



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-8626
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January 21, 2014

Rod Barton, Administrator
Cassia Regional Medical Center
1501 Hiland Avenue
Burley, ID 83318

RE: Cassia Regional Medical Center, Provider #131326

Dear Mr. Barton:

This is to advise you of the findings of the Facility Fire Safety & Construction Complaint survey at Cassia Regional Medical Center, which was concluded on January 16, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the into compliance, and that the remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

After you have completed your Plan of Correction, return the original to this office by **February 4, 2014**, and keep a copy for your records.

Rod Barton, Administrator
January 21, 2014
Page 2 of 2

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

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', followed by a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosures

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

PRINTED: 01/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131326	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED C 01/16/2014
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NAME OF PROVIDER OR SUPPLIER CASSIA REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 HILAND AVENUE BURLEY, ID 83318
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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	<p>INITIAL COMMENTS</p> <p>The hospital is a 87,000+ square foot single story with mechanical penthouse building of Type II Protected Construction. Plans were approved in September of 1993 and building construction completed in July of 1995. The building is protected throughout by a complete automatic fire extinguishing system designed/installed per NFPA Std 13 for a light hazard occupancy. There is a complete fire alarm system throughout including smoke detection in the corridors and open areas. There are multiple exits that discharge to grade; one (1) horizontal exit; three (3) exits to grade from suites; and, an exit at the corridor opening to the physically attached, but two (2) hour separated, medical office building. The Essential Electrical System is supplied by a diesel powered, on-site automatic generator. Medical gases and vacuum are supplied by a level 1 piped system. The facility was operating with interim life safety measures in place during a remodel of the emergency department during the survey.</p> <p>The facility was surveyed as an Existing Health Care Occupancy under the Life Safety Code, 2000 Edition as adopted by the Centers for Medicare and Medicaid in March of 2003 in accordance with 42 CFR 482.41.(b).</p> <p>The Life Safety Code Complaint survey was conducted on January 16, 2014 by Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program, Bureau of Facility Standards, Idaho Department of Health and Welfare.</p> <p>The following deficiency was cited: NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 000	<p>Cassia Regional Medical Center Engineering Employee, [REDACTED] Licensed Electrician Journeyman in the state of Idaho- has reviewed all outlets in the Operating Rooms including hall and sub sterile rooms for appropriate electrical outlet labeling. [REDACTED] identified those outlets which were mislabeled, and removed the label and placed correct legible labeling on each outlet after determining the appropriate associated breaker. This was completed January 24, 2014.</p> <p>see photos below and enlarged photos attached to original</p> <p>To ensure continued compliance, [REDACTED] will conduct annual reviews of all outlets in the facility and how each are labeled. This audit will be documented in the Computerized Maintenance Management Application. The results of the audit will be reported to the Environment of Care Committee as well as any implemented action plans needed. In addition, the Environment of Care team, led by [REDACTED]-Engineering Manager will review the labeling of outlets on the ongoing safety walkthroughs within the facility. Documentation of any findings and needed corrective action plans will be reported to the Environment of Care Committee and maintained with the safety walkthrough documents located with the Environment of Care Documents Binder.</p>	1/24/2014
K 147		K 147		

RECEIVED
FEB - 5 2014

FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Franine Director	(X6) DATE 2-4-2014
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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.

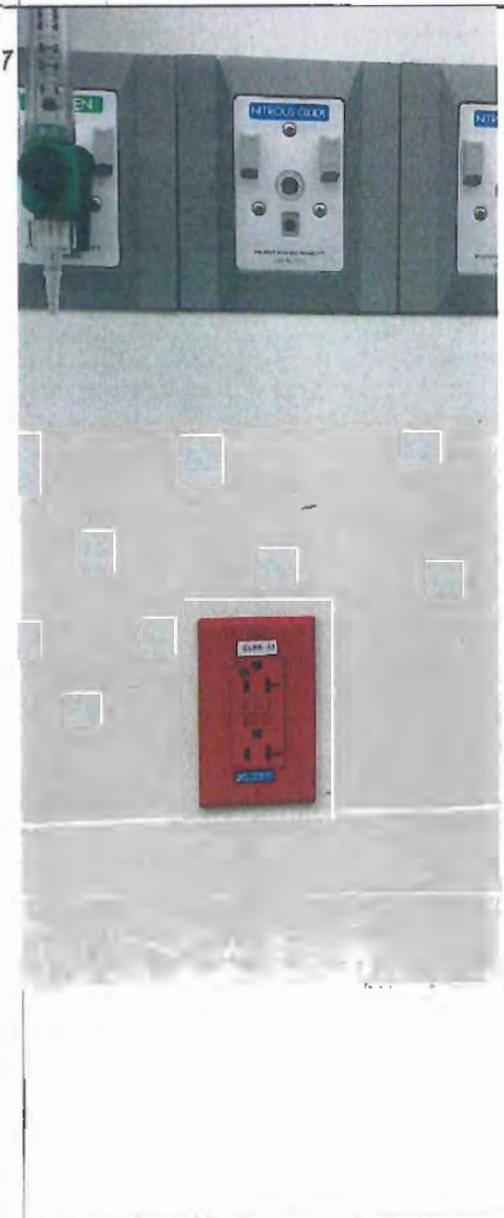
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K 147	<p>Continued From page 1</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure that electrical circuit labeling in critical care areas observed matched controlling circuits within the electrical panelboards in accordance with the electrical code. This deficient practice would delay personnel, trying to correct an electrical problem.</p> <p>Findings include:</p> <p>During the tour of the Operating rooms, at approximately 1:45 PM on 1/16/14 circuits in OR #3 were observed as being labeled IP-03-02, and IP-03-09, etc. when that circuit was traced to the electrical room, the circuit was in a panel board labeled CR-03, there was no panel board labeled IP. Other panelboards were observed to be missing circuit information, some were not legible.</p> <p>Actual NFPA Codes:</p> <p>NEC 1999 (NFPA 70) 517.19 Critical Care Areas. (A) Patient Bed Location Branch Circuits. Each patient bed location shall be supplied by at least two branch circuits, one or more from the emergency system and one or more circuits from the normal system. At least one branch circuit from the emergency system shall supply an outlet(s) only at that bed location. All branch circuits from the normal system shall be from a</p>	K 147		
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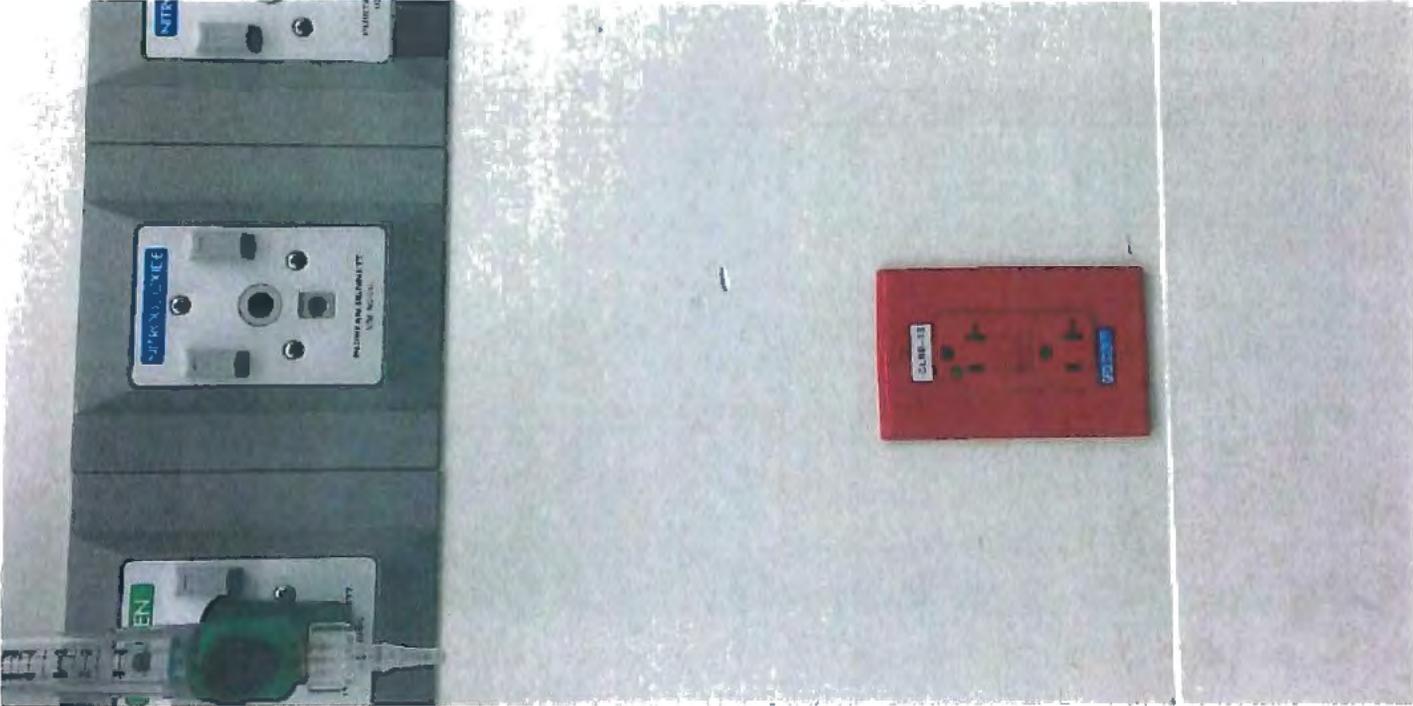
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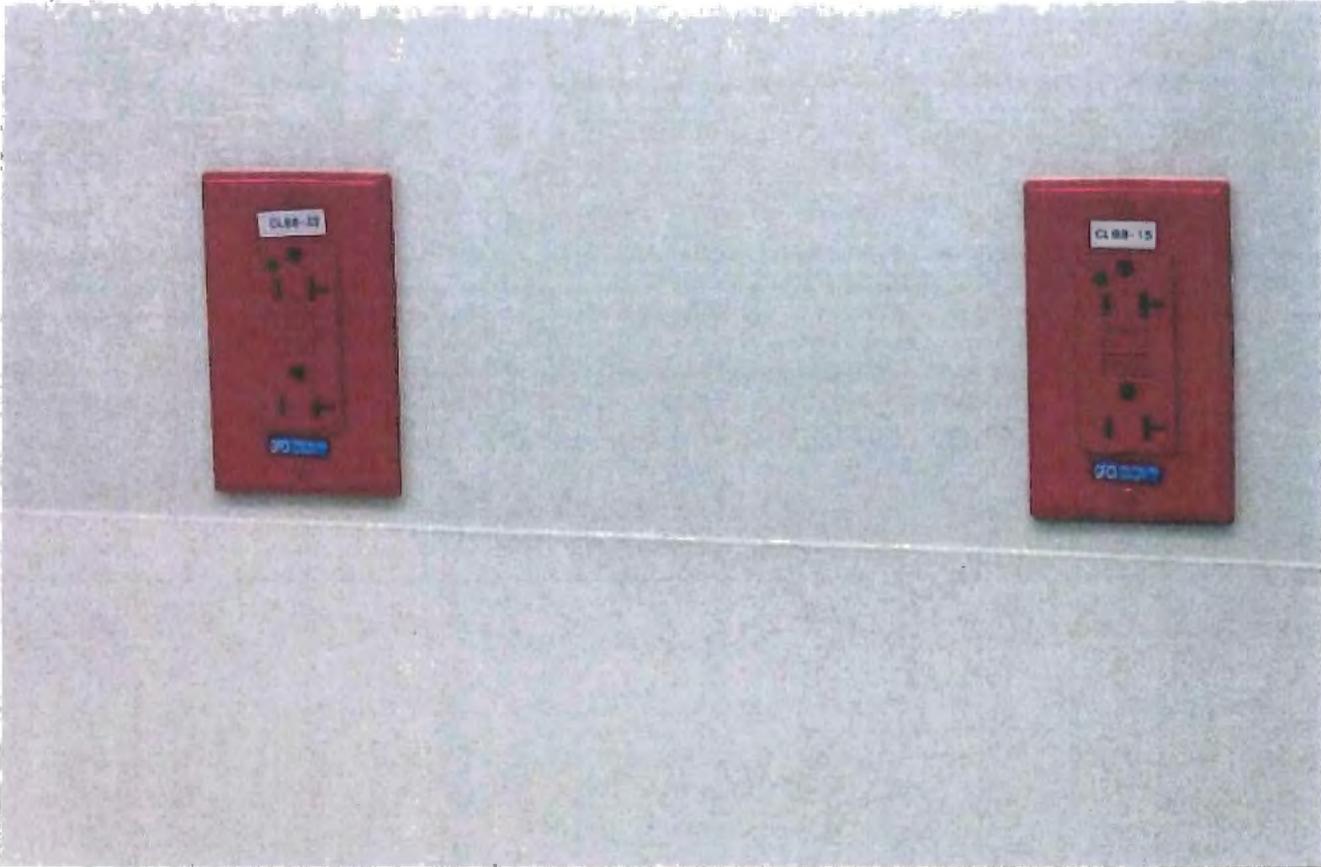
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K 147	<p>Continued From page 2</p> <p>single panelboard. Emergency system receptacles shall be identified and shall also indicate the panelboard and circuit number supplying them.</p> <p>Exception No. 1: Branch circuits serving only special-purpose receptacles or equipment in critical care areas shall be permitted to be served by other panelboards.</p> <p>Exception No. 2: Critical care locations served from two separate transfer switches on the emergency system shall not be required to have circuits from the normal system.</p> <p>NEC 1999 (NFPA 70) 110.22 Identification of Disconnecting Means. Each disconnecting means required by this code for motors and appliances, and each service, feeder, or branch service at the point where it originates shall be legibly marked to indicate its purpose unless located and arranged so the purpose is evident. The marking shall be of sufficient durability to withstand the environment involved.</p> <p>Where circuit breakers or fuses are applied in compliance with the series combination ratings marked on the equipment by the manufacturer, the equipment enclosure(s) shall be legibly marked in the field to indicate the equipment has been applied with a series combination rating. The marking shall be readily visible and state the following: CAUTION - SERIES COMBINATION SYSTEM RATED ___ AMPERES. IDENTIFIED REPLACEMENT COMPONENTS REQUIRED. FPN: See Section 240.83(C) for interrupting rating marking for end-use equipment.</p>	K 147		
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Cassia Regional Medical Center: Operating Suite #3



Cassia Regional Medical Center: Operating Suite #3





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January 22, 2014

Rod Barton, Administrator
Cassia Regional Medical Center
1501 Hiland Avenue
Burley, ID 83318

Provider #: 131326

Dear Mr. Barton:

On **January 16, 2014**, a Complaint Investigation survey was conducted at Cassia Regional Medical Center. Mark Grimes, Life Safety Code Inspector, conducted the complaint investigation.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00006308

ALLEGATION #1:

Operating rooms outlets indicate they are served by an Isolated Electrical System and there is no Isolated Electrical System Panel.

An Isolated Electrical System is required in the operating rooms.

The electrical system in the operating rooms is unsafe and not in accordance with code.

FINDINGS:

Emergency branch outlets in OR#3 were identified with IP-02, IP-09, etc. When cross referenced with the electrical panels serving the operation rooms, that panel/circuit was not found. The circuits were not identified correctly and should have read CR-03-02, CR-03-09, or similar.

Rod Barton, Administrator
January 22, 2014
Page 2 of 2

An isolated electrical system is not required in an OR, it is allowed when the OR uses flammable anesthetics or is considered a wet location. Neither of which is the case here.

The electrical system in the OR#3 was not in strict compliance with the labeling requirements, however, patient safety was not compromised. Substantiated; cited at K147.

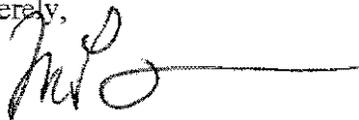
CONCLUSIONS:

Substantiated. Federal deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the Statement of Deficiencies and Plan of Correction forms. No response is necessary to this complaint's findings letter, as it will be addressed in the provider's Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', followed by a horizontal line extending to the right.

Mark P. Grimes, Supervisor
Facility Fire Safety and Construction

MPG/lj