



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
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August 30, 2011

Craig Johnson, Administrator
Boundary Community Hospital
6640 Kaniksu Street
Bonners Ferry, Idaho 83805-7532

RE: Boundary Community Hospital, Provider ID# 131301

Dear Mr. Johnson:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Boundary Community Hospital, on August 23, 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.

Craig Johnson, Administrator
August 30, 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 **September 12, 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 'MPG', followed by a long horizontal flourish.

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: 08/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131301	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2011
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NAME OF PROVIDER OR SUPPLIER BOUNDARY COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET BONNERS FERRY, ID 83805
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	INITIAL COMMENTS The hospital is a single story structure with a full finished daylight basement. A single story skilled nursing facility is attached to the east of the hospital and a single story clinic is located south of and attached to the hospital. An extensive remodel/addition project was completed in 1994. Fire/life safety features include an automatic fire extinguisher system throughout; a complete fire alarm/smoke detection throughout; diesel powered emergency generator; multiple exits to grade; and, portable fire extinguishers. The facility is currently licensed for 20 beds. The following deficiencies were cited during the annual fire/life safety survey conducted on August 23, 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 017	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated	K 017		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA REPRESENTATIVE'S SIGNATURE 	TITLE CEO/CFO	(X6) DATE 9/9/2011
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 017	Continued From page 1 walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This Standard is not met as evidenced by: Based on observation the facility did not ensure that corridor walls were smoke resisting. Openings in corridor walls can allow smoke and fire gasses to enter the corridors. The facility had a census of six patients on the day of survey. This deficiency affected four patients and eight staff members in one of five smoke compartments. Findings include: During the tour of the facility on August 23, 2011 at 12:07 PM, observation of the out patient clinic mechanical hall revealed five penetrations in the corridor wall. The openings ranged in size from approximately one inch to four inches in size. The opening were created for piping to pass through and had not been sealed. This was observed and noted by the Maintenance Supervisor and Surveyor. Actual NFPA Standard: 19.3.6.2.1* Corridor walls shall be continuous from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces, and they shall have a fire resistance rating of not less than 1/2	K 017	K017 Maintenance personnel will seal corridor walls around piping, using fire resistant caulk. Maintenance will observe all corridor walls to ensure proper seals of all penetrations. Maintenance will continue to monitor any work performed by contractors to ensure all penetrations are properly sealed, at the time the work is completed. Quality Assurance study documentation will be provided to the committee on a quarterly basis. Any corrections necessary will be performed by maintenance staff immediately.	9.12.11

[Handwritten Signature] *ccs/cfo* 9/9/2011

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K 017	Continued From page 2 hour. 19.3.6.2.2* Corridor walls shall form a barrier to limit the transfer of smoke.	K 017		
K 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: Based on observation it was determined that the facility did not ensure that hazardous areas were provided with self closing doors. Hazardous area doors that do not self close can allow smoke and fire gasses to enter the corridor in the event of a fire. The facility had a census of six patients on the day of survey. This deficiency affected no patients and ten staff members in one of five smoke compartments. Findings include: During the tour of the facility on August 23, 2011 at 12:00 PM, observation of the medical records room door revealed that the door would not self close when released from the open position. This was observed and noted by the Maintenance	K 029	K029 Maintenance personnel will repair the self closing door device on the Medical Records room door. Maintenance personnel will review all facility self closing door devices throughout the facility to ensure compliance. Maintenance will continue the review on a monthly basis and make any repairs immediately. Quality Assurance study documentation will be provided to the committee on a quarterly basis. The study will include monthly findings and corrections, if any.	8.30.11

S. Johnson
CSA/CFO 9/9/2011

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K 029	<p>Continued From page 3 Supervisor and Surveyor.</p> <p>Actual NFPA Standard:</p> <p>19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:</p> <ol style="list-style-type: none"> (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft² (9.3 m²) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft² (4.6 m²), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. <p>Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.</p>	K 029		
K 144	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised</p>	K 144		

[Handwritten Signature] 8/9/2011

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K 144	<p>Continued From page 4 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</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 six 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 23, 2011 at 11:15 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 she 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*</p>	K 144		
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Johnson
CEO/CEO 9/9/2011

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K 144	Continued From page 5 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	K144 Weekly generator maintenance will be performed by maintenance personnel. The weekly preventative maintenance will include at a minimum; coolant, oil, and fuel levels, coolant heater condition, circuit breaker position, hour meter and battery electrolyte level. Findings will be documented weekly with any repairs/corrections to be completed immediately. A Quality Assurance Study will be conducted on the weekly results and reported to the Quality Assurance committee on a quarterly basis.	9.12.11

[Handwritten Signature] *ccp/cro* 9/9/2011

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131301	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2011
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B 000	16.03.14 Initial Comments The hospital is a single story structure with a full finished daylight basement. A single story skilled nursing facility is attached to the east of the hospital and a single story clinic is located south of and attached to the hospital. An extensive remodel/addition project was completed in 1994. Fire/life safety features include an automatic fire extinguisher system throughout; a complete fire alarm/smoke detection throughout; diesel powered emergency generator; multiple exits to grade; and, portable fire extinguishers. The facility is currently licensed for 20 beds. The following deficiencies were cited during the annual fire/life safety survey conducted on August 23, 2011. The facility was surveyed in accordance with IDAPA 16.03.14 and the 1985 Edition of the Life Safety Code. 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 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,	BB161		

RECEIVED
SEP 12 2011
FACILITY STANDARDS

Idaho form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 9/9/2011

