



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
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DEBBY RANSOM, R.N., R.H.I.T. - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
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April 20, 2015

Jason Byrd, Administrator
Belmont Care Center Crestview
4806 Hawthorne Road
Chubbuck, ID 83202

RE: Belmont Care Center Crestview, Provider # 13G050

Dear Mr. Byrd:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Belmont Care Center Crestview on April 8, 2015.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, State form, which states that no State deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid 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.

Jason Byrd, Administrator
April 20, 2015
Page 2 of 2

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 **May 4, 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 April 30, 2015. If a request for informal dispute resolution is received after April 30, 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
Facility Fire Safety & Construction Program

MPG/lj

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

Printed: 04/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
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NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER CRESTVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 4024 MOUNTAIN LOOP POCATELLO, ID 83204
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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 single story residential type building with a type V(000) construction. It has a basement for storage and hot water tanks. It is fully sprinklered with quick response sprinklers, a complete fire alarm /smoke detection system. The home was built /completed on January 11, 1994. Currently it is licensed for 8 ICF/ID beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on April 8, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and in accordance with 42 CFR, 483.470.</p> <p>The Survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety Construction</p>	K 000	<p>RECEIVED MAY - 5 2015 FACILITY STAFF</p>	
K 130	<p>NFPA 101 MISCELLANEOUS</p> <p>This Standard is not met as evidenced by: Based on observation and interview, the facility failed to secure medical gases in accordance with NFPA 99. Failure to secure oxygen cylinders during storage could result in explosion or fire. This deficient practice affected 8 clients, staff and visitors on the date of the survey. The facility is licensed for 8 ICF/ID beds and had a census of 8 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on April 7, 2015 from 10:30 AM to 12:00 PM, observation of the interior of the closet directly across from the office</p>	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Valentina Bendix* TITLE: *Program Manager* (X6) DATE: *5/1/2015*

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.

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K 130	Continued From page 1 found a unsecured "C" size cylinder stored inside. When asked, the Housekeeping/Maintenance Director stated she was aware that these cylinders needed to be secured. Actual NFPA standard: NFPA 99 4-3.1.1.1 Cylinder and Container Management. Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over. (a) * Cylinders or supply containers shall be constructed, tested, and maintained in accordance with the U.S. Department of Transportation specifications and regulations. (b) Cylinder contents shall be identified by attached labels or stencils naming the components and giving their proportions. Labels and stencils shall be lettered in accordance with CGA Pamphlet C-4, Standard Method of Marking Portable Compressed Gas Containers to Identify the Material Contained. (c) Contents of cylinders and containers shall be identified by reading the labels prior to use. Labels shall not be defaced, altered, or removed.	K 130		
K0012	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD IMPRACTICAL Buildings are of any construction type in accordance with 8.2.1 other than Type II (000), Type III (200), or Type V (000) construction. 33.2.1.3.3. Exception: Buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5 are permitted to be of any type of construction. This Standard is not met as evidenced by:	K0012		

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K0012	<p>Continued From page 2</p> <p>Based on observation and interview, the facility failed to ensure that fire resistive properties of the structure were maintained. Failure to seal open penetrations and repair damages to floors and ceiling assemblies in one-hour rated construction, would allow smoke and fire to communicate freely between floors spreading through concealed spaces. This deficient practice affected 8 clients, staff and visitors on the date of the survey. The facility is licensed for 8 ICF/ID beds and had a census of 8 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on April, 8, 2015 from 10:30 AM to 12:00 PM, observation of the basement ceiling found three (3) areas of missing drywall exposing the floor above, ranging in size from approximately 12 inches by 12 inches to 24 inches by forty-eight inches which appeared to be from water damages.</p> <p>When asked, the Housekeeping/Maintenance Director stated she was not aware why either section had not been repaired previously.</p> <p>Actual NFPA standard:</p> <p>33.2.1.3.3 Impractical Evacuation Capability. Buildings shall be of any construction type in accordance with 8.2.1 other than Type II(000), Type III(200), or Type V(000) construction. Exception: Buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5 shall be permitted to be of any type of construction.</p> <p>8.2.1* Construction. Buildings or structures occupied or used in</p>	K0012		

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K0012	Continued From page 3 accordance with the individual occupancy chapters (Chapters 12 through 42) shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be based on either of the following: (1) Separate buildings if a 2-hour or greater vertically-aligned fire barrier wall in accordance with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the building Exception: The requirement of 8.2.1(1) shall not apply to previously approved separations between buildings. (2) The least fire-resistive type of construction of the connected portions, if no such separation is provided	K0012		



RECEIVED

MAY - 5 2015

FACILITY STANDARDS

4806 Hawthorne Rd, Chubbuck, Idaho, 83202 | Office – 208-238-5950 | Fax 208-238-5860

May 1, 2015

Mark Grimes
Health Facility Surveyor
Non-Long Term Care
3232 Elder Street
P.O Box 83709
Boise, Idaho 83720-0009

Dear Mr. Grime,

Thank you for your comments during the recent Fire Light Safety Survey at Crestview. Please see our responses below for each citation and please give us a call if you have any questions.

K130 –

All medical gases containers will be stored in a cylinder case with a secure chain around the bottles to prevent them from being knocked over or falling over. Instructions will be printed and placed above the storage area. Program Supervisor will train staff members at staff meeting to ensure staff are aware of how the medical gas containers need to be stored. Graveyard chore list will be included checking the gas cylinders, to ensure the training is effective and that the medical gas containers are secured.

Person Responsible: Program Supervisor, Program Manager
Completion Date: 5/15/2015

K0012 –

Facility Maintenance personnel will replace all missing drywall as noted in the basement. Maintenance personnel will ensure that exposed wall cavities are repaired according to code within 48 hours of repair completion. Aspire Human Services currently has a monthly checklist which is completed by the Program Supervisor or lead worker. The monthly checklist will include ensuring that the walls do not have exposed cavities. Each month after the checklist is completed by the Program Supervisor or lead worker, the documentation will be turned into the program manager for verification that the inspection has occurred.

Person Responsible: Maintenance Personnel, Program Supervisor, Program Manager
Completion Date: 5/22/2015

Sincerely,

A handwritten signature in black ink, appearing to read "Valentina Reudter". The signature is fluid and cursive, with a large loop at the end.

Valentina Reudter
Program Manager
Aspire Human Services