IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

July 23, 2015

Coty Freeman, Administrator
Safe Haven Hospital of Treasure Valley
8050 Northview Street
Boise, ID 83704

RE: Safe Haven Hospital of Treasure Valley, Provider ID# 134009

Dear Coty Freeman:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Safe Haven Hospital of Treasure Valley, on July 16, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. If applicable, a similar State Form will be provided listing licensure health 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.

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 **August 5, 2015.**

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,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	134009	A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	07/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN HOSPITAL OF TREASURE VALL	8050 WEST NORTHVIEW STREET BOISE, ID 83704

(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
K 000	INITIAL COMMENTS The facility is a single story, Type V (111) building that was constructed in 1990, it is fully sprinklered, and has detection in patient rooms and corridors and a manual fire alarm system.There are multiple exits to grade. The kitchen, dining area, staff lounge and medical records are separated from the facility by a two hour fire separation. The facility is currently licensed for 16 beds. The following deficiencies were cited during the Life Safety Code recertification survey conducted on July 15, 2015 - July 16, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 19, Existing Health Care Occupancy in accordance with 42 CFR 482.42 (b). The Survey was conducted by: Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction	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 record review and interview the facility failed to provide annual emergency lighting system testing documentation. Failure to test emergency lighting systems could inhibit egress of residents during an emergency . This deficient practice affected all patients, staff and visitors on the day of survey. The facility is licensed for 16 beds with a census of 16 on the date of survey.	K 046		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Edward Rose PhD | TITLE: CAO | (X6) DATE: 8/5/15

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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FORM APPROVED
OMB NO. 0938-0391

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
	134009	A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	07/16/2015

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K 046	Continued From page 1 Findings include: During record review on July 15, 2015 at approximately 2:30 PM, it was observed the facility was unable to provide the emergency lighting system testing documentation for the required 90 minutes annually. When asked, the maintenance supervisor stated the facility was conducting the required tests but was unaware the records were not in the facility book. Actual NFPA reference: NFPA 101, 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. 7.9. 3 A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction	K 046	Our TELs have been updated to meet the set regulation for testing Exit signs. The new part will show that we need to do a 90 minute test every three months. New batteries have been placed in all EXIT signs throughout the hospital. This change is to insure that we are keeping up on the testing as required. The Maintenance staff was trained 07.28.2015 in the proper way to test the EXIT signs. They also have been up dated in proper documentation. Daily Operations Dept. will review monthly reports done by Maintenance staff to insure they are up to date and correct. Implementing this new plan on 07.29.2015 we are in compliance with the FPA codes	
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 observation and operational testing the facility failed to ensure exit signage was	K 047		

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K 047	Continued From page 2 continuously illuminated. This deficient practice could confuse evacuation in a dark smoke filled corridor affecting all patients, staff members, and visitors on the date of survey. The facility is licensed for 16 beds with a census of 16 on the day of survey. Findings include: During the facility tour on July 16, 2015 between 9:00 AM and 2:30 PM, observation and operational testing revealed the exit signs located throughout the facility would not provide continuous illumination when the test button was pushed. When asked, the Maintenance Supervisor stated they were unaware the exit signs were not working properly. Actual NFPA standard: 7.10.5 Illumination of Signs. 7.10.5.1* General. Every sign required by 7.10.1.2 or 7.10.1.4, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode.	K 047	Back up batteries have been purchased and installed. They were tested during the survey date 07-17-15. See attached invoice from [redacted].	07-17-15
K 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Based on observation, interview, and record review, the facility failed to properly maintain the	K 062		

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

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN HOSPITAL OF TREASURE VALL	8050 WEST NORTHVIEW STREET BOISE, ID 83704

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K 062	Continued From page 3 fire suppression system. Failure to maintain the fire suppression system could result in the system not operating to full capacity during a fire event. This deficient practice affected all patients, staff and visitors on the date of survey. The facility has the capacity for 16 beds with a census of 16 the day of survey. Findings include: During record review of the facility's sprinkler testing reports on July 15, 2015 at approximately 3:00 PM, the facility was unable to provide any documented 5 year internal piping inspection reports of the automatic sprinkler system. Upon further investigation of the sprinkler riser it was revealed that no tags or stickers were affixed to the system to indicate a 5 year inspection had been completed. When asked, the Maintenance Supervisor stated the facility had completed the required inspection but was unsure where the documentation was located. Actual NFPA standard: NFPA 25,10-2.2 Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.	K 062	[redacted] has been contacted on 07.27.2015 about a five year test, and they have scheduled it to be done before 08.15.2015. [redacted] has set us up on a set schedule for all our system checks. Our TELs has been updated as well for our record keeping. The Maintenance Dept. on 07.28.2015 started to update the TELs program as needed. The Maintenance Dept. (Staff) will keep a hard copy of all records in their office. Daily operation will also receive a copy for a backup. Daily Operations Manager will review reports monthly. By having a new plan in place we will keep in compliance with all FPA Codes.	

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B 000	16.03.14 Initial Comments The facility is a single story, Type V (111) building that was constructed in 1990, it is fully sprinklered, and has detection in patient rooms and corridors and a manual fire alarm system.There are multiple exits to grade. The kitchen, dining area, staff lounge and medical records are separated from the facility by a two hour fire separation. The facility is currently licensed for 16 beds. The following deficiencies were cited during the Life Safety Code recertification survey conducted on July 15, 2015 - July 16, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 19, Existing Health Care Occupancy in accordance with 42 CFR 482.42 (b) and IDAPA16.03.14 Minimum Standards for Hospitals in Idaho. The Survey was conducted by: Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction	B 000	RECEIVED AUG - 7 2015 FACILITY STANDARDS	
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	BB161		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Scott M. Poe PhD | TITLE: Administrator | (X6) DATE: 8/7/15

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BB161	Continued From Page 1 patients, employees, and the public. This RULE: is not met as evidenced by: Refer to the following deficiencies identified on Federal Form 2567: K046 - Emergency Lighting K047 - Exit Signs K062 - Sprinkler System	BB161	See Federal LS survey response.	