable for the intended application in accordance with this standard.	1. Completed 5/19/2011 2. 6/30/2011 3. 7/31/11

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K 147	Continued From page 6 within the next 15 minutes. When the OR Manager was interviewed at approximately 4:30 PM, he stated that this cord use was a standard setup, and that staff had not gotten used to the additional power circuits being available, he stated he would correct the situation that evening. Actual NFPA Standard: NFPA 70, National Electrical Code, 1999 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. (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	K 147	K 147 Plan of Correction-continued 4. Under the direction of the Engineering department, clinical procedure areas shall be inspected monthly for six months to assess compliance with the hospital Electrical Safety Program. Results of the monitoring and any deficient practices shall be reported to the hospital Safety Committee. Based on whether or not the deficient practice is recurring, the Safety Committee may extend, reduce or increase the frequency of inspection, as deemed appropriate.	4. 7/14/2011 (1st Safety Committee Report)

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K 147	Continued From page 7 equipment shall be installed and used in accordance with any instructions included in the listing or labeling.	K 147			

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B 000	<p>16.03.14 Initial Comments</p> <p>Portneuf Medical Center is a six story Type 1 constructed hospital building, approximately 400,000 square feet, with attached Medical Office Building, separate Cancer Center building and parking structure. The five levels provide patient care and the sixth level is mechanical. Plans were approved in January of 2010 and construction completed in May of 2011. The new building opened on May 10, 2011 for complete occupancy with a capacity of 187 beds.</p> <p>The facility is fully sprinklered, with complete smoke detection and fire alarm system, type 1 Essential Electrical Service, and level 1 Medical Gas and Vacuum System.</p> <p>The following deficiencies were cited at the above facility during the Life Safety survey conducted on May 17 -18, 2011. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy and in accordance with 42 CFR 482.41.(b) and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.</p> <p>The surveyor conducting the survey was:</p>	B 000	<p>RECEIVED</p> <p>JUN 21 2011</p> <p>FACILITY STRATEGISTS</p>	
BB161	<p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p> <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 that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that:</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

TITLE

(X8) DATE

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BB161	Continued From Page 1 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 deficiencies identified on Federal Form 2567 K021 Doors Not Self Closing K038 Exit Discharge K104 Penetrations K147 Electrical Safety	BB161	<i>Refer To Federal Form 2567</i> <i>Per Record on 6-22-11 mfo</i>	

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