



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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COPY

July 16, 2013

Lenne Bonner, Administrator
St. Marys Hospital
PO Box 137
Cottonwood, ID 83522

RE: St Marys Hospital, Provider ID# 131321

Dear Mr. Bonner:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at St Marys Hospital, on July 8, 2013.

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.

Lenne Bonner, Administrator
July 16, 2013
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 July 29, 2013.

Thank you for the courtesies extended to our staff during our 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. Grimes', with a long horizontal flourish extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/pt

Enclosure

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131321	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2013
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NAME OF PROVIDER OR SUPPLIER ST MARYS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 701 LEWISTON ST COTTONWOOD, ID 83522
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR 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 single story, 22,000+ square foot building that was constructed in 1964. Interior walls are metal studs with a combination of gypsum lath and plaster with others of cement/concrete block; the roof system consists of a noncombustible slab on steel joists with steel roof; and, supporting columns are noncombustible. The building construction classification would be considered protected noncombustible. Two non-health care occupancies connect to the hospital; to the south is a "condominium" structure of wood frame construction and to the west is a former employee quarters of unknown construction that contains hospital administrative functions. A minimum two hour separation is provided at the hospital's common wall with each of the adjoining structures. A detached clinic building is located to the southeast of the hospital and accessible from the hospital by a covered breezeway that is not connected to the hospital roof system and is separated from the hospital building. An existing fire alarm/smoke detection system, with off-site monitoring is provided in the building and was new in 2006. Emergency power is supplied by a diesel powered 115 KVA generator with fuel storage of 300 gallons. The building is unsprinkled. The facility is licensed for 25 hospital beds.</p> <p>The hospital building was surveyed as a Existing Health Care Occupancy based upon applicable requirements set forth in the Life Safety Code, 2000 Edition and 42 CFR 482.41.</p> <p>The following deficiencies were cited during the fire/life safety state survey on July 8, 2013:</p> <p>The surveyor conducting the survey was:</p>	K000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deanne Everett</i>	TITLE COO	(X6) DATE 7/29/2013
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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.

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

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K 000	Continued From page 1 Tom Mroz CFI-11 Health Facility Surveyor Facility Fire/Life Safety and Construction Program	K000		
K 050	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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. 19.7.1.2</p> <p>This Standard is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide fire drills for three of four quarters reviewed. Failure to train personnel in emergency procedures could result in panic and confusion in an emergency situation. The deficient practice would affect three of three smoke compartments, all patients, and occupants of the building.</p> <p>The findings include:</p> <p>Observation during record review on 07/08/13 at 1:30 p.m. revealed that for the 2nd and 3rd shift for the 3rd quarter of 2012, the 2nd shift for the 4th quarter of 2012, the 2nd and 3rd shifts of the 1st and 2nd quarter of 2013, no fire drills were documented as being conducted. Interview on 07/08/13 at 1:30 p.m. with the Maintenance Manager disclosed that the facility was not aware the drills were not performed.</p>	KOSO	<p>Corrective action for fire drills being performed at least quarterly on each shift. Day, Evenings and graveyard. Use an excel spread sheet to keep track of fire drills log.</p> <p>Set up a recurring work order to review life safety log book on the 1st of each month to make sure documentation is current.</p> <p>We will in-service all three shifts in the month of July.</p>	7/23/13

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

FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131321	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2013
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K 050	<p>Continued From page 2</p> <p>The finding was acknowledged by the Chief Operating Officer and verified by the Maintenance Manager at the exit interview on 07/08/13.</p> <p>Actual NFPA Standard NFPA 101, 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 9:00p.m. (2100 hours) and 6:00a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.</p> <p>Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p>	K050		
K 076	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p>	K076		

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

Printed: 07/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131321	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2013
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K 076	<p>Continued From page 3</p> <p>This Standard is not met as evidenced by: Based on observallon and Interview, the facility failed to provide the required protective features for storage of oxygen. This has the potential for a fire and explosive hazard exposure to the staff. The deficient practice affected one of three smoke compartments, staff, and no patients. The facility has the capacity for 25 beds with a census of 19 the day of survey. Findings include:</p> <p>1.) On 07/08/13 at 3:20 p.m., it was observed that eight in-service "K" type oxygen cylinders were not individually secured and located to prevent falling or being knocked over. Interview with the Maintenance Manager on 07/08/13 3:20p.m., revealed that the facility was not aware of the requirement that cylinders in service were to be individually secured and located to prevent falling or being knocked over.</p> <p>2.) On 07/08/13 at 3:25p.m., it was observed that 11 "K" type cylinders in the compressed gas storage room, were not individually secured and located to prevent falling or being knocked over. Interview with the Maintenance Manager on 07/08/13 3:25 p.m., revealed that the facility was not aware of the requirement that cylinders in storage were to be individually secured and located to prevent falling or being knocked over.</p> <p>The finding was acknowledged by the Chief Operating Officer and verified by the Maintenance Manager at the exit interview on 07/08/13.</p> <p>Actual NFPA Standard: NFPA 99, 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.</p>	K076	<p>Corrective action is to fabricate a restraining system to secure each "K" cylinders individually inside of the oxygen storage room. Materials ordered for project.</p>	8/16/2013
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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a single story, 22,000+ square foot building that was constructed in 1964. Interior walls are metal studs with a combination of gypsum lath and plaster with others of cemenUconcrete block; the roof system consists of a noncombustible slab on steel joists with steel roof; and, supporting columns are noncombustible. The building construction classification would be considered protected noncombustible. Two non-health care occupancies connect to the hospital; to the south is a "condominium" structure of wood frame construction and to the west is a former employee quarters of unknown construction that contains hospital administrative functions. A minimum two hour separation is provided at the hospital's common wall with each of the adjoining structures. A detached clinic building is located to the southeast of the hospital and accessible from the hospital by a covered walkway that is not connected to the hospital roof system and is separated from the hospital building. An existing fire alarm/smoke detection system, with off-site monitoring is provided in the building and was neUl in 2006. Emergency power is supplied by a diesel powered 115 KVA generator with a fuel storage of 300 gallons. The building is unsprinkled. The facility is licensed for 25 hospital beds.</p> <p>The hospital building was surveyed as a Existing Health Care Occupancy based upon applicable requirements set forth in the Life Safety Code, 2000 Edition and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.</p> <p>The following state deficiency was cited during the fire/life safety state survey on July 8, 2013:</p> <p>The surveyor conducting the survey was:</p>	B 000		

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

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

Jeannette Overett

TITLE

COO

(X6) DATE

7-29-2013

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B 000	Continued From Page 1 Tom Mroz CFI-11 Health Facility Surveyor Facility Fire/Life Safety and Construction Program	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, guards, and railings shall be provided to protect patients, employees, and the public. This RULE: is not met as evidenced by: Refer to the federal CMS 2567 and K tags K050 and K076.	BB161		
BB516	16.03.14.520.02 Drills 02. Drills. The plan shall be rehearsed annually. (10-14-88) This RULE: is not met as evidenced by: Based on observation, record review, and interview on 07/08/13 at 2:00 p.m. it was determined the facility failed to conduct an annual external disaster drill. Failure to perform an annual disaster plan drill could result in the facility's inability to effectively deal with the care, health and safety of patients, staff and other individuals when a major disruptive event occurs.	BB516		

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88516	<p>Continued From Page 2</p> <p>Findings include:</p> <p>The facility's emergency preparedness plan, undated, was reviewed. There was no record of an emergency preparedness drill being conducted annually to test the plan's effectiveness since 11/09/11. Interview on 07/08/13 at 2:00 p.m. with the Maintenance Manager disclosed that the facility was not aware the annual disaster drill was not performed.</p> <p>The finding was acknowledged by the Chief Operating Officer and verified by the Maintenance Manager at the exit interview on 07/08/13.</p>	88516	<p>Corrective action: We have an emergency preparedness drill scheduled for November of 2013. To keep up to date we set up a recurring work order for the safety committee to review the scheduling of drill and bring the drill coordinators together for planning of the drill.</p>	7/24/2013
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If deficiencies are cited, an approved plan of correction is requisite to continued program participation.