



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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BUREAU OF FACILITY STANDARDS
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October 25, 2012

Joe Cladouhos, Administrator
Syringa General Hospital
607 West Main Street
Grangeville, Idaho 83530

RE: Syringa General Hospital, Provider ID# 131315

Dear Mr. Cladouhos:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Syringa General Hospital, on October 15, 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. **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.

Joe Cladouhos, Administrator

October 25, 2012

Page 2 of 2

After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567 and State Form in the spaces provided on the bottom of the first pages of each of the respective forms and return the originals to this office by **November 7, 2012.**

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', with a long horizontal line extending to the right.

MARK P. GRIMES

Supervisor

Facility Fire Safety and Construction Program

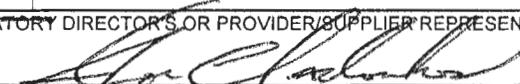
MPG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131315	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2012
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NAME OF PROVIDER OR SUPPLIER SYRINGA GENERAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 607 W MAIN STREET GRANGEVILLE, ID 83530
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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
K 000	<p>INITIAL COMMENTS</p> <p>The hospital is a Type V (111) single story structure with a partial basement under the original building and a partial non-patient upper level of the original building. All patient sleeping/use areas are restricted to the main/ground level. The original building was constructed around 1940 with subsequent remodeling and additions to include a major renovation/addition completed in the fall of 1989 and an expansion of the Emergency/Radiology departments in 1999. The facility is protected throughout by a complete automatic fire extinguishing system. Additional fire safety features include a fire alarm system with smoke detection in common areas, and at some barrier partition door assemblies; portable fire extinguishers throughout; a smoke barrier partition (i.e., two smoke compartments) on the main floor; and, an essential electrical system (i.e., diesel powered generator).</p> <p>The following deficiencies were cited during the fire/life safety survey conducted on October 15, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p style="text-align: center;">RECEIVED NOV 05 2012 FACILITY STANDARDS</p>	
K 144	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144	<p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: right;"><i>10/20/12</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 11/2/2012
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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 144	Continued From page 1 This Standard is not met as evidenced by: Based on record review and interview the facility did not ensure that the emergency generator was being inspected weekly in accordance with NFPA 110. Failure to inspect the generator 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. Findings include: During record review on October 15, 2012 at 1:35 PM, the facility was unable to provide documented weekly inspections for the previous twelve month period. When questioned about the weekly inspections the Director of Facilities stated that he was unaware of the weekly inspection requirements. Actual NFPA Standard: NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition. 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	K 144		10/22/12

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

Printed: 10/24/2012
FORM APPROVED
OMB NO. 0938-0391

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K 144	<p>Continued From page 2</p> <p>(b) Identification of the servicing personnel</p> <p>(c) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced</p> <p>(d) Testing of any repair for the appropriate time as recommended by the manufacturer</p> <p>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.</p>	K 144		10/22/12

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131315	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2012
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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a Type V (111) single story structure with a partial basement under the original building and a partial non-patient upper level of the original building. All patient sleeping/use areas are restricted to the main/ground level. The original building was constructed around 1940 with subsequent remodeling and additions to include a major renovation/addition completed in the fall of 1989 and an expansion of the Emergency/Radiology departments in 1999. The facility is protected throughout by a complete automatic fire extinguishing system. Additional fire safety features include a fire alarm system with smoke detection in common areas, and at some barrier partition door assemblies; portable fire extinguishers throughout; a smoke barrier partition (i.e., two smoke compartments) on the main floor; and, an essential electrical system (i.e., diesel powered generator).</p> <p>The following deficiencies were cited during the fire/life safety survey conducted on October 15, 2012. The facility was surveyed in accordance with IDAPA 16.03.14 and the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy.</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</p>	BB161		<p><i>See Attached</i></p>

Idaho form

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

TITLE

(X6) DATE

[Handwritten Signature]
CEO

Nov. 2, 2012

Bureau of Facility Standards

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BB161	Continued From Page 1 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. This Rule is not met as evidenced by: Refer to Federal K tags on the CMS 2567; 1. K144 Weekly generator inspections.	BB161		10/22/12

11/1/2012

To: Mr. Mark P. Grimes
Supervisor
Facility Fire Safety and Construction Program

Plan of Correction Document for inspection held on October 15 2012.
Addressing K144 deficiency.

In the past we have done daily inspections of the Emergency Generator on electronic monitoring system in the transfer switch. Discussion with inspector Taylor Barkley pointed out that was insufficient.

The next day we created a weekly monitoring sheet for the hospital generator based upon the template left with us by Mr. Barkley. The responsible party for this will be the two maintenance staff of the hospital. We have insured this to be consistent by using the Outlook express calendar in our computers for weekly reminders and also setting up a three ring binder with the monitoring forms. To insure compliance we will also report this project on our P/I project and quarterly review

Corrective action was begun on October 16th 2012 and the first inspection on the following Monday which will the day of the week we will perform this task.

We apologize for our over site on this deficiency as we take pride in providing our patients and staff the safest environment possible. Please call or email me with any other suggestions for improvement.

Bill Spencer
Director of Facilities
Syringa Hospital and Clinics

Concur:
[Signature] CEO
11/2/12

