



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 18, 2011

John Hoopes, Administrator
Caribou Memorial Hospital
300 South 3rd West
Soda Springs, Idaho 83276

RE: Caribou Memorial Hospital, Provider ID# 131309

Dear Mr. Hoopes:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Caribou Memorial Hospital, on August 11, 2011.

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

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

John Hoopes, Administrator
August 18, 2011
Page 2 of 2

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

After you have completed your Plan of Correction, return the original to this office by **August 31, 2011**, and keep a copy for your records.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'M P Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

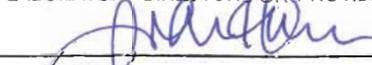
Printed: 08/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131309	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2011
NAME OF PROVIDER OR SUPPLIER CARIBOU MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH 3RD WEST SODA SPRINGS, ID 83276		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a two story, fire resistive construction building. The plans were approved in May 1967. Hazardous areas are protected by an automatic fire sprinkler system and there is full smoke detection coverage. Currently the facility is licensed for 25 hospital beds. In addition there are 37 NF beds in the upper level. The facility is currently in the process of installing a complete automatic sprinkler system in accordance with NFPA 13. The following deficiencies were cited during the annual fire/life safety survey conducted on August 11, 2011. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction	K 000		
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

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

TITLE

(X6) DATE



CEO/Admin

8-24-11

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 018	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility did not ensure that corridor doors did not have any impediments to closing. Corridor doors left open can allow smoke and fire gasses to enter the corridor. The facility had a census of two patients on the day of survey. This deficiency affected two patients and nine staff members in one of four smoke compartments.</p> <p>Findings include:</p> <p>During the tour of the facility on August 11, 2011, at 11:07 AM, observation of the Director of Nursing Services office revealed that the door was being held open with a door wedge. This was observed and noted by the Maintenance Supervisor and Surveyor.</p> <p>Actual NFPA Standard:</p> <p>19.3.6.3 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping</p>	K 018	<p>The door wedge was immediately removed and staff instructed to check doors for wedges, etc. on a daily basis; also maintenance will check on a daily basis to ensure there are no doors being wedged open.</p>	8-21-11

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K 018	Continued From page 2 the door closed. Dutch doors meeting 19.3.6.3.6 are permitted.	K 018		
K 038	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This Standard is not met as evidenced by: Based upon observation and interview it was determined that the facility failed to ensure exit discharge was unobstructed to a public way. Failure to provide accessible exit discharge prevents egress to a safe area by wheelchairs, beds and mobility impaired persons. The facility had a census of two patients on the day of survey. This deficiency affected no patients and two staff members in one of four smoke compartments. Findings include: During the facility tour on August 11, 2011 at 11:25 AM, observation revealed the hard surfaced exit discharge from the west side of the hospital did not connect to a public way or parking area, there was approximately 60 feet of grassy surface to cross before a hard surface area was available. When asked if the facility had a policy to keep the exit discharges free of snow accumulation and other obstructions the Maintenance Supervisor stated that the facility did not have a policy for keeping exit discharges clear of impediments or obstructions. Actual NFPA Standard:	K 038	A policy was written, and will be followed, to ensure that all exits are kept free and clear from obstructions, a copy is attached.	8-24-11

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K 038	Continued From page 3 19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7. Exception: As modified by 19.2.2 through 19.2.11. 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. 7.7.1* Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. Exception No. 1: This requirement shall not apply to interior exit discharge as otherwise provided in 7.7.2. Exception No. 2: This requirement shall not apply to rooftop exit discharge as otherwise provided in 7.7.6. Exception No. 3: Means of egress shall be permitted to terminate in an exterior area of refuge as provided in Chapters 22 and 23.	K 038		
K 045	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This Standard is not met as evidenced by: Based on observation and interview it was	K 045		

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K 045	Continued From page 4 determined that the facility did not ensure that the exit discharge is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. This deficiency can leave the exit discharge in total darkness in the event the single light bulb fails and can result in unsafe egress. The facility had a census of two patients on the day of survey. This deficiency affected no patients and two staff members in one of four smoke compartments. Findings include: During the tour of the facility on August 11, 2011 at 11:15 AM, observation of the exit discharge from the surgery suite revealed that it was equipped with a single light bulb lighting fixture. When the deficient practice was discussed with the Surveyor, the Maintenance Supervisor stated that he was unaware of the requirement for more than one lighting source for exit discharges. Actual NFPA Standard: 19.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.	K 045	The electrical contractor who installed the light during the construction will replace the fixture with a new fixture containing more than a single light unit.	9-30-11
K 050	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are	K 050		

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K 050	<p>Continued From page 5</p> <p>qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This Standard is not met as evidenced by: Based on record review it was determined that the facility did not conduct one drill per shift per quarter. Failure to adequately conduct drills for all shifts can result in staff not being trained to act appropriately in an emergency. The facility had a census of two 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 record review on August 11, 2011 at 9:10 AM, the facility was unable to provide documentation for conducting second shift drills during the first and third quarters during the previous twelve month period. This was noted and acknowledged by the Maintenance Supervisor.</p> <p>Actual NFPA Standard:</p> <p>19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement</p>	K 050	<p>Maintenance will check the fire drill records to ensure that they don't duplicate drills and make sure one drill per shift per quarter is done and documented.</p>	8-22-11

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K 077	Continued From page 7 unaware that the cylinders were required to be individually secured. Actual NFPA Standard: 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 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.	K 144		

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K 144	<p>Continued From page 8</p> <p>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 two 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 record review on August 11, 2011 at 9:30 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.</p> <p>Actual NFPA Standard:</p> <p>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</p>	K 144	<p>The emergency generator is now being checked weekly, with documentation.</p> <p>The batteries were changed out to sealed batters, which do not need to be checked.</p>	<p>8-21-11</p> <p>8-24-11</p>

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

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K 144	Continued From page 9 (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		

Bureau of Facility Standards

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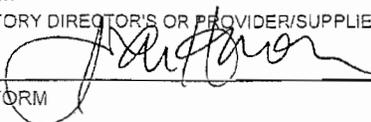
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B 000	<p>16.03.14 Initial Comments</p> <p>The facility is a two story, fire resistive construction building. The plans were approved in May 1967. Hazardous areas are protected by an automatic fire sprinkler system and there is full smoke detection coverage. Currently the facility is licensed for 25 hospital beds. In addition there are 37 NF beds in the upper level. The facility is currently in the process of installing a complete automatic sprinkler system in accordance with NFPA 13.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on August 11, 2011. The facility was surveyed in accordance with IDAPA 16.03.14 and the 1985 Edition of the Life Safety Code.</p> <p>The survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	B 000		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that:</p> <p>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.</p>	BB161		

Idaho form

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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. K018 Corridor doors. 2. K038 Exit discharge. 3. K045 Exit discharge lighting. 4. K050 Fire drills. 5. K077 Piped medical gasses. 6. K144 Weekly generator inspections.	BB161		