



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RICHARD M. ARMSTRONG – Director

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DIVISION OF LICENSING & CERTIFICATION
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PHONE 208-334-6626
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October 1, 2015

Michele Magnuson, Administrator
North Idaho Pain Center
1686 W. Riverstone Drive, Suite 2
Coeur d'Alene, ID 83814-5779

RE: North Idaho Pain Center, Provider #13C0001058

Dear Ms. Magnuson:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at North Idaho Pain Center on September 23, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare 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. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.

Michele Magnuson, Administrator
October 1, 2015
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4. 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 **October 14, 2015**, 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,

A handwritten signature in black ink, appearing to read 'M P Grimes', followed by a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

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

Printed: 10/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001058	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2015
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NAME OF PROVIDER OR SUPPLIER NORTH IDAHO PAIN CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1686 W RIVERSTONE DRIVE, SUITE 2 COEUR D'ALENE, ID 83814
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(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	<p>INITIAL COMMENTS</p> <p>The facility is a Type V (111) single story building that is approximately 6,700-square-foot in size. The building is protected by a complete automatic fire sprinkler system, a fire alarm-smoke detection system, and uses a uninterruptible power supply system (UPS). There is clinical space and an outpatient surgery center with two procedure rooms.</p> <p>The facility was surveyed under the provisions of the Life Safety Code, 2000 Edition, Chapter 20, New Ambulatory Health Care Occupancies, in accordance with 42 CFR 416.44(b).</p> <p>The following deficiencies were cited during the annual fire life survey conducted on September 23, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</p>	K 000	<p style="text-align: center;">RECEIVED OCT 13 2015 FACILITY STANDARDS</p>	
K 051	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1</p> <p>This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure the fire alarm system was maintained in a reliable operating condition. Failure to maintain the fire alarm system could result in the failure to provide early notification to</p>	K 051		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Scott K Magnuson, MD</i>	TITLE <i>Medical Director</i>	(X6) DATE <i>10/08/2015</i>
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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 051	<p>Continued From page 1 building occupants when a fire occurs. This deficient practice affected all patients, staff and visitors on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour on September 23, 2015, observation of the fire alarm annunciator panel located near the nurse station revealed no information was being displayed on the screen. When asked, the staff member stated the facility was aware of the annunciator panel not displaying information and has attempted to remedy the deficiency.</p> <p>Actual NFPA references:</p> <p>20.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 20.3.4.2 through 20.3.4.5.</p> <p>9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p> <p>9.6.1.5 All systems and components shall be approved for the purpose for which they are installed.</p> <p>9.6.1.6 Fire alarm system installation wiring or other transmission paths shall be monitored for integrity in accordance with 9.6.1.4.</p>	K 051	<p>See Moon Security Services documentation attached. The Administrator will continue to do quarterly fire drills which will include the functionality of both annunciators.</p>	9/30/15
K 146	416.44(b)(1) LIFE SAFETY CODE STANDARD	K 146		

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K 146	<p>Continued From page 2</p> <p>The ASC with no life support equipment has an alternate source of power separate and independent from the normal source that will be effective for minimum of 1 hour after loss of normal source in accordance with NFPA 99. 3.6.3.1.1</p> <p>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 during an emergency. This deficient practice affected all patients, staff and visitors on the day of survey.</p> <p>Findings include:</p> <p>During record review on September 23, 2015 it was observed the facility was unable to provide the annual emergency lighting system testing documentation. When asked, the staff member stated the facility was unaware of the requirement.</p> <p>Actual NFPA reference:</p> <p>3-6.3 Performance Criteria and Testing (Type 3 EES). 3-6.3.1 Source. 3-6.3.1.1 The emergency system shall have an alternate source of power separate and independent from the normal source that will be effective for a minimum of 1 1/2 hours after loss of the normal source.</p>	K 146	<p><i>In addition to continuing monthly emergency lighting testing, the administrator will do annual 90 min emergency lighting testing beginning this October 2015. Policies were revised to reflect this practice.</i></p> <p style="text-align: right;"><i>10/14/15</i></p>