



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 26, 2015

Dayna Wihite-Grow, Administrator
Southwest Idaho Treatment Center-- Kyler
1660 11th Avenue North
Nampa, ID 83687-5000

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

Dear Ms. Wihite-Grow:

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 May 18, 2015.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

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 and Construction Program

MPG/lj

Enclosure

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

Printed: 05/21/2015
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 05/18/2015
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	<p>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 facility was found to be in substantial compliance during the annual Life Safety Code survey conducted on May 18, 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).</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000		

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

TITLE

(X6) DATE

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.