IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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October 24, 2012

Marie Godley, Administrator
Northern Idaho Advanced Care Hospital
600 North Cecil Road
Post Falls, Idaho 83854

RE: Northern Idaho Advanced Care Hospital, Provider ID# 132001

Dear Ms. Godley:

This is to advise you of the findings of the Medicaid Validation Fire Life Safety Survey, which was concluded at Northern Idaho Advanced Care Hospital, on October 16, 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.

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 6, 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,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

Printed: 10/23/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/16/2012
NAME OF PROVIDER OR SUPPLIER NORTHERN IDAHO ADVANCED CARE HOSPI	STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH CECIL ROAD POST FALLS, ID 83854		

(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 hospital building is a single story, 43,887 square foot structure of non-combustible type II (000) construction, subdivided into two smoke zones. The building was completed in January 2006 and was issued a hospital license for forty (40) beds in February 2006. The building is protected throughout by a fire sprinkler system; has an addressable fire alarm/smoke detection system; portable fire extinguishers throughout; eight (8) exits to grade plus ancillary service area entry/exits; Level 1 Medical Gas system, and, a Type 1 Essential Electrical System. The following deficiencies were cited during a Fire/Life Safety validation survey conducted on October 15-16, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy and 42 CFR 482.41(b). Census during the survey was 35. The survey was conducted by: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program	K 000	RECEIVED NOV 07 2012 FACILITY STANDARDS	
K 029	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure hazardous areas doors were maintained self closing. This deficient practice	K 029	Director of Plant Operations (DPO) serves as the Hospital Safety Officer and enforces safety regulations and practices to maintain safety and fire equipment. DPO ordered door closer on 10/24/2012. Door to be installed upon receipt of device. DPO to report significant findings to Safety Committee.	12/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maria Gadler | TITLE: CEO | (X6) DATE: 11/5/2012

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES / PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	132001		10/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN IDAHO ADVANCED CARE HOSPI	600 NORTH CECIL ROAD POST FALLS, ID 83854

(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 029	Continued From page 1 could allow smoke and gases to enter an exit access corridor affecting egress. The facility is licensed for 40 and had a census of 35 on the day of the survey. Findings include: During the facility tour on October 15 & 16, 2012 observation revealed the door between the corridor and the central storage-supply room was not self-closing or automatic closing, the door closing device had been removed. Interview with the Director of Plant Operations revealed the closer was broken and the facility was awaiting parts to correct the situation. This finding was acknowledged by the Director of Plant Operations and the Administrator during the exit interview. Actual NFPA standard: 18.3.2.1* Hazardous Areas. Any hazardous area shall be protected in accordance with Section 8.4. The areas described in Table 18.3.2.1 shall be protected as indicated. 8.4.1.1* Protection from any area having a degree of hazard greater than that normal to the general occupancy of the building or structure shall be provided by one of the following means: (1) Enclose the area with a fire barrier without windows that has a 1-hour fire resistance rating in accordance with Section 8.2. (2) Protect the area with automatic extinguishing systems in accordance with Section 9.7. (3) Apply both 8.4.1.1(1) and (2) where the hazard is severe or where otherwise specified by Chapters 12 through 42.	K 029		

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STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	132001		10/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN IDAHO ADVANCED CARE HOSPIT	600 NORTH CECIL ROAD POST FALLS, ID 83854

(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 029	Continued From page 2 8.4.1.3 Doors in barriers required to have a fire resistance rating shall have a 3/4-hour fire protection rating and shall be self-closing or automatic-closing in accordance with 7.2.1.8.	K 029		
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 qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 This Standard is not met as evidenced by: Based upon record review and interview conducted on October 15 2012 the facility failed to ensure fire drills were conducted at least once per shift per quarter during the last 12 months. Failure to train personnel in emergency procedures could result in panic and confusion in a true emergency. The facility is licensed for 40 beds and had a census of 35 on the day of the survey. Findings include: During the record review conducted on October 15, 2012 records were not available to demonstrate that drills were conducted at least once per shift, per quarter. No records could be located to document a second shift drill was conducted during the third quarter of 2012. This deficient practice was acknowledged by the	K 050	Director of Plant Operations (DPO) serves as the Hospital Safety Officer and enforces safety regulations and practices to maintain safety and fire equipment. DPO reports significant findings to the Safety Committee. DPO added fire drills to Maintenance First, a software program, to generate a work request when a fire drill is due. Two unannounced fire drills were performed fourth quarter on 10/15/2012 at 11:55 p.m. and 11/5/2012 at 9:00 a.m. Fire drills were initiated by DPO. DPO performed staff critique for each drill. Critiques reported to Safety Committee. Critiques posted for staff viewing. DPO to perform fire drills monthly and have one drill from each shift. Maintenance First software to generate a work request when a fire drill is due. DPO to critique and report findings to Safety Committee.	11/5/12

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STATEMENT OF DEFICIENCIES / PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	132001		10/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN IDAHO ADVANCED CARE HOSPI	600 NORTH CECIL ROAD POST FALLS, ID 83854

(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 050	Continued From page 3 Director of Plant Operations and the Administrator during the exit conference. Actual NFPA standard: 18.7.1.2* 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 shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.	K 050		
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. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Based upon record review and interview on October 15, 2012 the facility failed to test and maintain the automatic sprinkler system in a reliable operating condition in accordance with NFPA 25. This deficient practice could result in the system not being fully functional during an emergency, this practice affected all residents, patients and staff present on the day of the	K 062	Director of Plant Operations (DPO) serves as the Hospital Safety Officer and enforces safety regulations and practices to maintain safety and fire equipment. DPO reports significant findings to the Safety Committee. DPO contacted local vendor for testing of internal fire sprinkler system. On 11/1/2012, local vendor flushed and tested sprinkler system. Fire sprinkler system inspected and compliant with NFPA 25, 1998 version. Findings will be reported to Safety Committee on 11/21/2012.	11/1/12

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

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	132001		10/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN IDAHO ADVANCED CARE HOSPIT	600 NORTH CECIL ROAD POST FALLS, ID 83854

(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 062	Continued From page 4 survey. The hospital is licensed for 40 beds and had a census of 35 on the day of the survey. Findings include: Review of facility sprinkler testing records revealed the five year internal investigation and maintenance was due in 2011 and has not been conducted. No record of a five year internal investigation was available for review. This deficient practice was acknowledged by the Director of Plant Operations and the Administrator during the exit interview. Actual NFPA standard: NFPA 25 10-2.2* Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.	K 062		

PRINTED: 10/23/2012
FORM APPROVED

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	132001		10/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN IDAHO ADVANCED CARE HOSPITAL	600 NORTH CECIL ROAD POST FALLS, ID 83854

(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 hospital building is a single story, 43,887 square foot structure of non-combustible type II (000) construction, subdivided into two smoke zones. The building was completed in January 2006 and was issued a hospital license for forty (40) beds in February 2006. The building is protected throughout by a fire sprinkler system; has an addressable fire alarm/smoke detection system; portable fire extinguishers throughout; eight (8) exits to grade plus ancillary service area entry/exits; Level 1 Medical Gas system, and, a Type 1 Essential Electrical System. The following deficiencies were cited during a Fire/Life Safety validation survey conducted on October 15-16, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho. Census during the survey was 35. The survey was conducted by: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program	B 000	RECEIVED NOV 07 2012 FACILITY STANDARDS	
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	BB161	Director of Plant Operations (DPO) serves as the Hospital Safety Officer and enforces safety regulations and practices to maintain safety and fire equipment. DPO ordered door closer on 10/24/2012. Door to be installed upon receipt of device. DPO to report significant findings to Safety Committee.	12/15/12

Deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maria Gidley | TITLE: CEO | (X6) DATE: 11/5/2012

STATEMENT OF DEFICIENCIES / PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 132001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/16/2012
NAME OF PROVIDER OR SUPPLIER NORTHERN IDAHO ADVANCED CARE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH CECIL ROAD POST FALLS, ID 83854		

(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
BB161	Continued From Page 1 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 the following deficiencies identified on Federal Form 2567 K029 Hazardous Areas K050 Fire Drills K062 Sprinkler Maintenance 5 Year	BB161	Director of Plant Operations (DPO) serves as the Hospital Safety Officer and enforces safety regulations and practices to maintain safety and fire equipment. DPO reports significant findings to the Safety Committee. DPO added fire drills to Maintenance First, a software program, to generate a work request when a fire drill is due. Two unannounced fire drills were performed fourth quarter on 10/15/2012 at 11:55 p.m. and 11/5/2012 at 9:00 a.m. Fire drills were initiated by DPO. DPO performed staff critique for each drill. Critiques reported to Safety Committee. Critiques posted for staff viewing. DPO to perform fire drills monthly and have one drill from each shift. Maintenance First software to generate a work request when a fire drill is due. DPO to critique and report findings to Safety Committee.	11/5/12
			Director of Plant Operations (DPO) serves as the Hospital Safety Officer and enforces safety regulations and practices to maintain safety and fire equipment. DPO reports significant findings to the Safety Committee. DPO contacted local vendor for testing of internal fire sprinkler system. On 11/1/2012, local vendor flushed and tested sprinkler system. Fire sprinkler system inspected and compliant with NFPA 25, 1998 version. Findings will be reported to Safety Committee on 11/21/2012.	11/1/12

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