



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RICHARD M. ARMSTRONG – Director

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
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August 2, 2013

COPY

Joe Cladouhos, Administrator
Syringa General Hospital
607 W Main Street
Grangeville, ID 83530

RE: Syringa General Hospital, Provider #131315

Dear Mr. Cladouhos:

This is to advise you of the findings of the Medicare/Licensure survey at Syringa General Hospital, which was concluded on July 19, 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.

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 hospital into compliance, and that the hospital 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 and State Form 2567.

Joe Cladouhos, Administrator
August 2, 2013
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by August 14, 2013, and keep a copy for your records.

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,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/pt
Enclosures

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2013
NAME OF PROVIDER OR SUPPLIER SYRINGA GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 607 W MAIN STREET GRANGEVILLE, ID 83530	
(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
C 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification survey of your critical access hospital. The survey was conducted from 7/15/13 through 7/19/13. The surveyor conducting the recertification was Gary Guiles RN, HFS.</p> <p>Acronyms used in this report include:</p> <p>CAH - critical access hospital IV - intravenous</p> <p>C 224 485.623(b)(3) MAINTENANCE</p> <p>[The CAH has housekeeping and preventive maintenance programs to ensure that--] drugs and biologicals are appropriately stored;</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the CAH failed to ensure drugs and biologicals were appropriately stored. This had the potential to result in the loss or contamination of medications. Findings include:</p> <p>1. On 7/18/13 beginning at 10:00 AM, a tour of hospital medication storage areas was conducted with the pharmacist. Rooms 1 and 2, labor and delivery rooms, were each noted to contain unlocked carts with drawers containing vials of medications including vials of Marcaine, Vitamin K, Terbutaline, Cytotech, and tubes of Erythromycin ophthalmic ointment. The medications were in the bottom drawers of the carts and were accessible to obstetrical patients</p>	C 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">AUG 23 2013</p> <p style="text-align: center;">FACILITY STANDARDS</p> <div style="border: 1px solid black; padding: 5px;"> <p>1. The DNS and the OB RN III have removed the medications from the unlocked drawers in OB rooms 1 & 2.</p> <p>2. The medications have been stored in a box marked "OB Medications" and locked with a numbered zip-lock tie</p> <p>3. The medication storage boxes have been placed in the cupboard above the counter in both OB rooms 1 & 2.</p> <p>4. The pharmacist will update the current policy for Drug Storage in Non-Secure Areas</p> <p>5. The updated pharmacy policy will be reviewed at the next pharmacy committee meeting on 18th September, 2013</p> </div>

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

TITLE

(X6) DATE

[Signature]

CEO

8/20/2013

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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C 224	<p>Continued From page 1 and visitors, including children.</p> <p>During the tour, the pharmacist confirmed the area and the carts were easily accessible to obstetrical patients and visitors.</p> <p>The CAH failed to appropriately store and secure obstetric medication.</p> <p>2. A policy addressing drug storage in non-secure areas outside of the pharmacy, such as the obstetric rooms, was requested from the pharmacist on 7/19/13 at 9:00 AM. He stated the CAH had not developed a policy to address drug storage in non-secure areas.</p> <p>The CAH failed to develop policies for drug storage in non-secure areas.</p>	C 224	
C 278	<p>485.635(a)(3)(vi) PATIENT CARE POLICIES</p> <p>[The policies include the following:]</p> <p>a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the CAH failed to ensure a system for controlling infections in the endoscopy suite had been developed. This had the potential to result in hospital acquired infections. Findings include:</p> <p>A colonoscopy was performed on Patient #31 on 7/17/13 beginning at 10:14 AM and ending at 11:00 AM, including pre procedure preparation and post procedure recovery. All phases of the</p>	C 278	<p>1. Hand sanitizer has been placed on the anesthesia cart in the procedure room for the CRNA's use</p> <p>2. Facilities Management has moved the wall hand sanitizer away from the table with the supplies for the procedure</p> <p>3. The DNS has written a procedure for Hand Hygiene in Endoscopy/ Colonoscopy/Special Procedure Room.</p> <p>4. The DNS will review this with staff at the next nurses meeting September 24, 2013</p> <p>5. The DNS with the Infection Control Nurse will conduct a hand-hygiene surveillance. Findings will be tracked for at least two quarters and will be reported at the next Safety Committee meeting, 9/17/13.</p>

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C 278	<p>Continued From page 2</p> <p>procedure occurred in the procedure room. All phases of the procedure were observed by the surveyor. CAH staff participating in the procedure were the physician, the nurse anesthetist, and the registered nurse.</p> <p>From the door, Patient #31 was in the middle of the room and the nurse anesthetist was to his left. The physician performed the procedure on Patient #31's right. A sink was not located in the room. The anesthetist was stationed between the patient and an anesthesia cart. He did not have a hand sanitizer on the anesthesia cart. An alcohol based hand sanitizer was located on the wall by the nurse but a cart with supplies for the procedure was underneath the dispenser. This prevented the nurse from using the hand sanitizer.</p> <p>During the procedure, the anesthetist was observed to prepare his supplies, prep the patient's arm, start an IV, drop an alcohol prep pad on the floor and pick it up to dispose of it, administer at least 2 separate doses of IV medications, and document on a clipboard at least 3 times without performing hand hygiene. The nurse was observed to assist with positioning the patient, hand supplies to the physician, check on equipment, and gather specimens from the procedure without performing hand hygiene.</p> <p>Following the procedure, the anesthetist was interviewed on 7/17/13 beginning at 11:15 AM. He confirmed he had not performed hand hygiene during the procedure. He confirmed he had no way to perform hand hygiene without leaving the patient he was responsible for monitoring. He stated he was not aware of a formal procedure which described how hand hygiene should be</p>	C 278	

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C 278 Continued From page 3 performed in the procedure room. C 278

The CAH had not developed procedures to ensure staff performed hand hygiene in the procedure room.

C 322 485.639(b) ANESTHETIC RISK & EVALUATION C 322

- (1) A qualified practitioner, as specified in paragraph (a) of this section, must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed.
- (2) A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia.
- (3) Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.

This STANDARD is not met as evidenced by:
Based on staff interview and medical record review, it was determined the hospital failed to ensure 2 of 2 patients (#4 and #10), who had surgery under general anesthesia and whose records were reviewed, were evaluated for proper anesthesia recovery by a qualified practitioner. This had the potential to allow patients with post-anesthesia complications to go undiagnosed. Findings include:

- 1. Patient #4's medical record documented a 53 year old female who was admitted to the hospital on 6/06/13 and discharged on 6/11/13. She was initially admitted for laparoscopic gall bladder surgery. The operative report, dated 6/06/13, stated during the surgery, the laparoscopic

- 1. The "post-anesthesia" section on the paper form of the anesthesia record will be removed.
- 2. Beginning August 1, 2013 the CRNA's are conducting a post-anesthesia visit on all required post-operative patients within the directed time frame. This visit is documented as a progress note in the patient's EHR.
- 3. The CRNA's will track this as an Anesthesia Performance Improvement for at least two quarters

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C 322	<p>Continued From page 4</p> <p>procedure was abandoned and Patient #4 required an abdominal incision to complete the procedure. The "ANESTHESIA RECORD," dated 6/06/13, documented the surgery was performed under general anesthesia. A form labeled "PREANESTHESIA EVALUATION," dated 6/06/13, contained a section for a "POSTANESTHESIA NOTE." This section was blank. A post-anesthesia visit was not documented.</p> <p>The anesthesiologist was interviewed on 7/17/13 beginning at 11:15 AM. He confirmed a post-anesthetic visit was not documented for Patient #4.</p> <p>A post-anesthesia visit was not conducted for Patient #4.</p> <p>2. Patient #10's medical record documented a 48 year old female who was admitted to the hospital on 1/28/13 and discharged on 2/02/13. She had surgery to remove her uterus and ovaries on 1/28/13. The "ANESTHESIA RECORD," dated 1/28/13, documented the surgery was performed under general anesthesia. A form labeled "PREANESTHESIA EVALUATION," dated 1/28/13, contained a section for a "POSTANESTHESIA NOTE." This section was blank. A post-anesthesia visit was not documented.</p> <p>The anesthesiologist was interviewed on 7/17/13 beginning at 11:15 AM. He confirmed a post-anesthetic visit was not documented for Patient #10.</p> <p>A post-anesthesia visit was not conducted for Patient #10.</p>	C 322	

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDJB12	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2013
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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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B 000 16.03.14 Initial Comments

The following deficiencies were cited during the Idaho state licensure survey of your hospital. The surveyor conducting the licensure review was Gary Guiles RN, HFS.

B 000

BB228 16.03.14.330.08 Security

08. Security. The pharmacist is responsible for the drug storage security elements of the designated areas. Access to the pharmacy shall be gained only by him and by individuals designated by him. All prescribed medications shall be under lock and schedule II drugs shall be double-locked. (10-14-88)

This Rule is not met as evidenced by:
All prescribed medications were not kept under lock. Refer to C224 as it relates to the lack of security for medications in the obstetric rooms.

BB228

Refer to C-224

RECEIVED

AUG 26 2013

FACILITY STANDARDS

BB332 16.03.14.390.01 Anesthesia Services, Policies and Procedures

390. ANESTHESIA SERVICES.
These services shall be available when the hospital provides surgery or obstetrical services with C-section capacity and shall be integrated with other services of the hospital and shall include at least the following: (10-14-88)

01. Policies and Procedures. Policies and procedures shall be approved by the medical staff and the administration of the hospital. These written policies and procedures shall include at least the following: (10-14-88)

a. Designation of persons permitted to give anesthesia, types of anesthetics, preanesthesia,

BB332

Refer to C322

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

CEO

(X6) DATE

8/26/2013

Bureau of Facility Standards

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BB332	<p>Continued From page 1</p> <p>and post anesthesia responsibilities; and (10-14-88)</p> <p>b. Preanesthesia physical evaluation of a patient by an anesthetist, with the recording of pertinent information prior to surgery together with the history and physical and preoperative diagnosis of a physician; and (10-14-88)</p> <p>c. Review of patient condition immediately prior to induction; and (10-14-88)</p> <p>d. Safety of the patient during anesthetic period; and (10-14-88)</p> <p>e. Record of events during induction, maintenance, and emergence from anesthesia including: (10-14-88)</p> <p>i. Amount and duration of agents; and (10-14-88)</p> <p>ii. Drugs and IV fluids; and (10-14-88)</p> <p>iii. Blood and blood products. (10-14-88)</p> <p>f. Record of post-anesthetic visits and any complications shall be made within three (3) to forty-eight (48) hours following recovery; and (10-14-88)</p> <p>g. There shall be a written infection control procedure including aseptic techniques, and disinfection or sterilizing methods. (10-14-88)</p> <p>This Rule is not met as evidenced by: Post-anesthetic visits were not documented. Refer to C322 as it relates to the lack of post-anesthetic visits</p>	BB332	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDJBI2	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/19/2013
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BB540	Continued From page 2	BB540		
BB540	16.03.14.540.03 Infection Control & Prevention Procedures 03. Infection Control and Prevention Procedures. There shall be a written infection control procedure which shall include aseptic techniques, cleaning, sanitizing, and disinfection of all instruments, equipment and surfaces, for all departments and services of the hospital where patient care is rendered. (10-14-88) This Rule is not met as evidenced by: Infection control procedures were not established for the endoscopy suite. Refer to C278 as it relates to the lack of systems for controlling infections in the endoscopy suite .	BB540	Refer to C-278	