



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 28, 2012

Louis Kraml, Administrator
Bingham Memorial Hospital
98 Poplar Street
Blackfoot, ID 83221

RE: Bingham Memorial Hospital, Provider #131325

Dear Mr. Kraml:

On May 24, 2012, a follow-up visit of your facility, Bingham Memorial Hospital, was conducted to verify corrections of deficiencies noted during the survey of March 20, 2012.

We were able to determine that the Condition of Participation of **Clinical Records (42 CFR 485.638)** is now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,

AIMEE HASTRITER
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

AH/srm

Enclosures

ec: Kate Mitchell, CMS Region X Office



DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Division of Survey & Certification

IMPORTANT NOTICE – PLEASE READ CAREFULLY

June 7, 2012

Louis Kraml, Administrator
Bingham Memorial Hospital
98 Poplar Street
Blackfoot, ID 83221

CMS Certification Number: 13-1325

Re: Restore “deemed” status through Joint Commission accreditation

Dear Mr. Kraml:

The Idaho Bureau of Facility Standards (State survey agency) conducted a recertification survey concluded on May 24, 2012. Based on the finding of your survey and the accepted plan of correction (PoC), the State survey agency determined that Bingham Memorial Hospital has met all the Medicare Hospital Conditions of Participation.

As a result of Bingham Memorial Hospital compliance with federal requirements, the Centers for Medicare and Medicaid Services (CMS) will reinstate the hospital’s Medicare “deemed” status through The Joint Commission and remove the hospital from the State survey agency’s survey jurisdiction. Copies of this letter are being provided to the State survey agency and the Joint Commission (JC).

If you have any questions, please contact me by telephone at (206) 615-2432 or by email linda.bedker@cms.hhs.gov.

Sincerely,

Linda Bedker, RN, MN, MPH
Health Insurance Specialist
Survey, Certification and Enforcement Branch

cc: Idaho Bureau of Facility Standards
Joint Commission



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 6, 2012

Louis Kraml, Administrator
Bingham Memorial Hospital
98 Poplar Street
Blackfoot, ID 83221

RE: Bingham Memorial Hospital, Provider #131325

Dear Mr. Kraml:

This is to advise you of the findings of the Medicare/Licensure survey at Bingham Memorial Hospital, which was concluded on May 24, 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.

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 hospital into compliance, and that the 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 and State Form 2567.

Louis Kraml, Administrator
June 6, 2012
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **June 18, 2012**, and keep a copy for your records.

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

Sincerely,

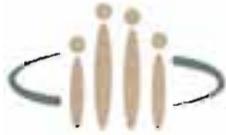


AIMEE HASTRITER
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

AH/srm
Enclosures



BINGHAM MEMORIAL HOSPITAL
Experience Bingham!

98 Poplar Street
Blackfoot, Idaho 83221
208.785.4100
208.785.3806 - fax
www.binghammemorial.org

RECEIVED

JUN 25 2012

FACILITY STANDARDS

June 22, 2012

Idaho Department of Health & Welfare
Attention: Ms. Aimee Hastriter & Ms. Sylvia Creswell
3232 Elder Street
Boise, ID 83720-0009

Re: Medicare/Licensure Survey, May 24, 2012

Dear Ms. Hastriter & Ms. Creswell:

Enclosed is our corrective action plan from the Medicare/Licensure Survey concluded on May 24, 2012. I trust that the changes to our processes, the development of improve policies and procedures, staff training, and the implementation of this plan will better meet the needs of the communities we serve.

If you have any questions, please feel free to contact me.

Sincerely,

Louis D. Kraml, CEO
Bingham Memorial Hospital
98 Poplar Street
Blackfoot, ID 83221
208-785-3804

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	------------------------------------------------------------------	------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
---------------------------------------------------------------	----------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your critical access hospital. Surveyors conducting the recertification were:</p> <p>Aimee Hastriter RN, BS, HFS, Team Lead Susan Costa RN, HFS Karen Dewey RN, BSN Tom Mroz HFS, CFI-II</p> <p>Acronyms used in this report include:</p> <p>cc - cubic centimeter CDC - Center for Disease Control and Prevention CNO - Chief Nursing Officer DOMS/MNS - Director of Medical Surgical/Maternal Newborn Services H&P - History and Physical IR - Interventional Radiology IV - Intravenous LPN - Licensed Practical Nurse mcg - microgram mg - milligram POC - Plan of Care RN - Registered Nurse</p>	C 000	<p>RECEIVED</p> <p>JUN 25 2012</p> <p>FACILITY STANDARDS</p>	
C 276	<p>485.635(a)(3)(iv) PATIENT CARE POLICIES</p> <p>[The policies include the following:]</p> <p>rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable</p>	C 276	<p>Patient Care Policies:</p> <p>Issue #1, page 2:</p> <p>Education on Policy #3599, Medication Administration and Federal Regulation USP 797, was provided to the staff and physician of the dermatology clinic. Education centered on the importance of not pre-filling syringes and that all drugs</p>	5/30/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 6/22/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that all 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: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 276	<p>Continued From page 1 drugs are not available for patient use.</p> <p>This STANDARD is not met as evidenced by: Based on review of policies, observation, and interview it was determined the facility failed to ensure syringes were labeled, and the receipt and distribution of samples medications were maintained in a manner consistent with current standards of practice and hospital policy in 1 of 1 outpatient clinic toured. These failures had the potential to result in incorrect administration of medications and inadequate pharmacy control in the case of recalled or missing medications. Findings include:</p> <p>1. Syringes were pre-filled by a nurse and not labeled in accordance with acceptable standards of practice as follows:</p> <p>The outpatient dermatology clinic was toured on 5/23/12 from 1:40 PM to 3:30 PM. The Outpatient Manager and an LPN who worked in the clinic were present for the tour. During the tour, a plastic tray containing six 3 cc syringes was found. The syringes were not labeled, contained 3 cc of a clear liquid, and had needles attached.</p> <p>The LPN explained that the syringes contained 1% Xylocaine and that she had pre-filled the syringes in an effort to save time that afternoon. When questioned how others would know the contents of the syringes, she stated the other two staff members knew the syringes contained Xylocaine.</p>	C 276	<p>transferred from one container to another must be labeled with the drug name, strength/concentration, the fill date, expiration date and the initials of the person who transferred the medication. All employees and the physician signed the meeting agenda to show that they received the education. Education was provided by Craig Oswald, Practice Administrator on May 30, 2012.</p> <p>All employees will receive Policy #3599 and the Federal Regulation requirements at New Employee Orientation classes beginning in July of 2012. Any deviation from the policy and federal regulation requirements will result in discipline according to Policy #2567, Disciplinary Action.</p> <p>Craig Oswald, Practice Administrator, is responsible for the corrective action.</p> <p>(Policy #3599 and 2567 attached.)</p> <p>Issue #2, page 3:</p> <p>Education on Policy #2711, Physician Service Organization Compliance-Controlled Substances, was provided to the staff and physician of the dermatology clinic on May 30, 2012 by Craig Oswald, Practice Administrator. All employees and the physician signed the</p>	
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 276	<p>Continued From page 2</p> <p>The "Textbook of Basic Nursing," published by Wolters Kluwer Health/Lippincott Williams and Wilkins in 2008, stated that all medications must be properly labeled with the patient's name, the medication name and dosage, and the medication expiration date.</p> <p>The facility failed to ensure all syringes containing medication were labeled in accordance with accepted standards of practice.</p> <p>2. Records of receipt and distribution of sample medications were not maintained as follows:</p> <p>The outpatient dermatology clinic was toured on 5/23/12 from 1:40 PM to 3:30 PM. The Outpatient Manager and an LPN who worked in the clinic were present for the tour. Two locked cabinets were noted to contain oral and topical drug samples. The LPN presented a notebook and stated the patient name, the drug sample provided, the lot number and expiration date of the samples provided were to be recorded in the notebook. However, the notebook contained only one entry, dated 5/23/12. She was unable to provide any other entries or past history of samples provided to patients. The LPN stated she did not know where the notebook log entries were.</p> <p>The outpatient dermatology clinic was revisited on 5/24/12 at 10:00 AM with the Outpatient Manager and the Back Office Manager. During the revisit, 25 different sample medications were noted to be available for distribution to patients.</p> <p>During an interview on 5/23/12 at 3:30 PM, the Director of Pharmacy Services stated the</p>	C 276	<p>meeting agenda to show that they received the education. Their signatures also signify their commitment to keeping the sample logs current.</p> <p>Any deviation from the policy and federal regulation requirements will result in discipline according to Policy #2567, Disciplinary Action.</p> <p>Craig Oswald, Practice Administrator, is responsible for this part of the corrective action.</p> <p>Pharmacy amended their audit form that is used to audit the nursing stations in the facility to reflect the exact areas that are audited. The audit form was amended on June 14, 2012 and began use this date. Audit forms will be kept in the Pharmacy Director's office. Audits are conducted monthly by the Pharmacy Director.</p> <p>Wade Flowers, Pharmacy Director, is responsible for this part of the corrective action.</p> <p>(Policy # 2711 and pharmacy audit form attached.)</p>	
-------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221	
(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
C 276	Continued From page 3 outpatient clinic was responsible for tracking all medications that were received and distributed at the clinic. He stated he randomly conducted audits of the clinic sample drug log to ensure compliance, but was not able provide documentation to support an audit report or log from the dermatology clinic. The hospital's policy, "Sample Medications," revised 12/21/10, was reviewed. The policy outlined the procedure to follow regarding sample medications in outpatient locations. According to the policy, each sample medication given to a patient was to be documented in a log with the date, patient name, drug name and strength, quantity, prescriber name, nurse signing out the sample drug, the lot number and expiration date listed on the package. In addition, the policy indicated each sample medication was to be labeled with the directions for use.	C 276		
C 278	The facility failed to ensure the pharmacy adequately maintained control of all medications supplied and distributed in the outpatient clinic. 485.635(a)(3)(vi) PATIENT CARE POLICIES [The policies include the following:] a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel. This STANDARD is not met as evidenced by: Based on staff interview, observation of patient care, and review of hospital policies, it was determined the facility failed to ensure the implementation of procedures to avoid potential	C 278	Patient Care Policies: Issue #1, page 5: Staff Training: Education on Policy #500, Dressing Change Procedure in Rehab Services, and Policy #522, Wound Measuring, will be given by [REDACTED] MSPT, CWS (Certified Wound Specialist). All physical therapists and occupational therapists will attend. Staff will sign an acknowledgment form upon completion of the education.	7/16/2012

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 278	<p>Continued From page 4</p> <p>transmission of infections and communicable diseases. This directly impacted 1 of 2 patients (#11) whose wound care was observed and 1 of 1 outpatient clinic toured. It had the potential to impact all staff and patients in the facility. Failure to follow policies and standard precautions had the potential to allow for transmission of infections. Findings include:</p> <p>1. Infection prevention standards were not followed during a wound dressing change as follows:</p> <p>Patient #11 was a 69 year old male admitted to the facility on 5/15/12 for wound care and antibiotics related to a wound infection following a surgical procedure on his right lower leg. Patient #11's record indicated he had daily dressing changes that were performed by a physical therapist.</p> <p>A wound dressing change was observed on 5/23/12 at 10:20 AM. The Physical Therapist brought a plastic tote with her into the room and placed it on a towel that partially covered the bedside table. The bedside table also held a patient water mug with straw and personal items. The Physical Therapist took dressing supplies from the plastic tote and placed them on the towel. Patient #11 had two lower leg wounds on his right leg. Each dressing was changed separately. The first dressing was removed and discarded. The Physical Therapist reached into the plastic tote with dressing supplies and took out a small square retractable measuring tape. She extended the tape measure, placed it against Patient #11's leg wound to measure, then retracted it and placed it back into the plastic tote.</p>	C 278	<p>Education will be completed by July 16, 2012.</p> <p>Education on Policy #520, Treatment Parameters and Policy #516, Rehabilitation Documentation, will be given by [REDACTED] OTR/L, Director of Rehabilitation Services. All physical therapists, occupational therapists, and speech therapists will attend. Staff will be taught to document in the Therapy Section of the patient's electronic medical record. Documentation is expected to be accurate and describe the planned intervention, the services provided, and the patient's response to the intervention. Staff will sign an acknowledgement form upon completion of the education. Education will be completed by July 16, 2012. Routine documentation audits on all charts will be done weekly to check for policy compliance. The Director of Rehabilitation Services or his designee is responsible to conduct the audits. If non-compliance is found during the audit, a documentation correction request is given to the therapist.</p> <p>Education on Policy #921, Hand Washing/Hand Antisepsis, and Policy #916, Bloodborne Pathogens Exposure Control Plan, will be given by [REDACTED] Infection Preventionist. All physical therapists, occupational therapists, aides, office staff and speech therapists will attend. Staff will sign an acknowledgement form upon completion of the education. Education will be completed by November 1, 2012 in conjunction with annual hospital reorientation.</p> <p><u>Wound Care Totes:</u> Wound care totes are no longer used in the facility. The patient's individual wound care supplies will be contained in plastic bags marked with the</p>	
-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 278	<p>Continued From page 5</p> <p>She then took sterile gauze and poured sterile normal saline on the gauze. With her gloved hands, she folded the gauze and squeezed the excess fluid out, then cleansed the wound bed with the moistened gauze. After cleansing the wound, the Physical Therapist debrided the wound with a curette. The gloves had not been changed after touching the measuring tape, leg, normal saline container, and gauze package, thus the moistened gauze was contaminated before cleaning the wounds. The same method of measuring and cleaning the second wound on Patient #11's leg was observed.</p> <p>A policy, "Dressing Change Procedure in Rehab Services," revised 3/02/12, stated wounds were to be cleaned with sterile normal saline and debrided using sterile gauze and instruments as needed.</p> <p>After the dressing change was completed, the Physical Therapist was questioned about the plastic tote that contained dressing change supplies. She stated the plastic tote was stored in the physical therapy department on a shelf. She stated she would replace supplies and send the scissors to be cleaned and sterilized. The Physical Therapist confirmed there was no name or tag on the tote to ensure it was only used by Patient #11. The Physical Therapist was unable to describe how the retractable measuring tape would be cleaned and stated she did not know how others cleaned it. The Physical Therapist confirmed she had squeezed out the gauze using dirty gloves and stated she did not realize she had potentially contaminated the wound in doing so.</p>	C 278	<p>patient's name and kept in the patient room. Wound care debridement tools will be placed in an instrument container and transported to Sterile Supply Department after use. Disposable wound measurement tools will be discarded after every use. All physical and occupational therapists will be educated on this change during staff training (above). Acknowledgement forms will be signed after the education. Education will be completed by July 16, 2012.</p> <p>Greg Winn, Director of Rehabilitation Services, is responsible for the corrective action.</p> <p>(Policies #500, #522, #520, #516, #921 and #916 are attached.)</p> <p>(Weekly Medical Record Audit and Rehab Correction forms attached.)</p> <p>Issue #2, page 7:</p> <p>Education on Policy #916, Bloodborne Pathogens Exposure Control Plan, was provided to the dermatology clinic regarding the State surveyor finding. The staff discussed the survey findings and the requirements of the policy. The soiled instruments were moved to the MOHS lab area where no personal or</p>	
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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
C 278	<p>Continued From page 6</p> <p>A wound was changed without using aseptic technique in accordance with hospital policy. Contaminated wound dressing change supplies were returned to the physical therapy department prior to being sanitized.</p> <p>2. The outpatient dermatology clinic stored soiled instruments and staff food in the same location as follows:</p> <p>The outpatient dermatology clinic was toured on 5/23/12 from 1:40 PM to 3:30 PM. The Outpatient Manager and an LPN who worked in the clinic were present for the tour. The LPN described the movement of patients through the clinic, procedures performed, and identified work areas. She stated the work area that contained a sink, refrigerator, counters, computers and phone was the nursing station. The LPN stated the sink was designated as a "dirty" sink, for washing used instruments. However, on the left back corner next to the sink were two bottles of personal hand soap, one bottle of personal hand lotion, and a bottle of hand sanitizer. There was a paper towel dispenser mounted on the wall behind the sink. When asked where the staff washed their hands, she pointed to the sink that she had stated was the designated dirty sink.</p> <p>To the left of the sink, under the counter, was a small refrigerator. There was a sign designating the refrigerator as "Staff Food Only." To the right on the counter beside the sink, was a covered metal tray. The LPN stated the instruments used in the clinic were placed in the tray and sent to the hospital for processing and sterilization. Below the dirty instrument tray, a drawer was noted to have pre-filled and unlabeled 3 cc</p>	C 278	<p>or food items are allowed. The education was provided by Craig Oswald, Practice Administrator, on May 30, 2012. All staff members signed the meeting agenda showing their understanding of the new practice. The change in practice began on May 31, 2012.</p> <p>Craig Oswald, Practice Administrator, is responsible for the corrective action.</p> <p>(Policy #916 attached.)</p> <p>Issue #3, page 8:</p> <p>Education on Policy #921, Hand Washing/Hand Antisepsis, was provided to the staff and physician of the dermatology clinic. Staff signed the meeting agenda to show their understanding of the policy requirements. Education was given by Craig Oswald, Practice Administrator, on May 30, 2012.</p> <p>Dermatology hand hygiene compliance will be monitored and reported to the Infection Control Committee on a quarterly basis. Alondra Trejo, Back Office Liaison, is responsible for this part of the corrective action.</p> <p>Craig Oswald, Practice Administrator, is</p>	

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 278	<p>Continued From page 7</p> <p>syringes for patient use, a container of flavored drink concentrate, deodorant, toothbrush, hand lotion, and plastic bags with "biohazard" labels.</p> <p>The Outpatient Manager participated in the tour and confirmed the sink area held personal hand cleaning and moisturizing products as well as being designated by the LPN as a "dirty" sink. When questioned about the proximity of the staff refrigerator to the dirty sink and instruments, as well as personal use items and food, the Outpatient Manager stated he was not aware the instruments were brought out to that area.</p> <p>The facility failed to separate clean and dirty areas to maintain sanitation.</p> <p>3. Staff failed to practice hand hygiene in accordance with standards of practice as follows:</p> <p>The outpatient dermatology clinic was toured on 5/23/12 from 1:40 PM to 3:30 PM. The Outpatient Manager and an LPN who worked in the clinic were present for the tour. During the tour, an LPN working with clinic patients was observed carrying soiled instruments from a patient exam room to the nurse's station. The LPN rinsed the instruments off in the sink and then placed them in a covered metal tray on the counter next to the sink. The LPN removed her gloves, then walked down the corridor to a desk area and opened a file box, as if looking for something. She returned to the nursing station and opened a laptop computer, typed on the keyboard, closed the laptop, then returned to the desk area. The LPN reached into her right pocket, removed keys, opened a locked cabinet, took something out and locked the cabinet. The</p>	C 278	<p>responsible for the corrective action.</p> <p>(Policy #921 attached.)</p>	
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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	
C 278	Continued From page 8 LPN then opened the door to a patient exam room and entered the room. She did not use hand sanitizer or wash her hands after removing her gloves and prior to the next task. The Outpatient Manager participated in the tour and also observed that the LPN did not use hand hygiene after removing her gloves and prior to moving to the next task. According to the CDC's "Guideline for Hand Hygiene in Health-Care Settings," from 10/25/02, hand washing or hand antiseptics should be performed before and after direct contact with patients, after removing gloves, and after contact with inanimate objects near a patient.	C 278			
C 297	The facility did not ensure staff compliance with infection control standards. 485.635(d)(3) NURSING SERVICES All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and Federal and State laws. This STANDARD is not met as evidenced by: Based on review of hospital policies and medical records, and staff interviews, it was determined the facility failed to ensure verbal orders were authenticated for 1 of 1 patient (#13) whose procedure was observed in IR. The lack of authenticated orders made it difficult to determine	C 297	Nursing Services: A policy was developed for the Interventional Radiology/Cath Lab to insure that verbal orders given during procedures are documented correctly and verified by the physician following the procedure. Because verbal orders are necessary during a procedures of this nature, repeat back is required at the time the order is given, and documentation occurs at the end of the procedure. Policy #3903, Verbal Orders for Medications Given in the IR/Cath Lab, will	6/27/2012	

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 297	<p>Continued From page 9 if orders were executed per physician order. Findings include:</p> <p>A policy titled "Telephone, Verbal and Written Orders for Medication," approved 9/23/11, stated, "The prescribing practitioner must sign the written record of the verbal/telephone order within 24 hours of giving the order." This was not done in the following example:</p> <p>1. Patient #13 was a 73 year old male admitted 5/22/12 for an ultrasound guided femoral angioplasty and was observed in IR from 1:15 PM to 3:15 PM. During the procedure the physician gave verbal orders for administration of the following medications:</p> <p>- 2:40 PM - 25 mcg Fentanyl IV and 1 mg Versed IV - 3:04 PM - 1 mg Versed IV and 7,000 units Heparin IV</p> <p>Patient #13's record was reviewed following the procedure. The verbal orders had been documented by the RN under the section of the procedure report titled "IV Information Medication Events-M." However, the verbal orders were not co-signed by the physician.</p> <p>The Quality Assistant was interviewed 5/24/12 at 11:05 AM. He reviewed Patient #13's record and agreed the verbal orders had not been co-signed by the physician. He stated for all patients in IR the physician signed a post-procedure note, which included the total amounts of medications given, but did not sign the verbal orders for the individual doses of medication administered during the procedure.</p>	C 297	<p>be presented at Clinical Practice Council on June 27, 2012, for approval.</p> <p>Electronic documentation for the Interventional Radiology/Cath Lab procedure was amended to include a signature line by the physician that states, "I verify that each dose of medication administered was given as a verbal order and documentation is correct."</p> <p>Physicians and staff members were educated to the changes on June 20, 2012. An acknowledgement form was signed by staff on June 20, 2012.</p> <p>David Moreno, IR/Cath Lab Manager is responsible for the corrective action.</p> <p>(Policy #3903, Interventional Radiology/Cath Lab procedure sheets, and employee acknowledgement forms attached.)</p>	
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 297	Continued From page 10	C 297		
C 298	<p>Verbal orders were not authenticated by the physician for IR procedures.</p> <p>485.635(d)(4) NURSING SERVICES</p> <p>A nursing care plan must be developed and kept current for each inpatient.</p> <p>This STANDARD is not met as evidenced by: Based on review of policies and medical records, and interview it was determined the facility failed to ensure a comprehensive nursing care plan was developed for 6 of 20 inpatients (#5, #6, #7, #11, #14, and #15) whose records were reviewed. Failure to develop a nursing care plan inclusive of all pertinent nursing needs had the potential to negatively impact the continuity of patient care. Findings include:</p> <p>The hospital's "Patient Care Plans" policy, effective 4/13/12, was reviewed. According to the policy, "The plan of care/problem list shall be individualized, based on the diagnosis, nursing care treatments and medical treatments, patient assessment and personal goals of the patient and his/her family."</p> <p>Nursing care plans were incomplete as follows:</p> <p>1. Patient #7 was an 86 year old female admitted to the hospital on 5/19/12 for treatment related to shortness of breath and pneumonia. The H&P, completed by the physician on 5/19/12, indicated Patient #7 used a pain pump to manage chronic low back pain and scoliosis. In addition, the physician documented Patient #7 had a history of chronic obstructive pulmonary disease.</p>	C 298	<p>Nursing Services:</p> <p>Nursing:</p> <p>Staff Training:</p> <p>All nursing staff will be educated on the necessity to individualize care plans at Staff Meeting. Nurses will be educated that all care plans must be individualized for each patient. This individualization must be based on the patient diagnosis, nursing care treatments, medical treatments, patient assessments and personal goals of the patient/family. This education will be completed by June 27, 2012.</p> <p>An audit tool has been developed to assess nursing's care plan individualization. Each nurse is responsible to audit his/her own patients' care plans daily. The audits will be turned in to the department manager for review. The department manager will review these care plans and the nurse will receive a care plan feedback tool that will outline any corrections that need to be made to the care plan. The nurses will begin audit</p>	6/27/2012

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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
C 298	<p>Continued From page 11</p> <p>Patient #7's "Patient Care Plan Report," initiated 5/20/12 at 3:16 PM, included goals, interventions, and monitoring for activity intolerance, fall risk, change in physiologic status, and knowledge deficit. In addition, the Physical Therapist created a POC to address the physical therapy goals and interventions regarding Patient #7's activity intolerance.</p> <p>The POC did not address Patient #7's altered respiratory status or her chronic pain. The nursing care plan, therefore, did not include goals and interventions related to these diagnoses or allow for documentation of Patient #7's response to the interventions utilized.</p> <p>The Quality Assistant was interviewed on 5/21/12 at 2:20 PM. He reviewed Patient #7's POC and confirmed it did not address nursing care treatment needs related to respiratory or pain status.</p> <p>Patient #7's nursing care plan was not comprehensive to include respiratory or pain goals and interventions.</p> <p>2. Patient #15 was an 86 year old male admitted to the hospital on 4/26/12 for an incision and debridement of a wound on his right calf, which was to be completed on 4/27/12. He was discharged on 4/30/12.</p> <p>Patient #15's "Patient Care Plan Report," initiated 4/26/12 at 2:12 PM, included goals, interventions, and monitoring for safety, pain, change in physiological status, and knowledge deficit. In addition, the POC addressed skin integrity. However, the POC did not differentiate between</p>	C 298	<p>their own care plans on June 28, 2012.</p> <p>Shandra Averett, Med/Surg Director is responsible for the corrective action.</p> <p>(Nursing Care Plan Audit Tool attached.)</p> <p>Ongoing Care Plan Review</p> <p>Every Monday and Thursday during Interdisciplinary Team Meeting, the hospital patients are reviewed in depth, including care plans. The Department Manager will audit all of the patient charts to assess for care plan individualization based on the patient diagnosis, nursing care treatments, medical treatments, patient assessments and personal goals of the patient/family. If the care plans are not individualized, the nurse will receive a care plan feedback tool that will outline any corrections that need to be made to the care plan. Any nurse who receives three (3) care plan feedback tools for failing to correct the same item on the care plan will receive a verbal but written warning. The next failure to correct will result in a written warning and if the nurse fails to make the correction a third time, after verbal and written warnings, they will be terminated. The feedback tool and warnings will commence on June 29, 2012.</p>	

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 298	<p>Continued From page 12</p> <p>goals, interventions, and monitoring of IV sites, the surgical wound, and overall skin integrity. The POC did not include information relating to prescribed wound care of the surgical site.</p> <p>The Quality Assistant was interviewed on 5/23/12 at 3:15 PM. He reviewed Patient #15's medical record and confirmed the POC did not contain specific goals and interventions related to wound care.</p> <p>Patient #15's nursing care plan was not comprehensive to include specific goals and interventions for wound care.</p> <p>3. Patient #14 was a 62 year old female admitted to the hospital on 4/26/12 for care after a fall at home. She was discharged on 4/30/12. The physician completed an H&P on 4/26/12, and documented Patient #14 suffered from acute renal failure and had a history of chronic pain syndrome and Parkinson's Disease. The physician documented Patient #14 had limited range of motion, bruising, and abrasions on her right side as a result of her fall. In addition, he ordered a physical therapy assessment and treatment to improve Patient #14's safety and mobility.</p> <p>A nursing assessment, completed by an RN on 4/27/12 at 11:02 AM, indicated Patient #14 stated her shoulder and wrist ached, but that the abrasions to her cheek and knee felt much better with a dressing over them. A subsequent wound evaluation by the Physical Therapist was documented on 4/27/12 at 11:21 AM. The Physical Therapist documented the size and description of the wound and indicated a Mepilex</p>	C 298	<p>(Care plan feedback tool attached.)</p> <p>Shandra Averett, Med/Surg Director is responsible for the corrective action.</p> <p>Physical Therapy:</p> <p>Education on Policy #520, Treatment Parameters and Policy #516, Rehabilitation Documentation (which includes the plan of care), will be given by [REDACTED] OTR/L, Director of Rehabilitation Services. All physical therapists, occupational therapists, and speech therapists will attend. Staff will be taught to document in the Therapy Section of the patient's electronic medical record. Documentation is expected to be accurate and describe the planned intervention, the services provided, and the patient's response to the intervention. Staff will sign an acknowledgement from upon completion of the education. Education will be completed by July 16, 2012. Routine documentation audits on all charts will be done weekly to check for policy compliance. The Director of Rehabilitation Services or his designee is responsible to conduct the audits. If non-compliance is found during the audit, a documentation correction requests is given to the therapist.</p>	
-------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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
C 298	<p>Continued From page 13</p> <p>Border was to be used for the abrasion on Patient #14's cheek and knee and was to be changed twice a week.</p> <p>Patient #14's "Patient Care Plan Report," initiated 4/26/12 at 8:37 PM, included goals, interventions, and monitoring for change in physiological status, knowledge deficit, pain, safety, and skin integrity. However, the POC did not include goals and interventions related to the physical therapy evaluation and Patient #14's impaired mobility. In addition, the POC did not address the nursing care treatment needs for wound assessments or dressing changes.</p> <p>The Quality Assistant was interviewed on 5/23/12 at 3:15 PM. He reviewed Patient #14's medical record and confirmed the POC did not address activity level or impaired mobility or the wound care to be provided and monitored.</p> <p>Patient #14's nursing care plan was not comprehensive to include goals and interventions related to impaired mobility or wound care.</p> <p>4. Patient #5 was a 64 year old female admitted to the hospital on 5/21/12 for treatment related to confusion and low sodium levels. The "Patient Care Plan Report," initiated 5/21/12 at 2:26 PM, included nursing diagnoses related to knowledge deficit, skin integrity, safety, and change in physiologic status. Interventions included reeducating as needed due to occasional confusion and bed alarm on in case unable to use call light. It did not address the admitting diagnosis of confusion, such as assessing for orientation and neurological status.</p>	C 298	<p>(Policy #520 and #516 attached.)</p> <p>Greg Winn, Director of Rehabilitation Services, is responsible for the corrective action.</p>	

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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	
C 298	<p>Continued From page 14</p> <p>The Assistant CNO was interviewed 5/24/12 at 10:15 AM. She reviewed Patient #5's care plan and stated it did not address the admitting diagnosis of confusion and should have.</p> <p>Patient #5's care plan was not developed to address the admitting diagnosis.</p> <p>5. Patient #6 was a 22 year old female admitted to the hospital on 5/20/12 for attempted suicide through overdose. The "Patient Care Plan Report," initiated 5/21/12 at 2:46 AM, included nursing diagnoses related to safety, knowledge deficit, and change in physiologic status. Interventions included 1:1 observation, monitoring vital signs and intake/output, and neurological checks every 3 hours. It did not address the psychological or emotional needs, such as assessing for suicidal ideation, life changes, and support systems.</p> <p>The Assistant CNO was interviewed 5/24/12 at 10:15 AM. She reviewed Patient #6's care plan and stated it did not address issues related to the admitting diagnosis of suicide attempt and should have.</p> <p>Patient #6's care plan was not developed to address the admitting diagnosis.</p> <p>6. Patient #11 was a 62 year old male admitted to the hospital on 4/15/12 for wound care and antibiotics related to cellulitis of his right leg.</p> <p>Patient #11's "Patient Care Plan Report," initiated 5/15/12, and last updated 5/22/12 at 12:20 PM, included goals, interventions, and monitoring for safety, pain, change in physiological status, and</p>	C 298			

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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	
C 298	Continued From page 15 knowledge deficit. In addition, the POC addressed skin integrity. However, the POC did not differentiate between goals, interventions, and monitoring of IV sites, the surgical wound, and overall skin integrity. The POC did not include information relating to prescribed wound care of the surgical site. In an interview on 5/23/12 at 10:25 AM, the Physical Therapist that was preparing to change Patient #11's dressing stated there were no specifically outlined instructions for his wound care. She stated "Every patient is unique and we use our best judgement in determining what type of wound care is provided at the time of the dressing change." The Physical Therapist stated she did not enter dressing change information into the patient plan of care. In an interview on 5/23/12 at 11:20 AM, the DOMS/MNS reviewed Patient #11's medical record and confirmed the POC did not contain specific goals and interventions related to wound care. Patient #11's nursing care plan was not comprehensive to include specific goals and interventions for wound care.	C 298			
C 304	485.638(a)(4)(i) RECORDS SYSTEMS For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief	C 304	Records Systems: Beginning June 25, 2012, Admissions will begin collecting consent forms on all newborn infants. When no Admission clerk is available or on nights and week-ends, the OB Department nurses will obtain the consent from the legal guardian of the infant. The Admission	6/22/2012	

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 304	<p>Continued From page 16 summary of the episode, disposition, and instructions to the patient;</p> <p>This STANDARD is not met as evidenced by: Based on record review, policy review, and staff interview, it was determined the facility failed to ensure a consent for admission and treatment was obtained and placed in each newborn patient record for 3 of 3 newborns (#2, #4, and #16) whose records were reviewed. This resulted in treatment and procedures completed without parental consent, as well as, an incomplete medical record. Findings include:</p> <p>The facility's "Conditions of Admission to Bingham Memorial Hospital," revised 12/08/11, included sections for medical and surgical consent, release of information, and the financial agreement. Under the medical and surgical consent portion, the patient signed consent for "services which may be performed during this hospitalization...and which may include but are not limited to laboratory procedures, radiology procedures, diagnostic procedures...medical, nursing or surgical treatments or procedures..." The form included a section to be signed by the patient or guardian.</p> <p>A policy, "Consent for Treatment," revised 4/11/12, included a section titled "CONSENT AND MINORS," which stated "...either the parent(s) or an appropriately designated legal guardian must give consent to medical treatment."</p> <p>The following newborn records did not contain</p>	C 304	<p>clerks were notified of this change on June 22, 2012. The consent will become a part of the permanent medical record.</p> <p>Katie Hazelbush, Patient Financial Services Director, is responsible for the corrective action.</p> <p>(Policy #3904, Newborn Consents attached.)</p>	
-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 304	<p>Continued From page 17 consent for treatment:</p> <p>a. Patient #16 was a female infant, born 3/21/12 and admitted to the nursery with respiratory distress. Her medical record documented she was transported to a referral facility for higher level of care on 3/23/12. Immediately upon delivery Patient #16 was placed on oxygen and started on antibiotics. Her record indicated she had daily blood tests and X-rays performed. There was no consent for treatment in her record.</p> <p>During an interview on 5/23/12 at 9:00 AM, the DOMS/MNS reviewed Patient #16's record and confirmed there was no consent for treatment.</p> <p>b. Patient #2 was a female infant, born 5/19/12 and admitted to the nursery for routine newborn care. Her medical record documented blood tests were done to assess blood sugar levels, and Vitamin K and Erythromycin were administered shortly after birth. Before discharge from the hospital on 5/21/12, Patient #2 had a hearing test, as well as, a blood test for newborn metabolic screening. There was no consent for treatment in her record.</p> <p>During an interview on 5/21/12 at 3:30 PM, the DOMS/MNS reviewed Patient #2's record and confirmed there was no consent for treatment.</p> <p>c. Patient #4 was a female infant, born 5/21/12 and admitted to the nursery for routine newborn care. Her medical record documented she had received Vitamin K and Erythromycin which were given shortly after birth. There was no consent for treatment in her record.</p>	C 304		
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

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

PRINTED: 06/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221
----------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

C 304	<p>Continued From page 18</p> <p>During an interview on 5/21/12 at 3:45 PM, the DOMS/MNS reviewed Patient #4's record and confirmed there was no consent. She confirmed it was not hospital procedure to obtain a separate consent for admission and treatment for newborn infants.</p> <p>During an interview on 5/23/12 at 1:00 PM, the CNO confirmed that once a newborn infant was delivered, the newborn was assigned his/her own medical record number and a separate patient chart was generated for the newborn. She stated it was her understanding the general consent for admission and treatment signed by the mother before delivery covered the baby as an implied consent.</p> <p>The facility did not ensure consent for admission and treatment was signed and placed in each newborn patient's medical record.</p>	C 304		
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDVRYD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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	16.03.14 Initial Comments The following deficiencies were cited during the state licensure survey of your critical access hospital. Surveyors conducting the recertification were: Aimee Hastriter RN, BS, HFS, Team Lead Susan Costa RN, HFS Karen Dewey RN, BSN Tom Mroz HFS, CFI-II Acronyms used in this report include: cc - cubic centimeter CDC - Center for Disease Control and Prevention CNO - Chief Nursing Officer DOMS/MNS - Director of Medical Surgical/Maternal Newborn Services H&P - History and Physical IR - Interventional Radiology IV - Intravenous LPN - Licensed Practical Nurse mcg - microgram mg - milligram POC - Plan of Care RN - Registered Nurse	B 000		
BB152	16.03.14.250.09 Medical Orders 09. Medical Orders. Written, verbal and telephone orders from persons authorized to give medical orders under Idaho law shall be accepted by those health care practitioners empowered to do so under Idaho law and written hospital policies and procedures. Verbal and telephone orders shall contain the name of the person giving the order, the first initial and last name and professional designation of the health care practitioners receiving the order. The order(s) shall be promptly signed or otherwise	BB152		Nursing Services: A policy was developed for the Interventional Radiology/Cath Lab to insure that verbal orders given during procedures are documented correctly and verified by the physician following the procedure. Because verbal orders are necessary during a procedures of this nature, repeat back is required at the time the order is given, and

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature]

TITLE
CEO

(X6) DATE
6/22/12

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDVRYD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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	
BB152	Continued From page 1 authenticated by the prescribing practitioner in a timely manner in accordance with the hospital's policy. (5-3-03) This Rule is not met as evidenced by: Refer to A297 as it relates to the failure of the facility to ensure verbal orders were authentication by the physician.	BB152	documentation occurs at the end of the procedure. Policy #3903, Verbal Orders for Medications Given in the IR/Cath Lab, will be presented at Clinical Practice Council on June 27, 2012, for approval. See BMH Survey Response, attachment 1.		
BB175	16.03.14.310.03 Patient Care Plans 03. Patient Care Plans. Individual patient care plans shall be developed, implemented and kept current for each inpatient. Each patient care plan shall include but is not limited to: (10-14-88) a. Nursing care treatments required by the patient; and (10-14-88) b. Medical treatment ordered for the patient; and (10-14-88) c. A plan devised to include both short-term and long-term goals; and (10-14-88) d. Patient and family teaching plan both for hospital stay and discharge; and (10-14-88) e. A description of socio-psychological needs of the patient and a plan to meet those needs. (10-14-88) This Rule is not met as evidenced by: Refer to A298 as it relates to the failure of the facility to ensure patient care plans were complete.	BB175	Nursing Services: Nursing: Staff Training: All nursing staff will be educated on the necessity to individualize care plans at Staff Meeting. Nurses will be educated that all care plans must be individualized for each patient. This individualization must be based on the patient diagnosis, nursing care treatments, medical treatments, patient assessments and personal goals of the patient/family. This education will be completed by June 27, 2012. An audit tool has been developed to assess nursing's care plan individualization. Each nurse is responsible to audit his/her own patients' care plans daily. The audits will be turned in to the department manager for review. The department manager will review See BMH Survey Response, attachment 2.	6/27/2012	
BB226	16.03.14.330.06 Safe Handling of Drugs	BB226	Safe Handling of Drugs	5/30/2012	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDVRYD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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
BB226	Continued From page 2 06. Safe Handling of Drugs. In addition to the rules listed below, written policies and procedures which govern the safe dispensing and administration of drugs shall be developed by the pharmacy and therapeutics committee with the cooperation and the approval of the medical staff. (10-14-88) a. The pharmacist shall review the prescriber's original order or a direct copy thereof; and (10-14-88) b. The pharmacist shall develop a procedure for the safe mixture of parenteral products; and (10-14-88) c. All medications shall be administered by trained personnel in accordance with accepted professional practices and any laws and regulations governing such acts; and (10-14-88) d. Each dose of medication administered shall be properly recorded as soon as administered in the patient's medication record which is a separate and distinct part of the patient's medical record; and (10-14-88) e. Drug reactions and medication errors shall be reported to the attending physician and pharmacist in accordance with hospital policy. (10-14-88) This Rule is not met as evidenced by: Refer to A276 as it relates to the failure of the CAH to ensure pharmacy oversight of sample medications dispensed in outpatient clinics.	BB226	Issue # 1, page 2: Education on Policy #3599, Medication Administration and Federal Regulation USP 797, was provided to the staff and physician of the dermatology clinic. Education centered on the importance of not pre-filling syringes and that all drugs transferred from one container to another must be labeled with the drug name, strength/concentration, the fill date, expiration date and the initials of the person who transferred the medication. All employees and the physician signed the meeting agenda to show that they received the education. Education was provided by Craig Oswald, Practice Administrator on May 30, 2012. All employees will receive Policy #3599 and the Federal Regulation requirements at New Employee Orientation classes beginning in July of 2012. Any deviation from the policy and federal regulation requirements will result in discipline according to Policy #2567, Disciplinary Action. Craig Oswald, Practice Administrator, is responsible for the corrective action. (Policy #3599 and 2567 attached.) Issue #2, page 3: Education on Policy #2711, Physician ... See BMH Survey Response, attachment 3.	
BB283	16.03.14.360.12 Record Content 12. Record Content. The medical records shall	BB283	Patient Care Policies:	5/30/2012

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDVRYD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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
BB283	Continued From page 3 contain sufficient information to justify the diagnosis, warrant the treatment and end results. The medical record shall also be legible, shall be written with ink or typed, and shall contain the following information: (10-14-88) a. Admission date; and (10-14-88) b. Identification data and consent forms; and (10-14-88) c. History, including chief complaint, present illness, inventory of systems, past history, family history, social history and record of results of physical examination and provisional diagnosis that was completed no more than seven (7) days before or within forty-eight (48) hours after admission; and (5-3-03) d. Diagnostic, therapeutic and standing orders; and (10-14-88) e. Records of observations, which shall include the following: (10-14-88) i. Consultation written and signed by consultant which includes his findings; and (10-14-88) ii. Progress notes written by the attending physician; and (10-14-88) iii. Progress notes written by the nursing personnel; and (10-14-88) iv. Progress notes written by allied health personnel. (10-14-88) f. Reports of special examinations including but not limited to: (10-14-88)	BB283	Issue #1, page 2: Education on Policy #3599, Medication Administration and Federal Regulation USP 797, was provided to the staff and physician of the dermatology clinic. Education centered on the importance of not pre-filling syringes and that all drugs transferred from one container to another must be labeled with the drug name, strength/concentration, the fill date, expiration date and the initials of the person who transferred the medication. All employees and the physician signed the meeting agenda to show that they received the education. Education was provided by [REDACTED] Practice Administrator on May 30, 2012. All employees will receive Policy #3599 and the Federal Regulation requirements at New Employee Orientation classes beginning in July of 2012. Any deviation from the policy and federal regulation requirements will result in discipline according to Policy #2567, Disciplinary Action. Craig Oswald, Practice Administrator, is responsible for the corrective action. (Policy #3599 and 2567 attached.) Issue #2, page 3:	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDVRYD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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
BB283	Continued From page 4 i. Clinical and pathological laboratory findings; and (10-14-88) ii. X-ray interpretations; and (10-14-88) iii. E.K.G. interpretations. (10-14-88) g. Conclusions which include the following: (10-14-88) i. Final diagnosis; and (10-14-88) ii. Condition on discharge; and (10-14-88) iii. Clinical resume and discharge summary; and (10-14-88) iv. Autopsy findings when applicable. (10-14-88) h. Informed consent forms. (10-14-88) i. Anatomical donation request record (for those patients who are at or near the time of death) containing: (3-1-90) i. Name and affiliation of requestor; and (3-1-90) ii. Name and relationship of requestee; and (3-1-90) iii. Response to request; and (3-1-90) iv. Reason why donation not requested, when applicable. (3-1-90) This Rule is not met as evidenced by: Refer to A304 as it relates to the failure of the facility to ensure consent was obtained for the admission and treatment for newborn patients.	BB283	Education on Policy #2711, Physician Service Organization Compliance-Controlled Substances, was provided to the staff and physician of the dermatology clinic on May 30, 2012 by Craig Oswald, Practice Administrator. All employees and the physician signed the meeting agenda to show that they received the education. Their signatures also signify their commitment to keeping the sample logs current. Any deviation from the policy and federal regulation requirements will result in discipline according to Policy #2567, Disciplinary Action. Craig Oswald, Practice Administrator, is responsible for this part of the corrective action. Pharmacy amended their audit form that is used to audit the nursing stations in the facility to reflect the exact areas that are audited. The audit form was amended on June 14, 2012 and began use this date. Audit forms will be kept in the Pharmacy Director's office. Audits are conducted monthly by the Pharmacy Director. Wade Flowers, Pharmacy Director, is responsible for this part of the ... See BMH Survey Response, attachment 4.	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDVRYD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2012
NAME OF PROVIDER OR SUPPLIER BINGHAM MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 98 POPLAR STREET BLACKFOOT, ID 83221		
(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
BB540 BB540	Continued From page 5 16.03.14.540.03 Infection Control & Prevention Procedures 03. Infection Control and Prevention Procedures. There shall be a written infection control procedure which shall include aseptic techniques, cleaning, sanitizing, and disinfection of all instruments, equipment and surfaces, for all departments and services of the hospital where patient care is rendered. (10-14-88) This Rule is not met as evidenced by: Refer to A278 as it relates to the failure of the CAH to ensure hospital staff adhered to appropriate infection control practices.	BB540 BB540	Patient Care Policies: Issue #1, page 5: Staff Training: Education on Policy #500, Dressing Change Procedure in Rehab Services, and Policy #522, Wound Measuring, will be given by [REDACTED] MSPT, CWS (Certified Wound Specialist). All physical therapists and occupational therapists will attend. Staff will sign an acknowledgment form upon completion of the education. Education will be completed by July 16, 2012. Education on Policy #520, Treatment Parameters and Policy #516, Rehabilitation Documentation, will be given by [REDACTED] OTR/L, Director of Rehabilitation Services. All physical therapists, occupational therapists, and speech therapists will attend. Staff will be taught to document in the Therapy Section of the patient's electronic medical record. Documentation is expected to be accurate and describe the planned intervention, the services provided, and the patient's response to the intervention. Staff will sign an acknowledgement form upon completion of the education. Education will be completed by July 16, 2012. ... See BMH Survey Response, attachment 5.	7/16/2012

BB152 Nursing Services:

Continued from page 2.

...

Electronic documentation for the Interventional Radiology/Cath Lab procedure was amended to include a signature line by the physician that states, "I verify that each dose of medication administered was given as a verbal order and documentation is correct."

Physicians and staff members were educated to the changes on June 20, 2012. An acknowledgement form was signed by staff on June 20, 2012.

David Moreno, IR/Cath Lab Manager is responsible for the corrective action.

(Policy #3903, Interventional Radiology/Cath Lab procedure sheets, and employee acknowledgement forms attached.

BB 175: Nursing Services:

Continued from page 2.

,,, these care plans and the nurse will receive a care plan feedback tool that will outline any corrections that need to be made to the care plan. The nurses will begin audit their own care plans on June 28, 2012.

Shandra Averett, Med/Surg Director is responsible for the corrective action.

(Nursing Care Plan Audit Tool attached.)

Ongoing Care Plan Review

Every Monday and Thursday during Interdisciplinary Team Meeting, the hospital patients are reviewed in depth, including care plans. The Department Manager will audit all of the patient charts to assess for care plan individualization based on the patient diagnosis, nursing care treatments, medical treatments, patient assessments and personal goals of the patient/family. If the care plans are not individualized, the nurse will receive a care plan feedback tool that will outline any corrections that need to be made to the care plan. Any nurse who receives three (3) care plan feedback tools for failing to correct the same item on the care plan will receive a verbal but written warning. The next failure to correct will result in a written warning and if the nurse fails to make the correction a third time, after verbal and written warnings, they will be terminated. The feedback tool and warnings will commence on June 29, 2012.

(Care plan feedback tool attached.)

Shandra Averett, Med/Surg Director is responsible for the corrective action.

Physical Therapy:

Education on Policy #520, Treatment Parameters and Policy #516, Rehabilitation Documentation (which includes the plan of care), will be given by Greg Winn, OTR/L, Director of Rehabilitation Services. All physical therapists, occupational therapists, and speech therapists will attend. Staff will be taught to document in the Therapy Section of the patient's electronic medical record. Documentation is expected to be accurate and describe the planned intervention, the services provided, and the patient's response to the intervention. Staff will sign an acknowledgement from upon completion of the education. Education will be completed by July 16, 2012. Routine documentation audits on all charts will be done weekly to check for policy compliance. The Director of Rehabilitation Services or his designee is responsible to conduct the audits. If non-compliance is found during the audit, a documentation correction requests is given to the therapist.

(Policy #520 and #516 attached.)

Greg Winn, Director of Rehabilitation Services, is responsible for the corrective action.

BB 226: Safe Handling of Drugs

Continued from page 3.

...Service Organization Compliance-Controlled Substances, was provided to the staff and physician of the dermatology clinic on May 30, 2012 by Craig Oswald, Practice Administrator. All employees and the physician signed the meeting agenda to show that they received the education. Their signatures also signify their commitment to keeping the sample logs current.

Any deviation from the policy and federal regulation requirements will result in discipline according to Policy #2567, Disciplinary Action.

Craig Oswald, Practice Administrator, is responsible for this part of the corrective action.

Pharmacy amended their audit form that is used to audit the nursing stations in the facility to reflect the exact areas that are audited. The audit form was amended on June 14, 2012 and began use this date. Audit forms will be kept in the Pharmacy Director's office. Audits are conducted monthly by the Pharmacy Director.

Wade Flowers, Pharmacy Director, is responsible for this part of the corrective action.

(Policy # 2711 and pharmacy audit form attached.)

BB 283: Patient Care Policies:

Continued from page 5.

... corrective action.

(Policy # 2711 and pharmacy audit form attached.)

Beginning June 25, 2012, Admissions will begin collecting consent forms on all newborn infants. When no Admission clerk is available or on nights and week-ends, the OB Department nurses will obtain the consent from the legal guardian of the infant. The Admission clerks were notified of this change on June 22, 2012. The consent will become a part of the permanent medical record.

Katie Hazelbush, Patient Financial Services Director, is responsible for the corrective action.

BB 540: Patient Care Policies:

Continued from page 6.

...

Routine documentation audits on all charts will be done weekly to check for policy compliance. The Director of Rehabilitation Services or his designee is responsible to conduct the audits. If non-compliance is found during the audit, a documentation correction request is given to the therapist.

Education on Policy #921, Hand Washing/Hand Antisepsis, and Policy #916, Bloodborne Pathogens Exposure Control Plan, will be given by [REDACTED], Infection Preventionist. All physical therapists, occupational therapists, aides, office staff and speech therapists will attend. Staff will sign an acknowledgement form upon completion of the education. Education will be completed by November 1, 2012 in conjunction with annual hospital reorientation.

Wound Care Totes: Wound care totes are no longer used in the facility. The patient's individual wound care supplies will be contained in plastic bags marked with the patient's name and kept in the patient room. Wound care debridement tools will be placed in an instrument container and transported to Sterile Supply Department after use. Disposable wound measurement tools will be discarded after every use. All physical and occupational therapists will be educated on this change during staff training (above). Acknowledgement forms will be signed after the education. Education will be completed by July 16, 2012.

Greg Winn, Director of Rehabilitation Services, is responsible for the corrective action.

(Policies #500, #522, #520, #516, #921 and #916 are attached.) (Weekly Medical Record Audit and Rehab Correction forms attached.)

Issue #2, page 7:

Education on Policy #916, Bloodborne Pathogens Exposure Control Plan, was provided to the dermatology clinic regarding the State surveyor finding. The staff discussed the survey findings and the requirements of the policy. The soiled instruments were moved to the MOHS lab area where no personal or food items are allowed. The education was provided by Craig Oswald, Practice Administrator, on May 30, 2012. All staff members signed the meeting agenda showing their understanding of the new practice. The change in practice began on May 31, 2012.

Craig Oswald, Practice Administrator, is responsible for the corrective action.

(Policy #916 attached.)

Issue #3, page 8:

Education on Policy #921, Hand Washing/Hand Antisepsis, was provided to the staff and physician of the dermatology clinic. Staff signed the meeting agenda to show their understanding of the policy requirements. Education was given by Craig Oswald, Practice Administrator, on May 30, 2012.

Dermatology hand hygiene compliance will be monitored and reported to the Infection Control Committee on a quarterly basis. Alondra Trejo, Back Office Liaison, is responsible for this part of the corrective action.

Craig Oswald, Practice Administrator, is responsible for the corrective action.

(Policy #921 attached.)