



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 208-334-6626  
FAX 208-364-1888

September 12, 2013

Jon Ness, Administrator  
Kootenai Medical Center  
2003 Kootenai Health Way  
Coeur D'Alene, ID 83814

COPY

RE: Kootenai Medical Center, Provider #130049

Dear Mr. Ness:

This is to advise you of the findings of the Medicare survey of Kootenai Medical Center, which was conducted on August 20, 2013.

Enclosed is your copy of the Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no deficiencies were noted at the time of the survey. This form is for your records only and need not be returned.

Thank you for the courtesies extended to us during our visit. If you have questions, please 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: 08/28/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  130049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/20/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  KOOTENAI MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 KOOTENAI HEALTH WAY COEUR D'ALENE, ID 83814
---	--

(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
--------------------	--	---------------	---	----------------------

A 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey was completed at your hospital from 8/19/13 through 8/20/13. Surveyors conducting the survey were:</p> <p>Gary Guiles, RN, HFS Libby Doane, RN, HFS</p> <p>A survey was conducted to evaluate compliance with the Conditions of Participation for Patient Rights and Discharge Planning. No deficiencies were identified in these areas.</p>	A 000		
-------	--	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.



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 208-334-6626  
FAX 208-364-1888

COPY

September 12, 2013

Jon Ness, Administrator  
Kootenai Medical Center  
2003 Kootenai Health Way  
Coeur D'Alene, ID 83814

RE: Kootenai Medical Center, Provider #130049

Dear Mr. Ness:

On August 20, 2013, a complaint survey was conducted at Kootenai Medical Center. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00006149**

**Allegation:** Patients were not being provided with a choice of post-hospital care services.

**Findings:** An unannounced visit was made to the hospital on 8/19/13 through 8/20/13. During the complaint investigation, surveyors reviewed 8 patient records for discharge planning documentation. Staff and patients were interviewed.

A discharge planner and an RN case manager were interviewed on 8/19/13 at 2:30 PM. The discharge planner stated that when a patient is preparing to be discharged to a post-hospital care service, the patient and family are given a list of providers to choose from. The list, "NURSING, HOME HEALTH & MEDICAL EQUIPMENT," contained provider names and phone numbers for home health agencies, skilled nursing/rehabilitation providers and hospice agencies listed by geographic location. The list also contained medical equipment suppliers listed by geographic location. The RN case manager stated that patients are counseled on which providers accept the patient's insurance so an informed decision can be made. She also stated that physicians do not choose for the patient, they only write the order once the patient has chosen. The discharge planner stated that, except for insurance coverage, discharge planning staff did not give recommendations on one facility over another. She stated that family are included in the decision and can help the patient make the choice, but hospital staff cannot make the choice for them.

Three inpatients were interviewed. One patient was being discharged with home health services. He stated he chose the home health agency based on past experience and did not require a list of providers. He stated he did not feel he was influenced by staff while making his choice.

Jon Ness, Administrator  
September 12, 2013  
Page 2 of 2

Two patients were being discharged with IV antibiotics. One of the patients stated she had administered her own IV antibiotics in the past and preferred to do this after discharge. She stated discharge planners were in the process of arranging supplies through a company she had used in the past.

The other patient also stated he felt capable of administering his own antibiotics and did not wish to have any home health services. He stated he would be discussing this with his physician, wife, and discharge planner later on that day. Neither patient felt the hospital had tried to influence their choice in post-hospital care planning.

Five current records and three closed records were reviewed. All of the records contained evidence that post-hospital care options had been discussed with the patient and/or family prior to discharge.

Four of the records documented patients that had been discharged to hospice services. Two patients chose one hospice provider. The other 2 patients chose different hospice agencies. Both records documented that other options had been provided and that the patient and/or their families had chosen this hospice provider.

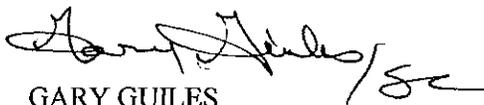
It could not be determined through the investigative process that patients were not being provided with a choice of post-hospital care services.

**Conclusion:** Unsubstantiated. Lack of sufficient evidence.

As the allegation was unsubstantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



GARY GULES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

GG/pt



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 208-334-6626  
FAX 208-364-1888

September 12, 2013

Jon Ness, Administrator  
Kootenai Medical Center  
2003 Kootenai Health Way  
Coeur D'Alene, ID 83814

RE: Kootenai Medical Center, Provider #130049

Dear Mr. Ness:

On August 20, 2013, a follow-up visit of your facility, Kootenai Medical Center, was conducted to verify corrections of deficiencies noted during the survey of June 10, 2013.

We were able to determine that the **Condition of Participation of Patient Rights (42 CFR 482.13)** is now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us 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  
ec: Kate Mitchell, CMS Region X Office

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Western Division of Survey and Certification  
Seattle Regional Office  
2201 Sixth Avenue, RX-48  
Seattle, WA 98121



---

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

September 9, 2013

Lorraine Olsheski, Executive Director  
Kootenai Medical Center  
2003 Kootenai Health Way  
Coeur d’Alene, ID 83814

CMS Certification Number: 13-0049

**Re: Restore “deemed” status through Joint Commission accreditation**

Dear Ms. Olsheski:

The Idaho Bureau of Facility Standards (State survey agency) completed a revisit survey on August 20, 2013. The State survey agency determined that Kootenai Medical Center has met the Medicare Hospital Conditions of Participation following the complaint survey conducted June 10, 2013.

As a result of Kootenai Medical Center’s compliance with federal requirements, the Centers for Medicare and Medicaid Services (CMS) will reinstate the hospital’s Medicare “deemed” status through The Joint Commission and remove the hospital from the State survey agency’s survey jurisdiction. Copies of this letter are being provided to the State survey agency and the Joint Commission. The termination action described in CMS’ June 20, 2013 letter is now rescinded and we have closed this case.

If you have any questions, please contact me at (206) 615-2432 or by email [catherine.mitchell@cms.hhs.gov](mailto:catherine.mitchell@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Kate Mitchell". The signature is written in a cursive, flowing style.

Kate Mitchell, Health Insurance Specialist  
Division of Survey and Certification

cc: Idaho Bureau of Facility Standards  
The Joint Commission