



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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April 20, 2015

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

RE: Belmont Care Center, Provider # 13G046

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 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:

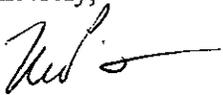
[www.icfmr.dhw.idaho.gov](http://www.icfmr.dhw.idaho.gov)

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:  <b>13G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>BELMONT CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3625 VAUGHN AVENUE POCATELLO, ID 83204</b>		
(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  The facility was built in 1991 and is a one story, Type V(III) structure with a daylight basement that contains offices. Clients sleep on the first story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting capability via internal stairwell. Emergency lighting is provided. The facility is fully sprinklered and is licensed for 15 ICF/ID beds.  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.  The Survey was conducted by:  Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction	K 000		
K0020	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD  Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. Stairs comply with 7.2.2.5.3. The entire primary means of escape is arranged so that it is not necessary for the occupants to pass from all spaces on that story by construction having not less than a ½ hour fire resistance rating. In buildings of construction other than Type II (000), Type III (200), or Type V (000), the supporting construction is protected to afford the required fire resistance rating of the supported wall. 33.2.2.4.	K0020		

RECEIVED  
MAY - 8 2015  
FACILITY SERVICES

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

*Valentina Keady*

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 provided 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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K0020	<p>Continued From page 1</p> <p>Exception No. 1: Stairs that connect a story at street level to only one other story are permitted to be open to the story that is not at street level.</p> <p>Exception No. 2: Stair enclosures are not required in buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is separated from all spaces on that floor by construction having a ½ hour fire resistance rating.</p> <p>Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception.</p> <p>Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs.</p> <p>IMPRACTICAL</p>	K0020		

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K0020	<p>Continued From page 2</p> <p>Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.3.1.1, 33.2.3.1.1</p> <p>Exception: Stairs are permitted to be open where complying with Exception No. 2 or Exception No. 3 to 32.2.2.4 and 33.2.2.4.</p> <p>This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that spaces under stairs were not used for the purpose of storing combustible supplies. Failure to keep spaces under stairs free of combustible storage could inhibit egress during a fire. This deficient practice affected 15 clients, staff and visitors on the date of the survey. The facility is licensed for 15 ICF/ID beds and had a census of 15 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on April 9, 2015 from 9:15 AM to 10:30 AM, observation of the storage space under the stairs leading from the lower to upper level of the facility found the door opened into the stairwell and the interior housed storage of combustible supplies including the following:</p>	K0020		

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K0020	Continued From page 3 Two (2) boxes of Christmas decorations on solid wood racking Four (4) boxes of client and facility records on solid wood racking  7.2.2.5.3* Usable Space. There shall be no enclosed, usable space within an exit enclosure, including under stairs, nor shall any open space within the enclosure be used for any purpose that has the potential to interfere with egress. Exception: Enclosed, usable space shall be permitted under stairs, provided that the space is separated from the stair enclosure by the same fire resistance as the exit enclosure. Entrance to such enclosed usable space shall not be from within the stair enclosure. (See also 7.1.3.2.3.)	K0020		
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, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. 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 NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. 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 materials providing a 15 minute thermal barrier.  Exception No. 2: Not applicable	K0056		

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K0056	<p>Continued From page 4</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 33.2.3.5.5.</p> <p><b>SLOW</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</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,</p>	K0056		

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K0056	<p>Continued From page 5</p> <p>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 33.2.3.5.5.</p> <p><b>IMPRACTICAL</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</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 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. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with</p>	K0056		

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K0056	<p>Continued From page 6</p> <p>lath and plaster or materials providing a 15 minute thermal barrier.</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 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. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</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 observation and interview, the facility failed to ensure that sprinkler systems were properly maintained and free from obstructions or impediments. Failure to keep sprinklers free of obstructions or impediments such as paint or grease would inhibit their performance during a fire. This deficient practice affected 15 clients, staff and visitors on the date of the survey. The facility is licensed for 15 ICF/ID beds and had a census of 15 on the day of the survey.</p> <p>Findings include:</p> <p>1) During record review of the facility conducted</p>	K0056		

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K0056	<p>Continued From page 7</p> <p>on April 8, 2015 from 9:00 AM to 9:15 AM, review of the facility annual sprinkler inspection report found the facility had not completed a 5-year internal obstruction investigation inspection in the last five (5) years. Interview of the Housekeeping/Maintenance Director found she was not aware this inspection had not been performed.</p> <p>2) During the facility tour conducted on April 8, 2015 from 9:15 AM to 10:30 AM, observation of the sprinkler pendent's located in the main kitchen area of the lower level found two (2) sprinklers fully loaded with grease and dirt.</p> <p>3) During the facility tour conducted on April 8, 2015 from 9:15 AM to 10:30 AM, observation of the sprinkler pendants in the downstairs laundry and the hall outside the main kitchen found two (2) corroded heads in the laundry and one (1) corroded head in the hallway.</p> <p>When asked, the Housekeeping/Maintenance Director stated she was not aware of these sprinkler pendants being corroded.</p> <p>Actual NFPA standard:</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25 2-2 Inspection. 2-2.1 Sprinklers. 2-2.1.1*</p>	K0056		

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K0056	<p>Continued From page 8</p> <p>Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p> <p>Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p>2-4 Maintenance. 2-4.1 Sprinklers. 2-4.1.8* Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, or coatings applied after shipment from the place of manufacture.</p> <p>10-2.2* Obstruction Prevention. Systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This investigation shall be accomplished by examining the interior of a dry valve or preaction valve and by removing two cross main flushing connections.</p>	K0056			



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 Belmont Care Center. Please see our responses below for each citation and please give us a call if you have any questions.

K0020 –

All combustible materials will be removed from the area under the stairwell. Aspire Human Services currently has a monthly checklist which is completed by the home supervisor or lead worker. The checklist will include checking the area under the stairwell to ensure that it is clear and no items are being stored under the stairs. Each month after the Program Supervisor or lead worker has completed their monthly checklist, the documentation will be turned into the program manager for verification that the inspection has occurred.

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

K0056 –

Sprinkler pendants in the facility that have been noted to be corroded and/or dirty will be replaced in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Facility will also complete exam for internal obstructions as recommended every 5 years. Visual inspections of the sprinkler pendants will be completed semi-annually on the home monthly checklist to check for cleanliness and wear. Each month after the Program Supervisor or lead worker has completed their monthly checklist, the

documentation will be turned into the Program Manager for verification that the inspection has occurred.

Person Responsible – Program Supervisor, Program Manager  
Completion Date – 6/1/2015

Sincerely,

Valentina Reudter  
Program Manager  
Aspire Human Services