IDAHO DEPARTMENT OF HEALTH & WELFARE

JAMES E. RISCH – Governor
KARL B. KURTZ – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 22, 2006

FILE COPY

Ann Oglevie
Weiser Memorial Hospital
645 East 5th street
Weiser, ID 83672

Dear Mr. Dahlstrom:

This is to advise you of the findings of the State Licensure and Medicare Fire Safety Survey of Weiser Memorial Hospital conducted August 10,2006.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, and State Form listing fire and life safety deficiencies that will require a Plan of Correction. 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;

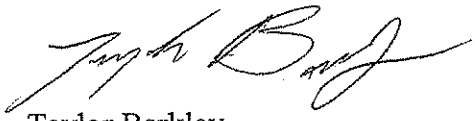
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

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 September 4, 2006, 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,



Taylor Barkley
Health Facility Surveyor
Fire Life Safety

mlw

Enclosures

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Weiser Memorial Hospital
645 E. Fifth Street
Weiser, Idaho 83672

208-549-4450

12 September 2006

Taylor Barkley
Health Facility Surveyor
Life Safety Code
Idaho Department of Health & Welfare

I have enclosed the findings of the State Licensure and Medicare Fire Safety Survey concluded on 10 August 2006 with our Plan of Correction.

If there are questions concerning the corrective actions or documentation included, please call Steve Domby at 208-549-1051 or myself.

Thank you,

Emmett C. Schuster
Interim CEO

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131307	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL B. WING	(X3) DATE SURVEY COMPLETED 08/10/2006
NAME OF PROVIDER OR SUPPLIER: WEISER MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 645 E. 5TH ST. P.O. BOX 550 WEISER, ID, ID 83672		

(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) COMPLETE DATE
K 000	INITIAL COMMENTS The hospital consists of an original single story protected non-combustible building with a partial finished basement constructed in 1950. The original building has undergone numerous minor interior remodels since the original construction. A single story addition was completed in 1994 to include a new surgical suite and maternity center. The '94 addition is two (2) hour separated from the original building. The '94 addition also included conversion of the original surgery suite to an extended emergency suite. The '94 addition is protected throughout by an automatic fire extinguishing system and the entire fire alarm system was upgraded as part of the '94 addition. To the south of the main hospital entry is a two (2) hour separated clinic which is not part of the hospital occupancy. The Fire & Life Safety survey was conducted by Keith Barkow, Bureau of Facility Standards, Idaho Department of Health and Welfare.	K 000		
K 046	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on observation, the facility failed to ensure that required exit access corridor emergency lighting was in place. Two (2) of Eight (8) emergency access areas did not have emergency lighting within the facility. Findings included: 1. On 8/10/06 at 11:30 am it was observed that no emergency lighting was available or installed in the	K 046		

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

Interim CEO — 9/18/2006

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

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	131307		08/10/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEISER MEMORIAL HOSPITAL	645 E. 5TH ST. P.O. BOX 550 WEISER, ID, ID 83672

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K 046	Continued From Page 1 basement. 2. On 8/10/06 at 11:30 am it was observed that no emergency lighting was available or installed in the kitchen corridor. Observations were witnessed and noted by surveyor and facility maintenance supervisor.	K 046	K046 Emergency Lighting Local contractors are being sought to propose cost estimates for the kitchen corridor and basement corridor emergency lighting. Alternate sources of Emergency Lighting are being identified until a more absolute solution is found.	9/30/06
K 047	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This Standard is not met as evidenced by: Based on observations, it was determined the facility failed to ensure proper display and illumination of exit signs. One (1) exit sign of Eight (8) within the facility was not adequately illuminated. Findings included: 1. On 8/10/06 at 11:20 am it was observed that the north entry exit sign was not functioning due to burned out light bulbs within the fixture. 2. Observation at 11:30 am revealed that no exit sign fixtures were installed in the Kitchen corridor. 3. Observation at 11:30 am revealed that no exit sign fixtures were installed in the basement.	K 047	K047 Exit and Directional Signs 1. Corrected Installed a new bulb. 2. Discussed with the local Fire Marshall how best to light and place the signs. Will have electrical supply available for signs. 2. Exit signs and lighting fixtures have been ordered.	8/11/06 9/30/06 9/30/06

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NAME OF PROVIDER OR SUPPLIER WEISER MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 645 E. 5TH ST. P.O. BOX 550 WEISER, ID, ID 83672	

(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) COMPLETE DATE
K 072	Continued From Page 2	K 072		
K 072	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This Standard is not met as evidenced by: Based on observations, it was determined the facility failed to ensure the fire exit access was free of obstructions and readily accessible at all times. Findings included: 1. On 8/10/28/06 at 11:40 am it was observed that Three (3) large oxygen tanks on wheeled carts were stored in the corridor blocking access to fire exit doors. Tanks were immediately moved into the oxygen storage room and secured. One (1) of Eight (8) emergency fire exits had been partially obstructed. 2. On 8/10/28/06 at 11:00 am to 11:10 am it was observed that medical equipment, bed, and a TV monitor were permanently being stored in the corridor outside the ER exit corridor. 3. On 8/10/28/06 at 11:00 am to 11:10 am it was observed that an old non working copy machine was being stored in the main corridor. 4. On 8/10/06 at 11:40 am it was observed that Three (3) large oxygen cylinders on a wheeled cart were stored in the corridor across from the designated oxygen storage room. Oxygen cylinders were moved	K 072	K 072 Egress Lanes 1. Corrected. Respiratory Technician removed the tanks and carts to a safer storage location. 2..Corrected. All items listed have been moved to safer storage areas. 3..Corrected. Maintenance moved the copy machine to the external storage building. 4. Corrected as per item #1, tanks and carts moved to safer storage area.	8/10/06 9/18/06 8/11/06 8/10/06

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K 072	Continued From Page 3 immediately and put in their proper storage room by maintenance supervisor. Observations were witnessed and noted by surveyor and facility maintenance supervisor	K 072		

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Bureau of Facility Standards

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131307	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL B. WING	(X3) DATE SURVEY COMPLETED 08/10/2006
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BB500	16.03.14.510.02 Life Safety Code Requirements 02. 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. (10-14-88) a. 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 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. (10-14-88) b. 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. (10-14-88) c. 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. (10-14-88) This Rule is not met as evidenced by: Please refer to Federal K Tags for Deficiencies listed below. K 046 NFPA 101 Life Safety Code - Emergency lighting of at least 1 1/2 hour duration is provided in accordance with 7.9 19.2.9.1 K 047 NFPA 101 Life Safety Code - Exit and directional signs are displayed in accordance	BB500	**K046 Emergency Lighting** Local contractors are being sought to propose cost estimates for the kitchen corridor and basement corridor emergency lighting. Alternate sources of Emergency Lighting are being identified until a more absolute solution is found. At least 1 ½ Hour duration lights will be installed **K047 Exit and Directional Signs** Section 7.10 will be used in the installation. Will have electrical supply available for signs. Exit signs and lighting fixtures have been ordered.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Interim CEO	9/18/2006

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BB500	Continued From Page 1 with section 7.10 K 072 NFPA 101 Life Safely Code - Means of egress are continuously maintained free of all obstructions or impediments to full instant use in case of fire or other emergency. 7.1.10	BB500	**K 072 Egress Lanes** All items listed have been moved to safer storage areas. Maintenance Director and Administrator will monitor on a daily basis	