



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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CORRECTED COPY

August 17, 2011

Michael Andrus, Administrator
Franklin County Medical Center
44 North First East
Preston, Idaho 83263

RE: Franklin County Medical Center, Provider ID# 131322

Dear Mr. Andrus:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Franklin County Medical Center, on August 9, 2011.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other

Michael Andrus, Administrator
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issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

This is a revised version of the survey report (form 2567) that was mailed to your facility on August 17, 2011. Please replace that report with this version, as the text on page 7 contained an error on a date . After you have completed your Plan of Correction, return the original to this office by August 30, 2011, and keep a copy for your records.

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

Sincerely,



MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

Printed: 08/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2011
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 44 NORTH FIRST EAST PRESTON, ID 83263
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K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story type II (111) building with a partial sprinkler system. Original construction was in 1961 with an addition in 1984. There have been substantial remodels. Currently the facility is licensed for 20 hospital beds.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on August 9, 2011. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623.</p> <p>In addition to the standard LIFE SAFETY CODE requirements the facility was evaluated based on the Fire Safety Evaluation System/Health Care (FSES/HC).</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p>RECEIVED AUG 30 2011 FACILITY STANDARDS</p> <p><i>see attached</i></p>	
K 056	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p>	K 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CFO	(X6) DATE 8-29-11
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 056	Continued From page 1 This Standard is not met as evidenced by: Based on observation the facility did not ensure that the building was provided with a complete automatic sprinkler system in accordance with NFPA 13. The lack of complete automatic sprinkler protection can allow an incipient fire to grow and spread. The facility had a census of eight patients on the day of the survey. This deficiency affected all patients, staff and visitors present on the day of the survey. Findings include: During the tour of the facility on August 9, 2011 between the hours of 9:00 AM and 2:00 PM, observation of the facility revealed that sprinkler protection was not provided in all required areas. The facility is composed of three smoke compartments. One compartment has sprinklers installed in the corridor only, the second and third compartments have sprinklers installed in some offices and not in the corridors. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor. Actual Code Reference NFPA 13 - 1999 Edition Chapter 5 Installation Requirements 5-1.1* The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers installed throughout the premises (2) Sprinklers located so as not to exceed maximum protection area per sprinkler (3) Sprinklers positioned and located so as to	K 056		

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K 056	Continued From page 2 provide satisfactory performance with respect to activation time and distribution Exception No. 1: For locations permitting omission of sprinklers, see 5-13.1, 5-13.2, and 5-13.9. Exception No. 2: When sprinklers are specifically tested and test results demonstrate that deviations from clearance requirements to structural members do not impair the ability of the sprinkler to control or suppress a fire, their positioning and locating in accordance with the test results shall be permitted. Exception No. 3: Clearance between sprinklers and ceilings exceeding the maximum specified in 5-6.4.1, 5-7.4.1, 5-8.4.1, 5-9.4.1, 5-10.4.1, and 5-11.4.1 shall be permitted provided that tests or calculations demonstrate comparable sensitivity and performance of the sprinklers to those installed in conformance with these sections.	K 056		
K 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Based on record review and interview the facility did not ensure that the partial sprinkler system was being maintained in accordance with NFPA 25. Properly maintaining the sprinkler system helps to ensure system reliability. The facility had a census of eight patients on the day of survey. This deficiency affected all patients, staff and visitors present on the day of the survey. Findings include:	K 062		

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K 062	<p>Continued From page 3</p> <p>During record review on August 9, 2011 at 9:15 AM, it was determined that the facility was not able to provide documented quarterly sprinkler system inspection records. When questioned the maintenance Supervisor stated that he was unaware of the requirement for quarterly sprinkler inspections.</p> <p>Actual Code Reference</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 Edition</p> <p>2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage.</p> <p>2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly.</p>	K 062		
K 070	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that the use of portable space heaters was prohibited. The use of portable heating devices have</p>	K 070		

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K 070	Continued From page 4 historically been the cause of fires. The facility had a census of eight patients on the day of survey. This deficiency affected three patients and fourteen staff members in one of three smoke compartments. Findings include: During the tour of the facility on August 9, 2011 at 11:20 AM, observation of the physical therapy department revealed a portable space heater that was plugged into an outlet. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor. This deficiency was corrected during the survey by the Maintenance Supervisor. Actual NFPA Standard: 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in nonsleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C).	K 070		
K 072	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This Standard is not met as evidenced by: Based on observation it was determined that the	K 072		

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K 072	Continued From page 5 facility failed to maintain the means of egress free of all obstructions. Obstructions in the means of egress slows evacuation and can create an unsafe exit path. The facility had a census of eight patients on the day of survey. These deficiencies affected five patients and twenty six staff members in two of three smoke compartments. Findings include: 1. During the tour of the facility on August 9, 2011 at 10:50 AM, observation of the corridor by room #7 revealed a chair being stored in the corridor. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor. 2. During the tour of the facility on August 9, 2011 between the hours of 9:00 AM to 11:03 AM, observation of the out patient wing revealed two wheelchairs being stored in the corridor in front of electrical breaker panels. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor. These deficiencies were corrected during the survey by the Facility Administrator and the Maintenance Supervisor.	K 072			
K 077	NFPA 101 LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA 99, Chapter 4. This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that compressed gas cylinders were properly secured.	K 077			

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K 077	<p>Continued From page 6</p> <p>Cylinders that are not properly secured could fall over and possibly rupture. The facility had a census of eight patients on the day of survey. This deficiency affected all patients, staff and visitors present on the day of the survey.</p> <p>Findings include:</p> <p>During the tour of the facility on August 9, 2011 at 12:00 PM, observation of the medical gas manifold revealed twelve K sized oxygen, four K size nitrogen, four K size nitrous oxide, one K size helium, and one K size carbon dioxide cylinders that were not individually secured. When questioned about the cylinders the Maintenance Supervisor stated that he was unaware that the cylinders were required to be individually secured.</p> <p>Actual NFPA Standard:</p> <p>4-3 Level 1 Piped Systems. 4-3.1 Piped Gas Systems (Source and Distribution) - Level 1. 4-3.1.1* Source - Level 1. 4-3.1.1.1 Cylinder and Container Management. Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over. (a) * Cylinders or supply containers shall be constructed, tested, and maintained in accordance with the U.S. Department of Transportation specifications and regulations. (b) Cylinder contents shall be identified by attached labels or stencils naming the components and giving their proportions. Labels and stencils shall be lettered in accordance with CGA Pamphlet C-4, Standard Method of Marking Portable Compressed Gas Containers to Identify the Material Contained. (c) Contents of cylinders and containers shall be</p>	K 077		

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K 077	Continued From page 7 identified by reading the labels prior to use. Labels shall not be defaced, altered, or removed.	K 077		
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This Standard is not met as evidenced by: Based on record review, interview and observation the facility did not ensure that the emergency generator and the battery were being inspected on a weekly basis in accordance with NFPA 110. Failure to inspect the generator and its battery on a weekly basis could result in the generator not starting or functioning properly in the event of a power outage. The facility had a census of eight patients on the day of survey. This deficiency affected all patients, staff and visitors present on the day of the survey. Findings include: During record review on August 9, 2011 at 9:33 AM, the facility was unable to provide documented weekly inspections for the generator or the battery electrolyte levels. When questioned about the weekly generator and battery inspections the Maintenance Supervisor stated that he was unaware of the requirement for weekly inspections.	K 144		

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K 144	Continued From page 8 Actual NFPA Standard: NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition 6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. 6-3.4 A written record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained on the premises. The written record shall include the following: (a) The date of the maintenance report (b) Identification of the servicing personnel (c) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (d) Testing of any repair for the appropriate time as recommended by the manufacturer 6-3 Maintenance and Operational Testing. 6-3.6* Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer ' s specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects.	K 144			
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Based on observation the facility did not ensure	K 147			

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K 147	<p>Continued From page 9</p> <p>that electrical wiring and equipment usage was in accordance with NFPA 70 and NFPA 99. Utilizing multiple electrical adapters and extension cords can lead to overloaded wiring and start a fire. The facility had a census of eight patients on the day of survey. These deficiencies affected five patients and twenty six staff members in two of three smoke compartments.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During the tour of the facility on August 9, 2011 at 10:55 AM, observation of the nurses' station revealed a multiple electrical adapter powering a laptop computer, a power strip, and a light. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor. 2. During the tour of the facility on August 9, 2011 at 11:16 AM, observation of the business office revealed an extension cord in use. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor. 3. During the tour of the facility on August 9, 2011 at 11:09 AM, observation of the billing office revealed a multiple electrical adapter in use. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor. <p>Actual Code Reference</p> <p>NFPA 70 National Electrical Code 1999 Edition 400-8. Uses Not Permitted Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <ol style="list-style-type: none"> 1. As a substitute for the fixed wiring of a 	K 147		

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K 147	<p>Continued From page 10</p> <p>structure</p> <p>2. Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors</p> <p>3. Where run through doorways, windows, or similar openings</p> <p>4. Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <p>5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>6. Where installed in raceways, except as otherwise permitted in this Code</p> <p>110.2 Approval. The conductors and equipment required or permitted by this Code shall be acceptable only if approved. FPN: See 90.7, Examination of Equipment for Safety, and 110.3, Examination, Identification, Installation, and Use of Equipment. See definitions of Approved, Identified, Labeled, and Listed.</p> <p>110.3 Examination, Identification, Installation, and Use of Equipment. (A) Examination. In judging equipment, considerations such as the following shall be evaluated: (1) Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. (2) Mechanical strength and durability, including, for parts designed to enclose and protect other</p>	K 147		

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K 147	Continued From page 11 equipment, the adequacy of the protection thus provided (3) Wire-bending and connection space (4) Electrical insulation (5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service (6) Arcing effects (7) Classification by type, size, voltage, current capacity, and specific use (8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.	K 147		
K 211	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 This Standard is not met as evidenced by:	K 211		

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

Printed: 08/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2011
NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 44 NORTH FIRST EAST PRESTON, ID 83263		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 211	<p>Continued From page 12</p> <p>Based on observation the facility did not ensure that alcohol based hand rub dispensers were not installed above or adjacent to an ignition source. An alcohol based hand rub dispenser installed above an ignition source could start a fire in case of dispenser leakage. The facility had a census of eight patients on the day of survey. This deficiency affected one patient and twenty staff members in one of three smoke compartments.</p> <p>Findings include:</p> <p>During the tour of the facility on August 9, 2011 at 11:15 AM, observation of the entry foyer to the emergency department revealed an alcohol based hand rub dispenser installed above an electrical wall mounted heater. This was observed and noted by the Facility Administrator, Maintenance Supervisor and Surveyor.</p> <p>Actual NFPA Standard: TIA 00-1 (NFPA 101-2000) 19.3.2.7* Alcohol-based Hand-rub Solutions. Alcohol-based hand-rub dispensers shall be protected in accordance with 8.4.3 unless all of the following conditions are met: (1) Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1.8 m). (2) The maximum individual dispenser fluid capacity shall be: (a) 0.3 gallons (1.2 liters) for dispensers in rooms, corridors, and areas open to corridors (b) 0.5 gallons (2.0 liters) for dispensers in suites of rooms (3) The dispensers shall have a minimum horizontal spacing of 4 ft (1.2 m) from each other. (4) Not more than an aggregate 10 gallons (37.8 liters) of alcohol-based hand rub solution shall be in use in a single smoke compartment outside of</p>	K 211		

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K 211	Continued From page 13 a storage cabinet. (5) Storage of quantities greater than 5 gallons (18.9 liters) in a single smoke compartment shall meet the requirements of NFPA 30, Flammable and Combustible Liquids Code. (6) The dispensers shall not be installed over or directly adjacent to an ignition source. (7) In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces shall be permitted only in sprinklered smoke compartments.	K 211			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2011
NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 44 NORTH FIRST EAST PRESTON, ID 83263	
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B 000	16.03.14 Initial Comments The facility is a single story type II (111) building with a partial sprinkler system. Original construction was in 1961 with an addition in 1984. There have been substantial remodels. Currently the facility is licensed for 20 hospital beds. The following deficiencies were cited during the annual fire/life safety survey conducted on August 9, 2011. The facility was surveyed in accordance with IDAPA 16.03.14 and the 1985 Edition of the Life Safety Code. In addition to the standard LIFE SAFETY CODE requirements the facility was evaluated based on the Fire Safety Evaluation System/Health Care (FSES/HC). The survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction	B 000	
BB161	16.03.14.510 Fire and Life Safety Standards	BB161	
	Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public.		

Idaho form

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

TITLE

(X6) DATE

STATE FORM

921199

IJCW21

If continuation sheet 1 of 2

CFO

8-27-11

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2011
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BB161	Continued From page 1 This Rule is not met as evidenced by: Refer to Federal K tags on the CMS 2567; 1. K211 Alcohol based hand rub dispensers. 2. K056 Sprinkler system installation. 3. K062 Quarterly sprinkler system inspections. 4. K070 Portable space heaters. 5. K072 Means of egress. 6. K077 Cylinder storage. 7. K144 Weekly generator inspections. 8. K147 Electrical wiring and usage.	BB161		

PLAN OF CORRECTION FOR THE STATE OF IDAHO - FRANKLIN COUNTY MEDICAL CENTER - HOSPITAL Provider # 131322

Date of Survey: August 9, 2011
 POC due: August 30, 2011

Signature of Administrator

Date 8-29-11

CRITERIA Include dates when corrective action will be completed:

- 1 What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice?
- 2 How will we identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken?
- 3 What measures will be put into place or what systemic changes we will make to ensure that the deficient practice does not recur?
- 4 How the corrective actions(s) will be monitored to ensure the deficient practice will not recur?
- 5 Date corrective action will be completed

CRITERIA FACILITY RESPONSE AND CORRECTIONS-

TAG NUMBER	IDENTIFIERS
K 056	All sprinklers
	1 FSES / HC equivalency -- not required to correct at this time.
	2
	3
	4
	5 n / a

K 062	All sprinkler	1 Called Viking Sprinklers to add Quarterly Inspection to Annual Maintenance Plan
	Maintenance	2 Corrective action will affect all individuals
	City	3 Add quarterly Inspections to Quality Calendars. Viking will train Maintenance Supervisor to do Quarterly Inspections.
		4 Maintenance Supervisor will report to Safety Committee monthly.
		5 August 31, 2011

K 070	PT	1 This deficiency was corrected during the survey by the Maintenance Supervisor
	space	2 Maintenance Supervisor inspected entire facility and removed any other space heaters if found
	heater	3 Reminder Memo will be distributed to all employees. Maintenance Supervisor will add this to his Annual Inservice Presentation for all employees.
		4 Maintenance Supervisor will add to his Monthly Fire Inspection Checklist and Report to Safety Committee Monthly.
		5 August 24, 2011

K 072	Egress	1 This deficiency was corrected during the survey by the Administrator and the Maintenance Supervisor
	rm #7 chair	2 All patients and visitors could be affected.
	ER wheelchair	3 Reminder Memo will be distributed to all employees. Maintenance Supervisor will add this to his Annual Inservice Presentation for all employees.
		4 Maint Supv. has monitored corridors daily for 2 weeks and added to Monthly Inspection Checklist. Report to Safety committee Monthly.
		5 August 26, 2011

K 077	Med gasses	1 All cylinders will be individually properly secured.
	individually	2 All patients and visitors could be affected.
	secured	3 Maint Supv. will post a sign in the Medical Gas Manifold area that all cylinders must be secured individually and send letter to Med Gas Supplier.
		4 Maintenance Supervisor will add to his Monthly Inspection Checklist and report to the Safety Committee monthly.
		5 August 26, 2011

K 144	Generator	1	Maintenance Supervisor is using weekly Emergency Generator Checklist. New maintenance free batteries will be installed.
	batteries	2	All patients and visitors could be affected.
	weekly insp	3	New Weekly Inspection Check Form will be used. This will be added to QA Calendar.
		4	Maintenance Supervisor will report weekly results to the Safety Committee for two month.
		5	August 30, 2011
K 147	Nurses adaptor	1	Maintenance Supervisor will remove these by August 26, 2011.
	BO ext cord	2	Maintenance Supervisor will inspect entire facility and remove any others if found
	BO adaptor	3	Reminder Memo will be distributed to all employees. Maintenance Supervisor will add this to his Annual Inservice Presentation for all employees.
		4	Maintenance Supervisor will add to his Monthly Fire Inspection Checklist and report to Safety Committee monthly.
		5	August 26, 2011
K 211	Alcohol (ABHR)	1	Maintenance Supervisor removed this August 22, 2011
	above heater	2	Maintenance Supervisor will inspect entire facility and remove any others if found
		3	Maintenance Supervisor will add this to his Annual Inservice Presentation for all employees.
		4	Maintenance supervisor will add to Monthly Fire Inspection Checklist and report to Safety Committee monthly.
		5	August 30, 2011
BB 161	K Tags:	1	see K tag POCs
	K211, K056, K062	2	see K tag POCs
	K070, K072, K077	3	see K tag POCs
	K144, K147	4	see K tag POCs
		5	see K tag POCs