IDAHO DEPARTMENT OF
HEALTH & WELFARE

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February 5, 2009

Rick Richards, Administrator
Northern Idaho Advanced Care Hospital
600 North Cecil
Post Falls, Idaho 83854

RE: Northern Idaho Advanced Care Hospital, provider #132001

Dear Mr. Richards:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Northern Idaho Advanced Care Hospital, on February 2, 2009.

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

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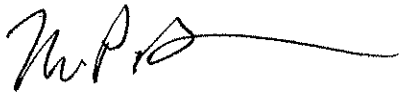
correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 18, 2009**, and keep a copy for your records.

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

Sincerely,



MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	132001	A. BUILDING 01 B. WING _____	02/02/2009

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 PRECEEDED 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. 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 survey conducted on February 2, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy, adopted 11 March, 2003. In accordance with 42 CFR 482.41(b). Census on the day of the survey was 39. The survey was conducted by: Mark P. Grimes, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED FEB 17 2009 FACILITY STANDARDS	
			Deficiency K 038:	02/02/09
K 038	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This Standard is not met as evidenced by:	K 038	Effective February 2, 2009 at 2:30 PM, the upholstered bench seat was remove from the nursing station area and placed in storage to prevent it being moved to the offending location in the future. An identical upholstered bench seat normally placed in the main entrance of the hospital was also placed in storage to eliminate the possibility of it being moved to the offending location. The storage area is locked with access restricted to Plant Operations staff. Daily building safety and function rounds are performed daily by the Plant Operations Manager or designee. Included in these rounds will be observations for any and all hallway obstructions. If obstructions are noted, the offending items(s) will be removed immediately and an incident report will be completed. The incident report will be forwarded to the DQRM who will complete an investigation and define any further action steps. Results of the investigation and action steps will be reported quarterly to Safety Committee, Quality Council, Medical Executive Committee, and Governing Body. Person(s) Responsible: Plant Operations Manager and DQRM	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	CEO	2/13/09

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	132001	A. BUILDING 01 B. WING _____	02/02/2009

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 PRECEEDED 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 038	Continued From page 1 Based upon observation and interview it was observed that the facility had failed to ensure exit access corridors are maintained free of obstructions for the full required width of the corridor. Failure to maintain clear access to exits could prevent the safe and orderly evacuation of the smoke compartment in an emergency, endangering all patients and staff. The facility is licensed for 40 beds, census on the date of the survey was 39. Findings include: During the facility tour on 02/02/09 at approximately 2:15 pm. observation revealed and interview confirmed, that an upholstered bench seat (which is designated for the lobby area) was placed in the exit access by staff for the convenience of patient family members. Placement of the bench within the exit access path at the nursing station could restrict the orderly evacuation of bed ridden patients. This deficient practice affected 39 patients in one of three smoke compartments. This deficient practice was acknowledged by the facility manager.	K 038		
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 This Standard is not met as evidenced by:	K 064	**Deficiency K 064** Effective February 2, 2009 at 3:30 pm, the offending extinguisher was removed from service and replaced with a properly examined and safety checked extinguisher. Of note is the fact the offending extinguisher was placed in service December of 2008. January 2009 was the only month it was not checked. The Safety Committee reviewed the process(s) utilized by the Plant Operations Manager to conduct monthly fire extinguisher checks. The review of 3 years of extinguisher check logs demonstrated this is/has been the only deficiency. Based upon that objective data, the Safety Committee recommended continuing with the current, highly effective system with added due diligence. Results of data collection and any actions taken to correct deficiencies will be reported quarterly to the Safety Committee, Quality Council, Medical Executive Committee, and Governing Body. Person Responsible: Plant Operations Manager	02/02/09

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED
	132001		02/02/2009

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 PRECEEDED 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 064	Continued From page 2 Based upon observation and interview the facility failed to ensure fire extinguishers are placed, inspected and maintained in accordance with NFPA Standard #10. This deficient practice could result in a fire spreading beyond the incipient stage due to lack of manual suppression equipment being available. The facility is licensed for 40 beds, census on the date of the survey was 39. Findings include: During the facility tour on 02/02/09 at approximately 2:50 pm. the "K" class extinguisher installed in the food service kitchen was observed to have a green colored liquid inside the pressure gauge and the extinguisher service tag had no notations of monthly checks. Liquid inside the pressure gauge is an indication of a need for service by an authorized fire extinguisher service company. This observation was witnessed and acknowledged by the facility manager.	K 064		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	132001		02/02/2009

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. 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 survey conducted on February 2, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, New Health Care Occupancy, adopted 11 March, 2003. In accordance with 42 CFR 482.41(b). and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho. The hospital is licensed for 40 beds, census on the day of the survey was 39. The survey was conducted by: Mark P. Grimes, Supervisor Facility Fire Safety & Construction	B 000	RECEIVED FEB 17 2009 FACILITY STANDARDS **Deficiency BB 162:** A. Effective February 2, 2009 at 2:30 PM, the upholstered bench seat was remove from the nursing station area and placed in storage to prevent it being moved to the offending location in the future. An identical upholstered bench seat normally placed in the main entrance of the hospital was also placed in storage to eliminate the possibility of it being moved to the offending location. The storage area is locked with access restricted to Plant Operations staff. Daily building safety and function rounds are performed daily by the Plant Operations Manager or designee. Included in these rounds will be observations for any and all hallway obstructions. If obstructions are noted, the offending items(s) will be removed immediately and an incident report will be completed. The incident report will be forwarded to the DQRM who will complete an investigation and define any further action steps. Results of the investigation and action steps will be reported quarterly to Safety Committee, Quality Council, Medical Executive Committee, and Governing Body. Person(s) Responsible: Plant Operations Manager and DQRM.	02/02/09
BB162	16.03.14.510.02 Life Safety Code Requirements Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference. Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the	BB162		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 2/13/09

Bureau of Facility Standards

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 02/02/2009
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
BB162	Continued From Page 1 effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department. Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code" for new construction. In the event of a conflict between the applicable edition of the Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern. This Rule is not met as evidenced by: Refer to the following deficiencies cited on federal form 2567: K038 Exit Access Corridors K064 Portable Fire Extinguishers	BB162	B. Effective February 2, 2009 at 3:30 pm, the offending extinguisher was removed from service and replaced with a properly examined and safety checked extinguisher. Of note is the fact the offending extinguisher was placed in service December of 2008. January 2009 was the only month it was not checked. The Safety Committee reviewed the process(s) utilized by the Plant Operations Manager to conduct monthly fire extinguisher checks. The review of 3 years of extinguisher check logs demonstrated this is/has been the only deficiency. Based upon that objective data, the Safety Committee recommended continuing with the current, highly effective system with added due diligence. Results of data collection and any actions taken to correct deficiencies will be reported quarterly to the Safety Committee, Quality Council, Medical Executive Committee, and Governing Body. Person Responsible: Plant Operations Manager. RECEIVED FEB 17 2009 FACILITY STANDARDS	02/02/09