



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBBY RANSOM, R.N., R.H.I.T. -- Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

April 17, 2015

Jason Byrd, Administrator
Belmont Care Center 5th Street
4806 Hawthorne Road
Chubbuck, ID 83202

RE: Belmont Care Center 5th Street, Provider # 13G079

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 5th Street 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 17, 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 **April 30, 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: 13G079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BELMONT CARE CENTER 5TH STREET B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
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NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER 5TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 6150 SOUTH 5TH STREET 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 single story Type V(000) unprotected construction. The building has a complete automatic sprinkler system that was installed on April 28, 2010, in accordance with NFPA 13R, with coverage throughout including closets and bathrooms. There is an automatic fire alarm system with smoke detection throughout and manual pull stations are located at each of the two exits to grade. The fire alarm system is interconnected with the sprinkler system and was installed on April 26, 2010. The facility is currently licensed for 12 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, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 32, New 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		
K 130	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that electrical systems were used in accordance with NFPA 70. Failure to provide safe electrical installations could result in electrical shock or fires created by arcing. This deficient practice affected 12 clients, staff and visitors on the date of the survey. The facility is</p>	K 130		

RECEIVED
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420 1000 1015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Alumina Bende* 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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NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER 5TH STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 6150 SOUTH 5TH STREET POCATELLO, ID 83204		
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K 130	<p>Continued From page 1</p> <p>licensed for 12 ICF/ID beds and had a census of 12 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on April 8, 2015 from 8:15 AM to 9:15 AM, observation of the exterior of the facility found two extension cords piggybacked together and ran from the back of the facility, across wet grass, to supply power to a remote chicken coop. Further observation of these cords found that one of the cords was repeatedly spliced and repaired.</p> <p>When asked, the Housekeeping/Maintenance Director stated the cords were used to supply power to a heater for the chicken coop to keep the young hatchlings warm.</p> <p>Actual NFPA standard:</p> <p>NFPA 70 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <ol style="list-style-type: none"> (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.8. (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings (6) Where installed in raceways, except as 	K 130		

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K 130	Continued From page 2 otherwise permitted in this Code 400.9 Splices. Flexible cord shall be used only in continuous lengths without splice or tap where initially installed in applications permitted by 400.7(A). The repair of hard-service cord and junior hard-service cord (see Trade Name column in Table 400.4) 14 AWG and larger shall be permitted if conductors are spliced in accordance with 110.14(B) and the completed splice retains the insulation, outer sheath properties, and usage characteristics of the cord being spliced.	K 130		



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 5th Street. Please see our responses below for each citation and please give us a call if you have any questions.

K130 –

All repaired extension cords will be discarded. Power will not be supply to the out lying buildings with the use of extension cords. If power is desired in the future, Aspire Human Services will used fixed wiring for outling buildings. Aspire Human Services currently has a monthly checklist completed by the House Supervisor or Lead Worker. The monthly checklist will include ensuring that extension cords are not being used to power outling building. If a cord is found being used it will be removed when noted.

Person(s) Responsible – Program Supervisor, Program Manager
Completion Date – 5/15/2015

Sincerely,

Valentina Reudter
Program Manager
Aspire Human Services