



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

October 25, 2017

Joan Martellucci, Administrator
Life Care Center of Coeur d'Alenee
500 West Aqua Avenue
Coeur d'Alene, ID 83815-7764

Provider #: 135122

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Ms.. Martellucci:

On **October 17, 2017**, a Facility Fire Safety and Construction survey was conducted at **Life Care Center of Coeur d'Alene** by the Department of Health & Welfare, Bureau of Facility Standards to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. This survey found the most serious deficiency to be a widespread deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567, listing Medicare and/or Medicaid 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, answer each deficiency and state the date when each will be completed. Please provide **ONLY ONE** completion date for each federal and state tag in column (X5) Completion Date to signify when

Joan Martellucci, Administrator
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you allege that each tag will be back in compliance. **NOTE:** The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign the Statement of Deficiencies and Plan of Correction, CMS-2567 Form in the spaces provided and return the originals to this office. If a State Form with deficiencies was issued, it should be signed, dated and returned along with the CMS-2567 Form.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **November 7, 2017**. Failure to submit an acceptable PoC by **November 7, 2017**, may result in the imposition of civil monetary penalties by **November 27, 2017**.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- 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,
- Include dates when corrective action will be completed.
- The administrator must sign and date the first page of both the federal survey report, Form CMS-2567. If a State Form was issued as well, it should also be signed, dated and returned.

All references to federal regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **November 21, 2017**, (Opportunity to Correct). Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **November 21, 2017**. A change in the seriousness of the deficiencies on **November 21, 2017**, may result in a change in the remedy.

Joan Martellucci, Administrator
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The remedy, which will be recommended if substantial compliance has not been achieved by **November 21, 2017**, includes the following:

Denial of payment for new admissions effective **January 17, 2018**.
42 CFR §488.417(a)

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **April 17, 2018**, if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact Nate Elkins, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0009, Phone #: (208) 334-6626, option 3; Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **October 17, 2017**, and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

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<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

Go to the middle of the page to Information Letters section and click on State and select the following:

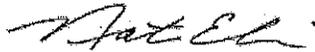
BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process
2001-10 IDR Request Form

This request must be received by **November 7, 2017**. If your request for informal dispute resolution is received after **November 7, 2017**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact us at (208) 334-6626, option 3.

Sincerely,



Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosures

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

PRINTED: 10/25/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135122	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2017
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D ALENE, ID 83815
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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 INITIAL COMMENTS

The facility is single story Type V (111) construction that is fully sprinklered with smoke detection coverage including resident sleeping rooms. The building was built in 1995-96 and is currently licensed for 120 SNF beds.

The following deficiencies were cited during the annual fire/life safety survey conducted on October 17, 2017. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70.

The Survey was conducted by:

Linda Chaney
Health Facility Surveyor
Facility Fire Safety & Construction

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction

Nate Elkins, Supervisor
Facility Fire Safety & Construction Program

K 222 SS=F
NFFA 101 Egress Doors

Egress Doors
Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:

CLINICAL NEEDS OR SECURITY THREAT LOCKING

Where special locking arrangements for the clinical security needs of the patient are used,

K 000

K 222

1. Front door dead bolt removed.
2. All other similarly equipped doors will be assessed and brought into compliance. None identified, 10/19/17.
3. Maintenance reviewed codes for door locks and will verify all new installs, construction, and policies in the future to ensure similar situations are avoided.
4. Safety Committee designee will audit doors on a monthly basis to assure no new locking devices have been installed and report findings

11/17/17

RECEIVED
NOV 28 2017
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Janet M. Madell

ED

11/7/2017

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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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 WEST AQUA AVENUE COEUR D ALENE, ID 83815		
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K 222	<p>Continued From page 1</p> <p>only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fall safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4</p>	K 222	Continued From page 1 to the Quality Assurance Performance Improvement Committee for review and recommendations.	

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D'ALENE, ID 83815
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K 222

Continued From page 2
ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS
 Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.
 18.2.2.2.4, 19.2.2.2.4
 This STANDARD is not met as evidenced by:
 Based on observation and interview, the facility failed to maintain the immediate means of egress. Failure to maintain the immediate means of egress could prevent occupants ability to safely evacuate in an emergency. This deficient practice affected all residents, staff, and visitors on the date of the survey. The facility is licensed for 120 SNF/NF beds and had a census of 85 on the day of the survey.

 During the facility tour on October 17, 2017, from approximately 10:30 AM to 3:00 PM, observation revealed the front sliding door had a keyed paddle lock installed. When asked, the Maintenance Supervisor stated the door is only locked after 8:00 PM nightly and staff have the required key to unlocked the door. The facility does not require a clinical need of residents for specialized measures. Further observation revealed, that as installed, the paddle lock would prevent the "break away" component of the egress door from operating as intended when the power was off. The Maintenance Supervisor stated the lock had been installed for the security of the facility from outside personnel trying to enter the facility at night.

 Actual NFPA standard:

K 222

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D ALENE, ID 83816
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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
K 222	Continued From page 3 7.2.1.5 Locks, Latches, and Alarm Devices. 7.2.1.5.1 Door leaves shall be arranged to be opened readily from the egress side whenever the building is occupied. 7.2.1.5.3 Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side.	K 222		
K 791 SS=E	NFFA 101 Construction, Repair, and Improvement Operati Construction, Repair, and Improvement Operations Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFFA 241. 18.7.9, 19.7.9, 4.6.10, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that sufficient interim life safety measures were in place prior to construction, repairs, and improvement operations. Failure to isolate a substantial project, such as re-roofing the facility and provide Interim life safety measures, could expose residents to increased hazards associated with facility improvements and affect egress during an emergency. This deficient practice affected ALL residents, staff, and visitors on the date of the survey. The facility is licensed for 120 SNF/NF beds and had a census of 85 on the day of the survey. Findings include: 1.) During the facility tour conducted on October	K 791	1. ILSM form obtained and completed for current roofing project 10/18/17. 2. Maintenance will fill out ILSM forms during all future invasive maintenance or construction projects. No new projects currently underway. 3. Maintenance will review Life Care policy regarding ILSM compliance and adhere appropriately in the future. 4. Safety Committee designee will audit monthly for appropriate use of use ILSM forms for all projects monthly x 4 months and report findings to the Quality Assurance/Performance Committee for review and recommendations.	11/17/17

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

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D ALENE, ID 83815
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K 791

Continued From page 4
17, 2017 from approximately 10:45 AM to 3:00 PM, it was observed that compressed air hoses and electrical cords being used to run equipment for the roofing equipment were hanging down over the edge of the roof and across exit discharge impeding egress from the building. Further observation revealed roofing debris falling/thrown from the roof onto the facility sidewalks, also obstructing egress. When asked for the documentation for interim life safety measure assessments prior to work on the new roof, the facility was not aware of the requirement for conducting an interim life safety measures.

2.) During the tour of the outside grounds of the property, it was observed that the contractors conducting the roofing operation blocked the fire hydrant and standpipe connection that serves the facility suppression system with a trailer and packaged materials. This deficiency was corrected on the spot.

Actual NFPA references:
NFPA 101

19.7.9 Construction, Repair, and Improvement Operations.
19.7.9.1 Construction, repair, and improvement operations shall comply with 4.6.10.
19.7.9.2 The means of egress in any area undergoing construction, repair, or improvements shall be inspected daily for compliance with 7.1.10.1 and shall also comply with NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolition Operations.

4.6.10 Construction, Repair, and Improvement Operations.
4.6.10.1* Buildings, or portions of buildings, shall

K 791

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D ALENE, ID 83815
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K 791	<p>Continued From page 5</p> <p>be permitted to be occupied during construction, repair, alterations, or additions only where required means of egress and required fire protection features are in place and continuously maintained for the portion occupied or where alternative life safety measures acceptable to the authority having jurisdiction are in place.</p> <p>7.1.10.1* General. 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.</p> <p>7.5.8 Hydrants. 7.5.8.1 Free access from the street to fire hydrants and to outside connections for standpipes, sprinklers, or other fire extinguishing equipment, whether permanent or temporary, shall be provided and maintained at all times. Actual NFPA standard:</p>	K 791		
K 905 SS=D	<p>NFPA 101 Gas and Vacuum Piped Systems - Central Supply</p> <p>Gas and Vacuum Piped Systems - Central Supply System Identification and Labeling Containers, cylinders and tanks are designed, fabricated, tested, and marked in accordance with 5.1.3.1.1 through 5.1.3.1.7. Locations containing only oxygen or medical air have doors labeled with "Medical Gases, NO Smoking or Open Flame." Locations containing other gases have doors labeled "Positive Pressure Gases, NO Smoking or Open Flame, Room May Have Insufficient Oxygen, Open Door and Allow Room to Ventilate Before Opening."</p>	K 905	<ol style="list-style-type: none"> 1. Signs ordered and installed. 2. Maintenance Staff reviewed facility for other areas that signs would be required, none identified. 3. Maintenance Staff reviewed codes outlining appropriate signage for all gases stored on the Life Care Center of Coeur d'Alene premises.. 4. Safety Committee designees will audit signage in random storage areas monthly to assure ongoing compliance and report to Quality Assurance and Performance Improvement Committee for review and recommendations. 	11/17/17

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

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D ALENE, ID 83815
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K 905	<p>Continued From page 6</p> <p>5.1.3.1, 5.2.3.1, 5.3.10 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure the bulk oxygen storage area was properly signed, separated from other materials and properly constructed. Failure to provide a properly constructed and maintained oxygen storage area has the potential to cause injuries cause by asphyxiation, fire, or explosion. This deficient practice affected staff and visitors on the day of survey. The facility is licensed for 120 SNF/NF beds with a census of 85 on the date of survey.</p> <p>Findings include:</p> <p>During the facility tour on October 17, 2017, from approximately 10:30 AM to 3:00 PM, observation of the <i>outside</i> bulk oxygen storage area revealed it did not have the appropriate warning signage. When asked, the Maintenance Supervisor stated the facility was unaware of the signage requirement.</p> <p>Actual NFPA references:</p> <p>NFPA 99 5.1.3.1.9 Locations containing central supply systems or cylinders containing only oxygen or medical air shall have their door(s) labeled as follows: Medical Gases NO Smoking or Open Flame</p> <p>NFPA 99, 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p>	K 905		

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D'ALENE, ID 83815
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K 905	Continued From page 7	K 905		
K 907 SS=F	<p>NFPA 99, 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.</p> <p>NFPA 101 Gas and Vacuum Piped Systems - Maintenance Pr</p> <p>Gas and Vacuum Piped Systems - Maintenance Program</p> <p>Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the positive pressure gas central piping system had a documented maintenance program. Failure to inventory, inspect, and maintain this system, by a qualified person, could result in fire, explosion, or a lack of system performance as designed. This deficient practice affected all patients, staff and visitors on the date of the survey. The facility is licensed for 120 SNF/NF beds and had a census of 85 on the day of the survey.</p>	K 907	<ol style="list-style-type: none"> 1. Vendor that specializes in certifying medical gas systems was identified and scheduled for to review facility system. 2. Maintenance staff reviewed facility systems to determine any other system met criteria for certification process. None were identified. 3. Maintenance will review maintenance programs for other facility systems to ensure systems are kept up to code and functioning properly. 4. Maintenance will monitor and document maintenance of Medical Gas System weekly x 4 weeks and monthly there after x 3 months and report findings to the Quality Assurance and Performance Improvement Committee for review and recommendations. 	11/17/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135122	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2017
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D ALENE, ID 83815
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K 907	<p>Continued From page 8</p> <p>Findings include:</p> <p>During record review on October 17, 2017, from approximately 8:30 AM to 10:30 AM, no documentation of a maintenance program for the positive pressure gas central piping system could be located. When asked about the missing documentation, the Maintenance Supervisor stated the facility was unaware of this requirement.</p> <p>Actual NFPA standard:</p> <p>NFPA 99</p> <p>5.1.14.2.1* General. Health care facilities with installed medical gas, vacuum, WAGD, or medical support gas systems, or combinations thereof, shall develop and document periodic maintenance programs for these systems and their subcomponents as appropriate to the equipment installed.</p> <p>5.1.14.2.2 Maintenance Programs.</p> <p>5.1.14.2.2.1 Inventories. Inventories of medical gas, vacuum, WAGD, and medical support gas systems shall include at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases, and outlets.</p> <p>5.1.14.2.2.2* Inspection Schedules. Scheduled inspections for equipment and procedures shall be established through the risk assessment of the facility and developed with consideration of the original equipment manufacturer recommendations and other recommendations as required by the authority having jurisdiction.</p> <p>5.1.14.2.2.3 Inspection Procedures. The facility shall be permitted to use any inspection procedure(s) or testing methods established through its own risk assessment.</p>	K 907		
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K 907	<p>Continued From page 9</p> <p>5.1.14.2.2.4 Maintenance Schedules. Scheduled maintenance for equipment and procedures shall be established through the risk assessment of the facility and developed with consideration of the original equipment manufacturer recommendations and other recommendations as required by the authority having jurisdiction.</p> <p>5.1.14.2.2.5 Qualifications. Persons maintaining these systems shall be qualified to perform these operations. Appropriate qualification shall be demonstrated by any of the following:</p> <p>(1) Training and certification through the health care facility by which such persons are employed to work with specific equipment as installed in that facility</p> <p>(2) Credentialing to the requirements of ASSE 6040, Professional Qualification Standard for Medical Gas Maintenance Personnel</p> <p>(3) Credentialing to the requirements of ASSE 6030, Professional Qualification Standard for Medical Gas Systems Verifiers</p> <p>5.1.14.2.3 Inspection and Testing Operations.</p> <p>5.1.14.2.3.1 General. The elements in 5.1.14.2.2.2 through 5.1.15 shall be inspected or tested as part of the maintenance program as follows:</p> <p>(1)*Medical air source, as follows:</p> <ul style="list-style-type: none"> (a) Room temperature (b) Shaft seal condition (c) Filter condition (d) Presence of hydrocarbons (e) Room ventilation (f) Water quality, if so equipped (g) Intake location (h) Carbon monoxide monitor calibration (i) Air purity (j) Dew point <p>(2)*Medical vacuum source - exhaust location</p> <p>(3) WAGD source - exhaust location</p>	K 907		

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K 907	<p>Continued From page 10</p> <p>(4)*Instrument air source - filter condition</p> <p>(5)*Manifold sources (including systems complying with 5.1.3.5.10, 5.1.3.5.11, 5.1.3.5.12, and 5.1.3.5.13), as follows:</p> <p>(a) Ventilation</p> <p>(b) Enclosure labeling</p> <p>(6) Bulk cryogenic liquid source inspected in accordance with NFPA 55, Compressed Gases and Cryogenic Fluids Code</p> <p>(7) Final line regulation for all positive pressure systems - delivery pressure</p> <p>(8)*Valves - labeling</p> <p>(9)*Alarms and warning systems-lamp and audio operation</p> <p>(10) Alarms and warning systems, as follows:</p> <p>(a) Master alarm signal operation</p> <p>(b) Area alarm signal operation</p> <p>(c) Local alarm signal operation</p> <p>(11)*Station outlets/inlets, as follows:</p> <p>(a) Flow</p> <p>(b) Labeling</p> <p>(c) Latching/delatching</p> <p>(d) Leaks</p> <p>5.1.14.2.3.2 Manufactured Assemblies Employing Flexible Connection(s) Between the User Terminal and the Piping System.</p> <p>(A) Non-stationary booms and articulating assemblies, other than head walls utilizing flexible connectors, shall be tested for leaks, per manufacturer's recommendations, every 18 months or at a duration as determined by a risk assessment.</p> <p>(B) The system pressure to non-stationary booms and articulating arms shall be maintained at operating pressure until each joint has been examined for leakage by effective means of leak detection that is safe for use with oxygen.</p> <p>(C) Safe working condition of the flexible assemblies shall be confirmed.</p>	K 907		
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K 907	<p>Continued From page 11</p> <p>(D) D.I.S.S. connectors internal to the boom and assemblies shall be checked for leakage.</p> <p>(E) Leaks, if any, shall be repaired (if permitted), or the components replaced (if required), and the equipment retested prior to placing the equipment back into service.</p> <p>(F) Additional testing of non-stationary booms or articulating arms shall be performed at intervals defined by documented performance data.</p> <p>5.1.14.3 Medical Gas and Vacuum Systems Information and Warning Signs.</p> <p>5.1.14.3.1 The gas content of medical gas and vacuum piping systems shall be labeled in accordance with 5.1.11.1.</p> <p>5.1.14.3.2 Labels for shutoff valves shall be in accordance with 5.1.11.2 and updated when modifications are made changing the areas served.</p> <p>5.1.14.4 Medical Gas and Vacuum Systems Maintenance and Record Keeping. See B.5.2.</p> <p>5.1.14.4.1 Permanent records of all tests required by 5.1.12.3.1 through 5.1.12.3.14 shall be maintained in the organization's files.</p> <p>5.1.14.4.2 The supplier of the bulk cryogenic liquid system shall, upon request, provide documentation of vaporizer(s) sizing criteria to the facility.</p> <p>5.1.14.4.3 An annual review of bulk system capacity shall be conducted to ensure the source system has sufficient capacity.</p> <p>5.1.14.4.4 Central supply systems for nonflammable medical gases shall conform to the following:</p> <p>(1) They shall be inspected annually.</p> <p>(2) They shall be maintained by a qualified representative of the equipment owner.</p> <p>(3) A record of the annual inspection shall be available for review by the authority having jurisdiction.</p>	K 907		

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K 907	<p>Continued From page 12</p> <p>5.1.14.4.6 A periodic testing procedure for nonflammable medical gas and vacuum and related alarm systems shall be implemented.</p> <p>5.1.14.4.6 <i>Whenever modifications are made that breach the pipeline, any necessary installer and verification test specified in 5.1.12 shall be conducted on the downstream portions of the medical gas piping system.</i></p> <p>5.1.14.4.7 Procedures, as specified, shall be established for the following:</p> <p>(1) Maintenance program for the medical air compressor supply system in accordance with the manufacturer's recommendations</p> <p>(2) Facility testing and calibration procedure that ensures carbon monoxide monitors are calibrated at least annually or more often if recommended by the manufacturer</p> <p>(3) Maintenance program for both the medical-surgical vacuum piping system and the secondary equipment attached to medical-surgical vacuum station inlets to ensure the continued good performance of the entire medical-surgical vacuum system</p> <p>(4) Maintenance program for the WAGD system to ensure performance</p> <p>5.1.14.4.8 Audible and visual alarm indicators shall meet the following requirements:</p> <p>(1) They shall be periodically tested to determine that they are functioning properly.</p> <p>(2) Records of the test shall be maintained until the next test is performed.</p> <p>5.1.14.4.9 Medical-surgical vacuum station inlet terminal performance, as required in 5.1.12.3.10.4, shall be tested as follows:</p> <p>(1) On a regular preventive maintenance schedule as determined by the facility maintenance staff</p> <p>(2) Based on flow of free air (NI/min or SCFM) into a station inlet while simultaneously checking</p>	K 907		
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K 907	Continued From page 13 the vacuum level 5.1.15* Category 1 Maintenance. Facilities shall have a routine maintenance program for their piped medical gas and vacuum systems. 5.2 Category 2 Piped Gas and Vacuum Systems. 5.2.1* Applicability. These requirements shall apply to health care facilities that qualify for Category 2 systems as referenced in Chapter 4. 5.2.1.1 Section 5.2 through 5.2.12 shall apply to new health care facilities or facilities making changes that alter the piping. 5.2.1.2 Subsection 5.2.13 5.2.14* Category 2 Maintenance. Facilities shall have a routine maintenance program for their piped medical gas and vacuum systems. 5.3.13.4.2 A periodic testing procedure for Category 3 gas and vacuum systems and related alarm systems shall be implemented.	K 907		
K 908 SS=F	NFPA 101 Gas and Vacuum Piped Systems - Inspection and Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the positive pressure gas central piping system was inspected and tested annually as part of a maintenance program. Failure to test and inspect this system could result in leakage of gases creating an oxygen enriched atmosphere. This deficient practice affected all patients, staff	K 908	1. Inspection will be scheduled at earliest possible convenience and will be signed to contract on an annually recurring basis. 2. All medical gas systems will be inspected annually or otherwise according to applicable code in the future. 3. Maintenance will review Life Care Medical Gas system inspection policies to ensure facility remains in compliance. 4. Safety Committee to review documentation of inspections completed and assure conducted annually. Will report findings to the Quality Assurance and Performance Improvement Committee for review and recommendation.	11/17/17

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K 908	<p>Continued From page 14 and visitors on the date of the survey. The facility is licensed for 120 SNF/NF beds and had a census of 85 on the day of the survey.</p> <p>Findings include:</p> <p>During record review on October 17, 2017, from approximately 8:30 AM to 10:30 AM, no documentation for an annual inspection of the positive pressure gas central piping system could be located. When asked about the missing documentation, the Maintenance Supervisor stated the facility was unaware the piped system had to be inspected annually.</p> <p>Actual NFPA standard:</p> <p>NFPA 99 5.1.14.4.4 Central supply systems for nonflammable medical gases shall conform to the following: (1) They shall be inspected annually. (2) They shall be maintained by a qualified representative of the equipment owner. (3) A record of the annual inspection shall be available for review by the authority having jurisdiction.</p>	K 908		
K 923 SS=D	<p>NFPA 101 Gas Equipment - Cylinder and Container Storage</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or</p>	K 923	<p>1. The E style gas cylinder has been secured and racks purchased to accommodate organization and securement compliance and practices.</p> <p>2. All other storage areas were inspected for unsecured tanks, none noted.</p> <p>3. Staff Development Coordinator will conduct training with nursing staff on proper handling and storage of oxygen cylinders. This training to be conducted at the time of orientation and</p>	11/17/17

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K 923	<p>Continued From page 15</p> <p>limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based upon observation and interview the facility failed to ensure oxygen cylinders were secured and stored in a safe manner. Failure to secure and maintain cylinders can result in physical damage to the cylinder and could create an oxygen enriched atmosphere. This deficient practice affected staff and visitors on the day of survey. The facility is licensed for 120 SNF/NF beds with a census of 85 on the date of survey.</p>	K 923	<p>Continued From page 15 and annually.</p> <p>4. Safety Committee designee will conduct weekly storage areas and weekly interviews of 10 nursing staff members x 4 weeks then monthly x 4 months and report findings to the Quality Assurance and Performance Improvement Committee for ongoing compliance.</p>	

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K 923	<p>Continued From page 16</p> <p>Findings include:</p> <p>During the facility tour on October 17, 2017 at approximately 11:00 AM, observation of the oxygen transfilling room in the 100 hallway revealed an unsecured "E" style oxygen tank that was not properly secured in a cylinder stand or cart. When asked, the Maintenance Supervisor stated he was unaware of the freestanding gas cylinder.</p> <p>Actual NFPA standard:</p> <p>NFPA 99</p> <p>11.3 Cylinder and Container Storage Requirements.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures:</p> <p>(1) Oxygen cylinders shall be protected from abnormal mechanical shock, which is liable to damage the cylinder, valve, or safety device.</p> <p>(2) Oxygen cylinders shall not be stored near elevators or gangways or in locations where heavy moving objects will strike them or fall on them.</p> <p>(3) Cylinders shall be protected from tampering by unauthorized individuals.</p> <p>(4) Cylinders or cylinder valves shall not be repaired, painted, or altered.</p> <p>(5) Safety relief devices in valves or cylinders shall not be tampered with.</p> <p>(6) Valve outlets clogged with ice shall be thawed with warm - not boiling - water.</p> <p>(7) A torch flame shall not be permitted, under any circumstances, to come in contact with a</p>	K 923		
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K 923	Continued From page 17 cylinder, cylinder valve, or safety device. (8) Sparks and flame shall be kept away from cylinders. (9) Even if they are considered to be empty, cylinders shall not be used as rollers, supports, or for any purpose other than that for which the supplier intended them. (10) Large cylinders (exceeding size E) and containers larger than 45 kg (100 lb) weight shall be transported on a proper hand truck or cart complying with 11.4.3.1. (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. (12) Cylinders shall not be supported by radiators, steam pipes, or heat ducts.	K 923		
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