



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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May 5, 2015

Jeff Hill, Administrator  
Steele Memorial Medical Center  
203 South Daisy Street  
Salmon, ID 83467

RE: Steele Memorial Medical Center, Provider ID# 131305

Dear Mr. Hill:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Steele Memorial Medical Center, on April 28, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare 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 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.

Jeff Hill, Administrator

May 5, 2015

Page 2 of 2

After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567 and State Form in the spaces provided on the bottom of the first pages of each of the respective forms and return the originals to this office by May 18, 2015.

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,

A handwritten signature in black ink, appearing to read 'M.P. Grimes', with a long horizontal line extending to the right.

MARK P. GRIMES

Supervisor

Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

Printed: 05/05/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE 2004 BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>STEELE MEMORIAL MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>203 SOUTH DAISY STREET SALMON, ID 83467</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>The hospital building is a two (2) story, 55,000+ square foot, protected non-combustible structure with a finished basement and mechanical mezzanine above the second floor. The new building was occupied in mid-September 2004 and replaced a structure that has since been demolished. The basement is approximately 10,000 s.f. and houses some mechanical spaces, Materials Management, IT, Engineering, Laundry, medical gasses, etc. The main floor is approximately 23,000 square feet and houses ER, Lab, Radiology, Therapy, Dietary, Meeting Rooms, Medical Records, Administration, and Business Office. The second floor is approximately 17,000 s.f. and houses patient sleeping rooms, OB, Surgery, Pharmacy, and patient care support areas. The mechanical mezzanine is approximately 10,000 square feet and houses HVAC systems. Bearing walls are one (1) hour; floor/ceiling assemblies are one (1) hour; and, interior shafts including stairways are one (1) hour. The building is fully protected throughout by an automatic fire extinguishing system and by a complete addressable fire alarm system. Each floor, including the basement, is provided with smoke barrier partition walls that subdivide each floor (except the mechanical mezzanine) into smoke zones. Two (2) remotely enclosed stairways provide exiting from the basement and second floor with one (1) exiting directly to the exterior. The main floor has three (3) exits directly to grade plus five (5) auxiliary exits directly to grade from designated suites (i.e., radiology, dietary, therapy, ER, administration). Emergency power is supplied by an on-site diesel powered generator with the system designed and complying with applicable requirements for a Type 1 EES per NFPA Std 99. Piped in medical gasses include oxygen, nitrous oxide, nitrogen</p>	K 000	<p style="text-align: right;">RECEIVED MAY 21 2015 FACILITY STANDARDS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  CEO	(X6) DATE  5/5/15
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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 000	Continued From page 1 and medical air are provided as well as central vacuum. Each complies with applicable requirements for Level 1 systems per NFPA Std 99.  The hospital building was surveyed as a New Health Care Occupancy based upon applicable requirements set forth in the Life Safety Code, 2000 Edition and 42 CFR 482.41.  The following deficiencies were cited during the recertification life safety survey conducted on April 27, 2015 - April 28, 2015.  The survey was conducted by:  Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction	K 000	K012 1. Damaged or non compliant wall will be repaired to meet fire rating for that wall 2. Preventative maintenance inspections will be made to ensure compliance on all fire walls, 3. Training will be made available to staff that inspect fire walls. 4. The safety committee will ensure through facility surveys that this standard is met. 5. Repairs will be completed by	5-20-15
K 012	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure the fire and smoke resistive integrity of the building. Failure to ensure the fire and smoke resistive properties of the facility could allow smoke and dangerous gases to pass freely and add to the rapid development of fire in exposed wall cavities. This deficient practice affected staff members and visitors on the date of the survey. The facility is licensed for 18 beds and had a census of two on the day of the survey.	K 012	K027 1. Damaged or noncompliant fire door will be repaired or adjusted. 2. Preventative maintenance inspections will be made to check for wear or damage on all fire doors throughout the building. 3. Training will be made available to staff that inspect fire doors.	

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K 012	<p>Continued From page 2</p> <p>Findings include:</p> <p>During the facility tour on April 28, 2015 from 8:00 AM to 2:00 PM, observation of Mechanical Room B in the basement area found an approximately 4 inch diameter hole cut through the interior of the wall exposing the interior wall cavity and the wall framing; eliminating the 1-hour rating of the wall. When asked about the opening, the Maintenance Supervisor stated he was unaware of the hole in the wall.</p> <p>Actual NFPA reference: 18.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 18.1.6.2. (See 8.2.1.) Exception: Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met: (a) The roof covering meets Class A requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings. (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly having not less than a 2-hour fire resistance rating that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill. Structural elements supporting the 2-hour fire resistance-rated floor assembly shall be required to have only the fire resistance rating required of the building. *See Table Table 18.1.6.2</p> <p>8.2.1* Construction. Buildings or structures occupied or used in</p>	K 012	<p>4. The Safety committee will check for this standard during quarterly fire drills.</p> <p>5. Repairs will be completed by 22 May 2015</p> <p>K062</p> <p>1. Dirty sprinkler heads will be cleaned.</p> <p>2. Annual inspections will be made to ensure the sprinkler heads are clean especially in the kitchen area.</p> <p>3. Training will be given to staff that clean or inspect sprinkler heads.</p> <p>4. The Safety committee will ensure through facility survey's this standard is met.</p> <p>5. Sprinkler heads will be cleaned by May 19, 2015</p>	<p><del>5-10-2015</del> 5-19-15</p>

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K 012	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	K 012		
K 027	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8	K 027		

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K 027	Continued From page 4  This Standard is not met as evidenced by: Based on observation and operational testing, the facility failed to ensure doors in smoke barriers were self-closing and resisted against the passage of smoke. This deficient practice affected patients, staff and visitors throughout the facility on the date of survey. The facility is licensed for 18 beds with a census of two on the day of survey.  Findings include:  During the facility tour on April 18, 2015 between 8:00 AM and 2:00 PM, observation and operational testing revealed the corridor smoke door on the 2nd floor near room 202 and the nurses station failed to seal when released from the magnetic hold open device. A gap of approximately one inch between the meeting edges was observed. Interview with the Maintenance Supervisor revealed the facility was aware of the smoke doors not sealing properly.  Actual NFPA Standard: NFPA 101 18.3.7.5* Doors in smoke barriers shall be substantial doors, such as 13/4-in. (4.4-cm) thick, solid-bonded wood core doors, or shall be of construction that resists fire for not less than 20 minutes. Nonrated factory- or field-applied	K 027		

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K 027	Continued From page 5 protective plates extending not more than 48 in. (122 cm) above the bottom of the door shall be permitted. Cross-corridor openings in smoke barriers shall be protected by a pair of swinging doors or a horizontal sliding door complying with 7.2.1.14. Swinging doors shall be arranged so that each door swings in a direction opposite from the other. The minimum clear width for swinging doors shall be as follows: (1) Hospitals and nursing homes - 41.5 in. (105 cm) (2) Psychiatric hospitals and limited care facilities - 32 in. (81 cm) The minimum clear width opening for horizontal sliding doors shall be as follows: (1) Hospitals and nursing homes - 83 in. (211 cm) (2) Psychiatric hospitals and limited care facilities - 64 in. (163 cm) 18.3.7.6* Doors in smoke barriers shall comply with 8.3.4 and shall be self-closing or automatic-closing in accordance with 18.2.2.2.6.  NFPA 101, 8.3.4.1 Doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation and shall be without undercuts, louvers, or grilles.	K 027		
K 062	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		



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K 062	<p>Continued From page 6</p> <p>This Standard is not met as evidenced by: Based upon observation and interview the facility failed to assure sprinkler heads are continuously maintained in a reliable condition. Failure to maintain sprinkler heads could affect the water distribution patterns, delay operations, or render the sprinkler inoperable. This deficient practice affected three staff members and visitors on the date of survey. The facility is licensed for 18 beds with a census of two on the day of survey.</p> <p>Findings include:</p> <p>During the facility tour on April 28, 2015 between 8:00 AM and 2:00 PM observation of the kitchen revealed excessive dust and grime build up on multiple sprinkler heads. When questioned about the sprinkler heads, the Maintenance Supervisor stated they were unaware of the sprinkler heads were dirty.</p> <p>Actual NFPA reference:</p> <p>NFPA 25 2-2.1 Sprinklers. 2-2.1.1*</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>	K 062		

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K 067 K 067	Continued From page 7 NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A  This Standard is not met as evidenced by: Based on record review and interview the facility failed to provide smoke damper testing documentation. Failure to test dampers could allow smoke to pass freely between smoke compartments. This deficient practice affected all patients, staff and visitors on the day of survey. The facility is licensed for 18 beds with a census of two on the date of survey.  Findings include:  During record review on April 27, 2015 between 3:00 PM and 5:00 PM, it was observed the facility was unable to provide smoke damper testing documentation. Interview with the Maintenance Supervisor indicated the facility did have an inspection completed but did not have the documentation.  Actual NFPA reference NFPA 90A 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.	K 067 K 067	<i>K067</i> <i>1. Inspection documentation will be kept and made available for smoke dampers</i> <i>2. The Engineering Manager will ensure documentation is kept in a binder with other fire inspections.</i> <i>3. The Safety officer will ensure smoke damper testing and inspection documents are available on file.</i> <i>4. The Engineering Manager will create an automated work order to generate every 4 years.</i> <i>5. Inspection documentation will be completed by June 28, 2015</i>	
K 069	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance	K 069		

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K 069	<p>Continued From page 8 with 9.2.3. 18.3.2.6, NFPA 96</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to provide semi-annual commercial kitchen hood system cleaning reports. This deficient practice could allow the kitchen hood to become easily ignitable if the grease and oils are not cleaned out regularly. The facility is licensed for 18 beds with a census of two on the day of the survey. Findings include:</p> <p>During record review of the commercial kitchen hood cleaning inspection records on April 27, 2015 between 3:00 PM and 5:00 PM, it was observed the facility was unable to provide documentation of the kitchen hood cleaning records. Interview with the facility Maintenance Supervisor indicated the facility was in compliance but did not have the documentation.</p> <p>Actual NFPA standard: NFPA 96, 11.3 Inspection of Exhaust Systems The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 11.3. *See Table 11.3</p>	K 069	<p>K069</p> <ol style="list-style-type: none"> <li>1. Kitchen hood cleaning and inspections will be kept and made available.</li> <li>2. The Engineering manager will keep completed inspections and invoices.</li> <li>3. The Engineering manager will ensure kitchen hood cleaning and inspections documents are available on file.</li> <li>4. The Engineering manager will create an automated work order to generate quarterly.</li> <li>5. cleaning documentation will be completed by June 28, 2015</li> </ol>	

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B 000	16.03.14 Initial Comments  The hospital building is a two (2) story, 55,000+ square foot, protected non-combustible structure with a finished basement and mechanical mezzanine above the second floor. The new building was occupied in mid-September 2004 and replaced a structure that has since been demolished. The basement is approximately 10,000 s.f. and houses some mechanical spaces, Materials Management, IT, Engineering, Laundry, medical gasses, etc. The main floor is approximately 23,000 square feet and houses ER, Lab, Radiology, Therapy, Dietary, Meeting Rooms Medical Records, Administration, and Business Office. The second floor is approximately 17,000 s.f. and houses patient sleeping rooms, OB, Surgery, Pharmacy, and patient care support areas. The mechanical mezzanine is approximately 10,000 square feet and houses HVAC systems. Bearing walls are one (1) hour; floor/ceiling assemblies are one (1) hour; and interior shafts including stairways are one (1) hour. The building is fully protected throughout by an automatic fire extinguishing system and by a complete addressable fire alarm system. Each floor, including the basement, is provided with smoke barrier partition walls that subdivide each floor (except the mechanical mezzanine) into smoke zones. Two (2) remotely enclosed stairways provide exiting from the basement and second floor with one (1) exiting directly to the exterior. The main floor has three (3) exits directly to grade plus five (5) auxiliary exits directly to grade from designated suites (i.e., radiology, dietary, therapy, ER, administration). Emergency power is supplied by an on-site diesel powered generator with the system designed and complying with applicable requirements for a Type 1 EES per NFPA Std 99. Piped in medical gasses include oxygen, nitrous oxide, nitrogen and medical air are provided as well as central	B 000	<p>K012</p> <ol style="list-style-type: none"> <li>1. Damaged or non compliant wall will be repaired to meet fire rating for that wall.</li> <li>2. Preventative maintenance inspections will be made to ensure compliance on all fire walls.</li> <li>3. Training will be made available to staff that inspect fire walls,</li> <li>4. The Safety committee will ensure through facility surveys that this standard is met.</li> <li>5. Repairs will be completed by May 28 2015</li> </ol> <p>K027</p> <ol style="list-style-type: none"> <li>1. Damaged non compliant fire door will be repaired or adjusted.</li> <li>2. preventative maintenance inspections will be made to check for wear or damage on all fire doors through out the building.</li> </ol> <p>RECEIVED</p>	5-20-15

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

CEO FACILITY STANDARDS  
MAY 21 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE 2004 BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>STEELE MEMORIAL MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>203 SOUTH DAISY STREET SALMON, ID 83467</b>		
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B 000	Continued From Page 1  vacuum. Each complies with applicable requirements for Level 1 systems per NFPA Std 99.  The hospital building was surveyed as a New Health Care Occupancy based upon applicable requirements set forth in the Life Safety Code, 2000 Edition and 42 CFR 482.41 and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho  The following deficiencies were cited during the recertification life safety survey conducted on April 27, 2015 - April 28, 2015.  The survey was conducted by:  Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction	B 000	3. Training measures will be made available to staff that inspect Fire doors. 4. The Safety committee will check for this standard during quarterly fire drills. 5. Repairs will be completed by 22 May 2015  K062 1. Dirty sprinkler heads will be cleaned. 2. Annual inspections will be made to ensure the sprinklers head are clean especially in the kitchen area. 3. Training will be given to staff that clean or inspect sprinkler heads. 4. The Safety committee will ensure through facility surveys this standard is met. 5. Sprinkler heads will be cleaned by May 19, 2015  K067 1. Inspection documentation will be kept and made available for smoke dampers. 2. The Engineering manager will ensure documentation	5-19-15 <del>5-20-15</del>
BB161	16.03.14.510 Fire and Life Safety Standards  Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public.  This RULE: is not met as evidenced by:	BB161		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE 2004 BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2015</b>
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BB161	Continued From Page 2  Refer to the following deficiencies identified on Federal Form 2567:  K012 Building Construction K027 Smoke Barriers K062 Sprinkler Systems K067 Damper Testing K069 Cooking facilities	BB161	<p>15 kept in a binder with other fire inspections.</p> <p>3. The safety officer will ensure smoke damper testing and inspection documents are available on file.</p> <p>4. The Engineering manager will create an automated work order to generate every 4 years.</p> <p>5. Inspection documentation will be completed by 6-28-15</p> <p>K069</p> <p>1. Kitchen hood cleaning and inspections will be kept and made available.</p> <p>2. The Engineering manager will keep completed inspections and invoices.</p> <p>3. The Engineering manager will ensure kitchen hood cleaning and inspection documents are available on file.</p> <p>4. The engineering manager will create an automated work order to generate quarterly.</p> <p>5. Cleaning documentation will be completed by 6-28-15</p>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.