



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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February 5, 2015

Susan Broetje, Administrator
Southwest Idaho Treatment Center-- Kyler
1660 11th Avenue North
Nampa, ID 83687-5000

RE: Southwest Idaho Treatment Center - Kyler, Provider #13G081

Dear Ms. Broetje:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Southwest Idaho Treatment Center - Kyler, on January 30, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure 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

Susan Broetje, Administrator
February 5, 2015
Page 2 of 2

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 **February 18, 2015**, and keep a copy for your records.

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 the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by February 18, 2015. If a request for informal dispute resolution is received after February 18, 2015, 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 our staff during our visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,



MARK P. GRIMES
Supervisor
Fire Life Safety & Construction Program

MPG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SOUTHWEST IDAHO TREATMENT CENTER - KYLER B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER - I		STREET ADDRESS, CITY, STATE, ZIP CODE 1182 WEST KYLER AVENUE HAYDEN, ID 83835		
(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 Southwest Idaho Treatment Center - Kyler is an approximate 4500 square foot type V (000) single story duplex style facility with attached garages. The facility is protected by a manual fire alarm system with smoke detection, an NFPA 13 R sprinkler system modified to provide coverage to all closets, bathrooms, and the garages. Heating and cooling is provided by a combination of forced air gas furnaces, and PTAC units. Battery operated emergency egress lighting and portable fire extinguishers are provided. The facility is licensed for six ICF/ID beds. The following deficiencies were cited during the annual Life Safety Code survey conducted on January 30, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470.(j). The surveyor conducting the survey was: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	K 000		
K0056	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with	K0056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **2/17/2015**

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.

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

Printed: 02/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SOUTHWEST IDAHO TREATMENT CENTER - KYLER B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2015
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K0056	<p>Continued From page 1</p> <p>NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is</p>	K0056		

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K0056	<p>Continued From page 2 documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and</p>	K0056		

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K0056	<p>Continued From page 3</p> <p>shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>This Standard is not met as evidenced by: Based on record review and observation, the facility failed to ensure that sprinkler systems equipped with anti-freeze solutions were</p>	K0056		

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K0056	<p>Continued From page 4</p> <p>maintained with the proper solution percentages. Failure to provide anti-freeze solutions in the correct percentages and type could result in a lack of system performance during a fire event. This deficient practice affected 5 residents, staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>1) During review of the facility's annual sprinkler report on January 30, 2015 from 8:45 AM to 9:45 AM, review of the anti-freeze installed in the system indicated the system percentages were not available. The system had been tested for temperature and not actual percentages. The report listed a temperature rating of negative forty degrees.</p> <p>2) During the facility tour conducted on January 30, 2015 from 9:45 AM to 10:45 AM, observation of the sprinkler riser found it was blocked with storage and was not labeled as to being equipped with an anti-freeze loop, or what type of anti-freeze was installed. Inspection of the tags on the riser found the solution was tested at temperature, not percentage and the listed concentration was negative forty degrees. The antifreeze solution was not listed near the riser (Propylene Glycol or Glycerin).</p> <p>Actual NFPA standard:</p> <p>NFPA 101 Chapter 9 9.7 9.7.1 Automatic Sprinklers. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the</p>	K0056	<p>K-0056 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p><u>Corrective action:</u> Patriot Fire was contacted on 2/11/15 regarding this deficiency in their annual inspection of the automatic sprinkler system. Information related to Sprinkler Systems containing Antifreeze specifically an NFPA 13D system was provided to Patriot. An email was received back stating the manager would be made aware of the concern. An appointment will be scheduled for them redo the inspection to ensure Kyler is in accordance with regulatory requirements.</p> <p><u>Identify others at risk:</u> All individuals at Kyler had the potential to be impacted by this deficient practice and the above correction should address the issue for them.</p> <p><u>Changes made:</u> Patriot Fire has been provided with information related to NFPA 13D regulations. CS Manager will request that this information be placed in Kyler's file to ensure further inspections occur in accordance with regulatory requirements.</p>	

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K0056	Continued From page 5 Installation of Sprinkler Systems. Exception No. 1: NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code. Exception No. 2: NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, shall be permitted for use as provided in Chapters 24, 26, 32, and 33 of this Code. NFPA 13R, Chapter 1, General Information 1-6.2.2* Antifreeze systems, dry pipe systems, and preaction systems shall be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, Chapter 4, System Requirements 4-5 Antifreeze Systems. 4-5.1* Where Used. The use of antifreeze solutions shall be in conformity with state and local health regulations.	K0056	<u>Monitoring:</u> The CS Manager will review annual automatic sprinkler inspection reports and tags to ensure anti-freeze solution types are documented and that percentages are tested. <u>Completion date:</u> March 31 st , 2015	
K0150	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with the provisions of 10.3.1. 32.7.5.1, 33.7.5.1 This Standard is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure that newly installed curtains were flame resistant in accordance with NFPA 701. Non flame resistant curtains can add to the fuel load in	K0150		

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K0150	<p>Continued From page 6</p> <p>the event of a fire. The facility had a census of five clients on the day of the survey. This deficient practice affected all residents, staff and visitors on the day of the survey.</p> <p>Findings include:</p> <p>1) During record review on January 30, 2015 at 8:45 AM, the facility could not produce documentation that curtains in the two buildings of the facility had been purchased with flame resistive properties, or introduced into the facility from other sources. When asked if the curtains were ever treated, the house manager stated that she was not aware of any treatment having been done since the facility had opened, but that she had not treated them.</p> <p>2) During the tour of the facility conducted on January 30, 2015 from 9:30 PM and 10:00 AM, observation of window coverings in the facility found they were primarily fabric honeycomb blinds in client rooms and did not have any identifying flame resistant markings attached to them. Further observation found that in one resident room on the southeast portion of Building "B", the window was covered with a sheet and it was not marked with any flame resistive properties or demonstrating any treatment application when inspected.</p> <p>Actual NFPA Standard:</p> <p>33.7.5.1 New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 10.3.1.</p> <p>10.3.1*</p>	K0150	<p>K-0150 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p><u>Corrective action:</u> Kyler will work with the landlord to replace all the window coverings in the facility. According to the lease, window covering that are fire resistive or retardant are to be provided by the landlord. New coverings will be tagged as flame resistant or treated and documented accordingly.</p> <p><u>Identify others at risk:</u> All individuals at Kyler had the potential to be impacted by this deficient practice and the above correction should address the issue for them.</p> <p><u>Changes made:</u> All future window covering purchases will be tagged as flame resistant or treated accordingly. Kyler staff that is responsible for purchasing supplies has been educated regarding this regulation. This took place at a management meeting on 2/9/15.</p>	

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K0150	Continued From page 7 Where required by the applicable provisions of this Code, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. ensure that curtains	K0150	<u>Monitoring:</u> Checking curtains to ensure they are tagged as nonflammable will be added to Kyler's Building Cleanliness and Safety Review form. Kyler lead staff will complete these reviews monthly and alert CS Manager of concerns. A form will be developed to keep track of curtains treated by Kyler and when they are re-treated. <u>Completion date:</u> March 31 st , 2015	

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>Southwest Idaho Treatment Center - Kyler is an approximate 4500 square foot type V (000) single story duplex style facility with attached garages. The facility is protected by a manual fire alarm system with smoke detection, an NFPA 13 R sprinkler system modified to provide coverage to all closets, bathrooms, and the garages. Heating and cooling is provided by a combination of forced air gas furnaces, and PTAC units. Battery operated emergency egress lighting and portable fire extinguishers are provided. The facility is licensed for six ICF/ID beds.</p> <p>The following deficiencies were cited during the annual Life Safety Code survey conducted on January 30, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470.(j), and IDAPA 16.03.11, Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID).</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000		
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities.</p> <p>This Rule is not met as evidenced by: Please refer to federal "K" tags on CMS 2567:</p>	MM309		

Idaho form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Sam Burbank *Acting Administrator* *2/17/2015*

STATE FORM 021193 287 J21 If continuation sheet 1 of 2

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SOUTHWEST IDAHO TREATMENT CENTER - KYLER B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2015
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MM309	Continued From Page 1 K-056 Sprinkler maintenance K-150 Flame resistive properties of curtains	MM309	See Plan of Correction K-0056 and K-0150	