IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK-- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
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August 20, 2015

Carl Hanson, Administrator
Minidoka Memorial Hospital
1224 8th Street
Rupert, ID 83350

RE: Minidoka Memorial Hospital, Provider ID# 131319

Dear Mr. Hanson:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Minidoka Memorial Hospital, on August 13, 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 **September 2, 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 |
|---|---|---|---|
| | 131319 | A. BUILDING 01 - ENTIRE HOSPITAL<br>B. WING _____ | 08/13/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MINIDOKA MEMORIAL HOSPITAL | 1224 8TH STREET<br>RUPERT, ID 83350 |

| (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 |
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| K 000 | INITIAL COMMENTS<br><br>The hospital is a single story structure of Type II (111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm system was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.<br><br>The following deficiencies were cited at the above facility during a recertification survey conducted on August 13, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Existing Health Care Occupancies in accordance with 42 CFR 282.41(b)<br><br>The Survey was conducted by:<br><br>Nathan Elkins<br>Health Facility Surveyor<br>Facility Fire Safety & Construction | K 000 | RECEIVED<br>SEP - 1 2015<br>FACILITY STANDARDS | |
| K 018 | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core | K 018 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Carl Hamm | CEO | 8-28-15 |

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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| K 018 | Continued From page 1<br>wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3<br><br>Roller latches are prohibited by CMS regulations in all health care facilities.<br><br>This Standard is not met as evidenced by:<br>Based on observation, operational testing, and interview the facility failed to maintain doors that protect corridor openings. Failure to maintain corridor doors could allow smoke and dangerous gases to pass freely in a fire event. This deficient practice affected only staff and visitors on the date of survey. The facility is licensed for 25 hospital beds with a census of 11 on the day of survey.<br><br>Findings Include:<br><br>During the facility tour on August 13, 2015 at approximately 11:00 AM, observation and operational testing of the door to the housekeeping office revealed the door would not close properly when released from the magnetic hold open device allowing an approximately 1 inch gap between the the edge of the door and the door frame. The door was not capable of | K 018 | K 018<br>Corrective Action:<br>The identified areas:<br><br>Housekeeping office door was adjusted to close properly when released from the magnetic hold open device.<br><br>Maintenance Supervisor is aware of the NFPA 101standard.<br><br>Systemic changes – Maintenance Supervisor, or designee, will do a facility walk through at least weekly to monitor for doors closing properly.<br><br>Monitor:<br>Maintenance Supervisor, or designee, will routinely monitor corridor areas to assure that doors are closing properly.<br><br>Quality:<br>Maintenance Supervisor, or designee, will report to the facility's Safety Committee quarterly, beginning in September 2015. | 8/28/15 |

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| K 018 | Continued From page 2<br>resisting the passage of smoke. When asked, the Maintenance Supervisor stated the facility was unaware of the door not closing properly.<br><br>Actual NFPA standard:<br>19.3.6.3.1*<br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors.<br>Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.<br>Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. | K 018 | | |
| K 027 | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive | K 027 | | |

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| K 027 | Continued From page 3<br>latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7<br><br>This Standard is not met as evidenced by:<br>Based on observation and operational testing, the facility failed to ensure that all doors in smoke barriers were self-closing and resisted against the passage of smoke. The deficient practice affected no patients, staff and visitors. The facility has a capacity for 25 beds with a census of 11 on the day of survey.<br><br>Findings Include:<br><br>During the facility tour on August 13, 2015 at approximately 10:30 AM, observation of the cross corridor doors near the administration office and the kitchen failed to close completely when released from the magnetic hold open device leaving an approximately 1 inch gap between the doors. When asked, the Maintenance Supervisor stated the facility was unaware of the doors not closing properly.<br><br>Actual NFPA standard:<br>19.3.7.5<br>Openings in smoke barriers shall be protected by fire-rated glazing; by wired glass panels and steel frames; by substantial doors, such as 13/4-in. (4.4-cm) thick, solid-bonded wood core doors; or by construction that resists fire for not less than 20 minutes. Nonrated factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door shall be permitted.<br>Exception: Doors shall be permitted to have fixed fire window assemblies in accordance with 8.2.3.2.2. | K 027 | K 027<br>Corrective Action:<br>The identified areas:<br><br>1. The cross corridor doors near the administration office and the kitchen were adjusted to close completely when released from the magnetic hold open device.<br><br>Maintenance Supervisor is aware of the NFPA 101standard.<br><br>Systemic changes – Maintenance Supervisor, or designee, will do a facility walk through at least weekly to monitor for doors closing completely when released from the magnetic hold open device.<br><br>Monitor –Maintenance Supervisor, or designee, will do a facility walk through at least weekly to monitor doors closing completely when released from the magnetic hold open device.<br><br>Quality Assurance - Maintenance Supervisor, or designee, will report to the facility's Safety Committee quarterly, beginning September 2015. | 8/28/15 |

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| K 047 | Continued From page 4<br>NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This Standard is not met as evidenced by:<br>Based on observation and interview the facility failed to ensure exit signage was continuously illuminated. This deficient practice could confuse evacuation in a dark smoke filled corridor. This deficient practice affected staff members on the date of survey. The facility is licensed for 25 hospital beds with a census of 11 on the day of survey.<br><br>Findings Include:<br><br>During the facility tour on August 13, 2015 at approximately 1:30 PM, observation and reveled multiple exit signs located in the main surgery suite corridor were not operational. When asked, the maintenance supervisor stated the facility was unaware the exit sign were not working properly.<br><br>Actual NFPA standard:<br>19.2.10 Marking of Means of Egress.<br>19.2.10.1<br>Means of egress shall have signs in accordance with Section 7.10.<br>Exception: Where the path of egress travel is obvious, signs shall not be required in one-story buildings with an occupant load of fewer than 30 persons.<br><br>7.10.5 Illumination of Signs. | K 047 | K 047<br><br>Corrective Action:<br>The Identified Area:<br>Multiple exit signs located in the main surgery suite corridor were not operational.<br><br>Other individuals:<br>All hospital staff, patients, visitors have the ability to be affected by this.<br><br>Systemic Changes:<br>The multiple exit signs were replaced with new exit signs.<br><br>Monitor:<br>The Maintenance Supervisor, or designee, will monitor monthly to ensure exit signs are operational.<br><br>Quality:<br>The Maintenance Supervisor, or designee, will report monitor results at the quarterly Safety Committee meeting beginning September 2015. | 9/01/14 |

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| K 047 | Continued From page 5<br>7.10.5.1* General.<br>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 | | |
| K 072 | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This Standard is not met as evidenced by:<br>Based on observation and interview, the facility did not ensure that means of egress was maintained free from obstructions. Failure to provide exit access free of obstructions could prevent the safe evacuation during an emergency. This deficient affected patients that were located in the surgery suite as well as staff members on the day of survey. The facility is licensed for 25 hospital beds with a census of 11 on the day of survey.<br><br>Findings Include:<br><br>During the facility tour on August 13, 2015 at approximately 1:00 PM, observation revealed approximately 12 plastic tote storage boxes stored in the corridor of the surgery suite corridor. When asked, the Maintenance Supervisor stated other agencies that utilize the surgery suite at the end of the week will bring the supplies needed in | K 072 | K 072<br>Corrective Action:<br>The Identified Area:<br>12 plastic totes were removed from the corridor of the surgery suite.<br><br>Other individuals:<br>All hospital staff, patients, visitors have the ability to be affected by this.<br><br>Systemic Change:<br>Staff was inserviced on maintaining means of egress free from obstructions.<br><br>Monitor:<br>Surgery Supervisor, or designee, will routinely monitor areas to assure that means of egress is free from obstructions.<br><br>Quality:<br>Maintenance Supervisor, or designee, will report monitor to the facility's Safety Committee quarterly, beginning in September 2015. | 8/28/15 |

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| K 072 | Continued From page 6<br>the plastic containers and store the containers in the corridor until completed with the surgery suite. The Maintenance Supervisor stated the facility was unaware the storage containers blocked the means of egress.<br><br>Actual NFPA standard:<br>7.1.10 Means of Egress Reliability.<br>7.1.10.1*<br>Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.<br><br>7.1.10.2 Furnishings and Decorations in Means of Egress.<br>7.1.10.2.1<br>No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress therefrom, or visibility thereof. | K 072 | | |

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| B 000 | 16.03.14 Initial Comments<br><br>The hospital is a single story structure of Type II (111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm system was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.<br><br>The following deficiencies were cited at the above facility during a recertification survey conducted on August 13, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Existing Health Care Occupancies in accordance with 42 CFR 282.41(b) and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.<br><br>The Survey was conducted by:<br><br>Nathan Elkins<br>Health Facility Surveyor<br>Facility Fire Safety & Construction | B 000 | RECEIVED<br>SEP - 1 2015<br>FACILITY STANDARDS | |
| BB161 | 16.03.14.510 Fire and Life Safety Standards<br><br>Buildings on the premises used as a hospital shall meet all the requirements of local, state, | 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: Carl Hanson — TITLE: Administrator — (X6) DATE:

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| BB161 | Continued From Page 1<br><br>and national codes concerning fire and life safety that are applicable to hospitals.<br>General Requirements. General requirements for the fire and life safety standards for a hospital are that:<br>The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public.<br>On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public.<br><br>This RULE: is not met as evidenced by:<br>Refer to the following deficiencies identified on Federal Form 2567:<br><br>K018 Corridor Doors<br>K027 Cross Corridor Doors<br>K047 Illumination of Exit Signs<br>K072 Means of Egress | BB161 | BB 161<br>Refer to K018<br>Refer to K027<br>Refer to K047<br>Refer to K072 | 8/28/15 |