



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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P.O. Box 83720  
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July 22, 2015

Dayna Wilhite-Grow, Administrator  
Southwest Idaho Treatment Center  
1660 Eleventh Avenue North  
Nampa, ID 83687

RE: Southwest Idaho Treatment Center, Provider #13G001

Dear Ms. Wilhite-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, on July 15, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health 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

Dayna Wilhite-Grow, Administrator  
July 22, 2015  
Page 2 of 2

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.

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 **August 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 August 4, 2015. If a request for informal dispute resolution is received after August 4, 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  
Fire Life Safety & Construction Program

MPG/lj

Enclosure

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

Printed: 07/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - REDWOOD - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015	
NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</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	<p><b>INITIAL COMMENTS</b></p> <p>The "Redwood" building was originally constructed in 1967 and is a single story structure with mechanical room in the basement. The building's original construction classification is protected non-combustible Type V (111). The building is now fully sprinklered as of 2010. The building is protected throughout by a complete, supervised fire alarm/smoke detection system with off-site monitoring. There is a total of two (2) exits to grade from the central core plus each of the four "pods" containing resident sleeping has a door directly to grade and a door to the central core. Emergency power and lighting is provided by an on-site, fuel-fired generator.</p> <p>The Redwood building is no longer utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor Facility Fire Safety &amp; Construction</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Nathan Elkins* TITLE *Administrative* (X6) DATE *8/3/2015*

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - REDWOOD - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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M 000	16.03.11 Initial Comments  The "Redwood" building was originally constructed in 1967 and is a single story structure with mechanical room in the basement. The building's original construction classification is protected non-combustible Type V (111). The building is now fully sprinklered as of 2010. The building is protected throughout by a complete, supervised fire alarm/smoke detection system with off-site monitoring. There is a total of two (2) exits to grade from the central core plus each of the four "pods" containing resident sleeping has a door directly to grade and a door to the central core. Emergency power and lighting is provided by an on-site, fuel-fired generator.  The Redwood building is no longer utilized by facility clients.  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	M 000		

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

*Nathan Elkins*

*Administrata*

8/3/2015

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

Printed: 07/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MEDICAL BLDG.  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(X4) ID PREFIX TAG  K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  K 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>INITIAL COMMENTS</p> <p>The medical building is a single story structure of protected wood frame construction. The original building was constructed in 1963 and the "E" wing addition in 1977. The building is protected throughout by a complete automatic fire extinguishing system and an upgraded fire alarm/smoke detection system. Multiple exits to grade serve the building, plus there are direct exits to grade from several "suits" within the building. Emergency power is supplied by two on-site, fuel fired, automatic generators; one serving the original building and the other serves the 1977 addition. Wings "B" and "C", essentially unoccupied since Fall 2010, are separated from the remainder of the building by two hour rated wall assemblies.</p> <p>The entire Medical building is no longer utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor Facility Fire Safety &amp; Construction</p>			

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

TITLE

(X6) DATE

*Nathan Elkins* Administrator 8/3/2015

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  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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M 000	<p>16.03.11 Initial Comments</p> <p>The medical building is a single story structure of protected wood frame construction. The original building was constructed in 1963 and the "E" wing addition in 1977. The building is protected throughout by a complete automatic fire extinguishing system and an upgraded fire alarm/smoke detection system. Multiple exits to grade serve the building , plus there are direct exits to grade from several "suits" within the building. Emergency power is supplied by two on-site, fuel fired, automatic generators; one serving the original building and the other serves the 1977 addition. Wings "B" and "C", essentially unoccupied since Fall 2010, are separated from the remainder of the building by two hour rated wall assemblies.</p> <p>The entire Medical building is no longer utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor                  Facility Fire Safety &amp; Construction</p>	M 000		

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

(X5) DATE

*[Signature]*

*Administrative*

8/3/2015

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1880 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>The "Aspen" building is a single story structure, with a mechanical loft, that was completed /occupied in December of 2002. The building's construction classification is Type V (111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired; automatic generator as well as battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There are a total of six exits to grade, two in each of the wings containing resident sleeping rooms, and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This building is capable of 20 ICF/ID beds.</p> <p>The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor                  Facility Fire Safety &amp; Construction</p>	K 000		
K 018	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20</p>	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE *Administrator* (X6) DATE *8/3/2015*

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K 018	<p>Continued From page 1</p> <p>minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Based on observation, operational testing, and interview the facility failed to maintain doors that protect corridor openings. Failure to maintain corridor doors could allow smoke and dangerous gases to pass freely. This deficient practice affected six clients, staff, and visitors on the date of survey. The building has the capacity for 20 ICF/ID beds with a census of 11 on the day of survey.</p> <p>Findings Include:</p> <p>1.) During the facility tour on July 14, 2015 at approximately 1:30 PM, observation revealed the door to room 188 was missing the door knob which created a 3 inch circular hole that would allow the passage of smoke.</p> <p>2.) During the facility tour on July 14, 2015 at approximately 1:30 PM, observation and operational testing revealed the door to room</p>	K 018	<p>Finding #1 K018</p> <ol style="list-style-type: none"> <li>1- Door handles will be installed</li> <li>2- Will do a walk through to find other deficiencies</li> <li>3- Will install interior building walk through Preventative Maintenance program to periodically visually inspect</li> <li>4- PM's will be done Monthly</li> <li>5- All will be completed by 8-15-15</li> </ol> <p>Finding #2 K018</p> <ol style="list-style-type: none"> <li>1- Door will be adjusted so it latches properly</li> <li>2- Will do a walk through to find other deficiencies</li> <li>3- Will install a building interior walk through Preventative Maintenance program to periodically visually inspect</li> <li>4- Will do Preventative Maintenance monthly</li> <li>5- All will be completed by 8-15-15</li> </ol>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</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 018	<p>Continued From page 2                      190 would not close and latch properly and would not resist the passage of smoke.</p> <p>3.) During the facility tour on July 14, 2016 at approximately 1:30 PM, observation and operational testing revealed the door to room 192 would not close and latch properly that would allow the passage of smoke.</p> <p>When asked, the Maintenance Supervisor stated the facility was unaware of the doors not latching properly and the door knob missing.</p> <p>Actual NFPA standard:                      19.3.6.3 Corridor Doors.                      19.3.6.3.1*                      Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors.                      Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.                      Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.</p>	K 018	<p>Finding #3 K018</p> <ol style="list-style-type: none"> <li>1- Door will be adjusted so it latches properly</li> <li>2- Will do a walk through to find other deficiencies</li> <li>3- Will install a building interior walk through Preventative Maintenance program to periodically visually inspect</li> <li>4- Will do Preventative Maintenance monthly</li> <li>5- All will be completed by 8-15-15</li> </ol>

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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K 018	Continued From page 3  19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.	K 018		
K 052	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure the fire alarm system was maintained in a reliable operating condition. Failure to maintain the fire alarm system could result in the failure to provide proper notification when a fire occurs. This deficient practice affected 11 clients, staff and visitors on the day of	K 052		

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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>		
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K 052	Continued From page 4 the survey. The building has the capacity for 20 ICF/ID beds with a census of 11 on the date of the survey.  Findings include:  During the facility tour on July 14, 2015 at approximate 1:45 PM, observation of the fire alarm remote annunciator panel in Aspen #1 revealed the display had been broken. When asked, the Maintenance Supervisor stated the facility was unaware of the broken annunciator panel.  Actual NFPA standard: 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.	K 052	Finding #1 K052  1- Annunciator will be replaced 2- Will do a walk through to find other deficiencies 3- Will add Annunciator Panels to the monthly Preventative Maintenance inspection of fire alarm system 4- Will continue to do monthly inspections 5- All will be completed by 8-15-15	
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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire sprinkler system components. Failure to provide proper maintenance of sprinkler systems could result in the system not performing as designed during a	K 062		

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K 062	<p>Continued From page 5</p> <p>fire event. This deficient practice affected 11 clients, staff, and visitors on the date of survey. The facility has the capacity for 20 ICF/ID beds with a census of 11 on the day of survey</p> <p>Findings include:</p> <p>During the facility tour conducted on July 14, 2015 at approximately 1:00 PM, observation of the outside laundry storage area overhang revealed a sprinkler head loaded with excessive dust/dirt. When questioned about the sprinkler heads, the Maintenance Supervisor stated they were unaware of the loaded sprinkler heads.</p> <p>Actual NFPA standard:                  NFPA 25                  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.                  Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.                  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	<p>Finding #1 K062</p> <ol style="list-style-type: none"> <li>1- Will clean sprinkler head</li> <li>2- Will do a walk through to find other deficiencies</li> <li>3- Will create an exterior building Preventative Maintenance program to inspect building's exterior including sprinkler heads</li> <li>4- Will be monitored annually</li> <li>5- All will be completed by 8-15-15</li> </ol>	
K 072	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p>	K 072		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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 072	Continued From page 6  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that means of egress was maintained free from obstructions. Failure to provide exit access free of obstructions could prevent the safe evacuation of residents during an emergency. This deficient practice affected 11 clients, staff and visitors on the day of survey. The building has the capacity for 20 ICF/ID beds with a census of 11 on the day of survey  Findings Include:  During the facility tour on July 14, 2015, at approximately 1:00 PM, observation of the dining room revealed the exit was obstructed by a chair that was holding the doors in the open position. When asked, the Maintenance Supervisor stated the chair was propping the door open to allow cooler air into the building.  Actual NFPA standard: NFPA 101, 7.1.10 Means of Egress Reliability, 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.	K 072	Finding #1 K072  1- Remove chairs from doorway 2- Walk though and look for other deficiencies 3- Will send out an email to all campus about findings, and what rule is. 4- Will monitor by doing periodic walk through and noting items on daily activity log. 5- All will be completed by 8-3-15	
K 141	NFPA 101 LIFE SAFETY CODE STANDARD  Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.	K 141		

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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</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 141	Continued From page 7 This Standard is not met as evidenced by: Based on observation and interview the facility failed to provide proper signage for oxygen storage rooms. Failure to provide proper signage could result in materials that are combustible and flammable in air to ignite in an oxygen enriched atmosphere. This deficient practice affected 11 clients, staff, and visitors on the date of survey. The building has the capacity for 20 ICF/ID beds with a census of 11 on the day of survey.  Findings Include: During the facility tour on July 14, 2015 at approximately 2:00 PM, observation of Room 131 revealed a "M" size Oxygen cylinder and an "E" size oxygen cylinder stored inside without proper signage on the outside of the door. When asked, the Maintenance Supervisor stated the facility was unaware the signage was not on the door.  Actual NFPA standard: NFPA 99, 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING	K 141	Finding #1 K141  1- Put signs back on doors 2- Walk through and look for other deficiencies 3- Add signage to the building interior walk through Preventative Maintenance program 4- Will do Preventative Maintenance monthly 5- All will completed by 8-15-15	
K 144	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</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 144	Continued From page 8  This Standard is not met as evidenced by: Based on interview and record review the facility failed to provide generator monthly testing logs when testing under load. Failure to provide monthly load testing of the generator system could lead to the system not operating correctly when required. The building has the capacity for 20 ICF/ID beds with a census of 11 on the day of survey.  Findings include:  During the record review process on July 14, 2015 at approximately 9:00 AM, the facility failed to provide monthly testing logs for load testing that document the testing under 30% load for 30 minutes. When asked the Maintenance Supervisor stated the facility could not find the monthly load testing logs.  Actual NFPA standard: NFPA 110, 6.4.1. Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. Exception: If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, provided the appropriate data are recorded	K 144	<b>Finding #1 K144</b>  1- Will add load testing to Preventative Maintenance logs for generators 2- Check all logs to ensure they have load testing on them as a mandatory check 3- Add load testing to generator logs and visually check to ensure it was checked and in compliance 4- Logs are monitored weekly and load testing is monitored monthly 5- All will be complete by 8-1-15	
K 147	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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 147	<p>Continued From page 9</p> <p>This Standard is not met as evidenced by:                      Based on observation and interview, the facility failed to ensure electrical receptacle faceplates were in accordance with the National Electrical Code. The deficient practice affected 11 clients, staff, and visitors on the date of survey. The building has the capacity for 20 ICF/ID beds with a census of 11 on the day of survey.</p> <p>Findings include:</p> <p>During the facility tour on July 14, 2015 at approximately 1:45 PM, observation of the living room near the television revealed an electrical receptacle faceplate that was damaged and pulled away from the wall exposing the interior wiring. When asked, the Maintenance Supervisor stated the facility was unaware of the damaged receptacle faceplate.</p> <p>Actual NFPA standard:                      NFPA 70                      ARTICLE 406 Receptacles, Cord Connectors, and Attachment Plugs (Caps)                      406.5 Receptacle Faceplates (Cover Plates).                      Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface.</p>	K 147	<p>Finding #1 K147</p> <ol style="list-style-type: none"> <li>1- Replace face plate</li> <li>2- Do walk through to find other deficiencies</li> <li>3- Create a building interior walkthrough Preventative Maintenance program</li> <li>4- Monitor Preventative Maintenance Monthly</li> <li>5- Will be complete by 9-1-15</li> </ol>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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M 000	16.03.11 Initial Comments  The "Aspen" building is a single story structure, with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V (111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired; automatic generator as well as some battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There are a total of six exits to grade, two in each of the wings containing resident sleeping rooms, and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This building has 20 ICF/ID beds.  The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards  Buildings on the premises used as facilities must meet all the requirements of local, state and	MM309		

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

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

*N. Wayne Mattette, Director*      *Administrative*

TITLE

(X6) DATE

8/3/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2015</b>
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	<p>national codes concerning fire and life safety standards that are applicable to ICF/ID facilities.</p> <p>This RULE: is not met as evidenced by:                      Refer to the Federal K Tag on the CMS 2567;</p> <ol style="list-style-type: none"> <li>1. K018 - Doors</li> <li>2. K052 - Fire Alarm System</li> <li>3. K062 - Sprinkler Systems</li> <li>4. K072 - Exits and Egress</li> <li>5. K141 - Medical Gas Storage</li> <li>6. K144 - Emergency Generators</li> <li>7. K147 - Electrical</li> </ol>		<p>Refer to Federal K tag on CMA 2567</p>	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - BIRCH  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>	
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>The "Birch" building is a single story structure, with a mechanical loft, that was completed/occupied in December 2002. The building's construction classification is Type V(III) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and fire/ smoke detection system. Emergency power is supplied by an on site, fuel fired, automatic generator as well as battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. The building is capable of 20 ICF/ID beds.</p> <p>The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with 42 CFR 483.70.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor                  Facility Fire Safety &amp; Construction</p>	K 000	
K 018	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20</p>	K 018	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE 8/2/2015

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 018	<p>Continued From page 1</p> <p>minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by:                      Based on observation, operational testing, and interview the facility failed to maintain doors that protect corridor openings. Failure to maintain doors could allow smoke and dangerous gases to pass freely. This deficient practice affected 9 clients, staff, and visitors on the date of survey. The building has the capacity for 20 ICF/ID beds with a census of 9 on the day of survey.</p> <p>Findings include:</p> <p>1.) During the facility tour on July 14, 2015 at approximately 2:30 PM, observation and operational testing revealed the door to room 150 would not close and latch properly and would not resist the passage of smoke.</p> <p>2.) During the facility tour on July 14, 2015 at approximately 2:30 PM, observation and operational testing revealed the door to room 200 would not close and latch properly due to the door</p>	K 018	<p>Finding #1 K018</p> <ol style="list-style-type: none"> <li>1- Adjust door as needed</li> <li>2- Walk through to find other deficiencies</li> <li>3- Install a building interior walk through Preventative Maintenance program</li> <li>4- Monitor by doing monthly inspections</li> <li>5- All complete by 8-15-15</li> </ol>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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Printed: 07/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - BIRCH  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>		
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K 018	<p>Continued From page 2</p> <p>missing the latch plate on the door frame.</p> <p>When asked, the Maintenance Supervisor stated the facility was unaware of the doors not latching properly or the latch plate missing.</p> <p>Actual NFPA standard: 19.3.6.3 Corridor Doors. 19.3.6.3.1*</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors.</p> <p>Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.</p> <p>Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.</p> <p>19.3.6.3.2*</p> <p>Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge</p>	K 018	<p>Finding #2 K018</p> <ol style="list-style-type: none"> <li>1- Repair and adjust as necessary</li> <li>2- Walk through and find other deficiencies</li> <li>3- Add a building interior walk through Preventative Maintenance program</li> <li>4- Do Monthly inspections</li> <li>5- Complete by 8-15-15</li> </ol>	



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K 048	Continued From page 4 the disaster functions of the plan.  Actual NFPA standard: 19.7.1 Evacuation and Relocation Plan and Fire Drills. 19.7.1.1 The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center.	K 048	
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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire sprinkler system components. Failure to provide proper maintenance of sprinkler systems could result in the system not performing as designed during a fire event. This deficient practice affected 9 clients, staff, and visitors on the date of survey. The building has the capacity for 20 ICF/ID beds with a census of 9 on the day of survey  Findings include:	K 062	

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NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1680 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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K 062	<p>Continued From page 5</p> <p>During the facility tour conducted on July 14, 2015 at approximately 2:00 PM, observation of the outside laundry storage area overhang revealed a sprinkler head loaded with excessive dust/dirt. When questioned about the sprinkler heads, the Maintenance Supervisor stated they were unaware of the loaded sprinkler heads.</p> <p>Actual NFPA standard:</p> <p>NFPA 25 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	<p>Finding #1 K062</p> <ol style="list-style-type: none"> <li>1- Clean sprinkler head</li> <li>2- Do a walk through to find other deficiencies</li> <li>3- Create an exterior building Preventative Maintenance program</li> <li>4- Will monitor Preventative Maintenance program monthly</li> <li>5- All completed by 8-15-15</li> </ol>	

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M 000	16.03.11 Initial Comments  The "Birch" building is a single story structure, with a mechanical loft, that was completed/occupied in December 2002. The building's construction classification is Type V(III) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and fire/smoke detection system. Emergency power is supplied by an on site, fuel fired, automatic generator as well as battery pack emergency lighting. The building consists of of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. The building is licensed for 20 ICF/ID beds.  The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards  Buildings on the premises used as facilities must meet all the requirements of local, state and	MM309		

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

(X5) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - BIRCH  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NANPA, ID 83687		
(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) COMPLETE DATE
	<p>national codes concerning fire and life safety standards that are applicable to ICF/ID facilities.</p> <p>This RULE: is not met as evidenced by:                      Refer to the Federal K Tag on the CMS 2567;</p> <ol style="list-style-type: none"> <li>1. K018 - Doors</li> <li>2. K048 - Emergency Plan</li> <li>3. K062 - Sprinkler Systems</li> </ol>		<p>Refer to Federal K tag on CMA 2567</p>	

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - PINE  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687	
(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)
K 000	<p>INITIAL COMMENTS</p> <p>The "Pine" building is a single story structure with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired, automatic generator as well as some battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls.</p> <p>The "Pine" building was utilized temporarily for housing residents from October 2014 through March 2015. The facility no longer is utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins              Health Facility Surveyor              Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor.              Facility Fire Safety &amp; Construction</p>	K 000	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
<i>[Signature]</i>		<i>[Signature]</i>	8/3/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - PINE  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(X4) ID PREFIX TAG M 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG M 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>16.03.11 Initial Comments</p> <p>The "Pine" building is a single story structure with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired, automatic generator as well as some battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls.</p> <p>The "Pine" building was utilized temporarily for housing residents from October 2014 through March 2015. The facility no longer is utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins              Health Facility Surveyor              Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor              Facility Fire Safety &amp; Construction</p>			

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

*[Signature]*

*[Signature]*  
 UK0021

8/3/2015

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 06 - MINI GYM #1  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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>The Mini Gym #1 is the multi-purpose building constructed in November 2002 as an unattached Type V (III) building. The structure is used for sporting activities. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor                  Facility Fire Safety &amp; Construction</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Nathan Elkins* TITLE *Administrator* (X6) DATE *8/3/2015*

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 06 - MINI GYM #1  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(X4) ID PREFIX TAG  M 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  M 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>16.03.11 Initial Comments</p> <p>The Mini Gym #1 is the multi-purpose building constructed in November 2002 as an unattached Type V (III) building. The structure is used for sporting activities. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/IID)</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor                  Facility Fire Safety &amp; Construction</p>			

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

*[Signature]*

*[Signature]*

8/3/2015

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 07 - MINI GYM #2  B. WING _____	(X3) DATE SURVEY COMPLETED  07/16/2015
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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>
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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><b>INITIAL COMMENTS</b></p> <p>The Mini Gym #2 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided.</p> <p>The Mini Gym #2 building is no longer utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins              Health Facility Surveyor              Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor              Facility Fire Safety &amp; Construction</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Admin</i>	(X6) DATE 8/3/2015
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 07 - MINI GYM #2  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The Mini Gym #2 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided.</p> <p>The Mini Gym #2 building is no longer utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor                  Facility Fire Safety &amp; Construction</p>	M 000		

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

*[Signature]*

*Administrator*

8/3/2015

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 08 - AUTO SHOP BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015	
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1860 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(X4) ID PREFIX TAG K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  The structure was built in January 1945 and serves as an auto repair shop.  The facility is no longer utilized by facility clients.  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	ID PREFIX TAG K 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Nathan Elkins* TITLE *Health Facility Surveyor* (X8) DATE *8/3/2015*

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 08 - AUTO SHOP BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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) COMPLETE DATE
M 000	16.03.11 Initial Comments  The structure was built in January 1945 and serves as an auto repair shop.  The facility is no longer utilized by facility clients.  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	M 000		

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

STATE FORM

021193

UK0Q21

Continuation sheet 1 of 1

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 09 - AUTO DETAIL SHOP/WASH  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>
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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><b>INITIAL COMMENTS</b></p> <p>The structure was built in January 1954 and serves as an auto detail shop.</p> <p>The facility is no longer utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grime, Supervisor                  Facility Fire Safety &amp; Construction</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrative Director</i>	(X6) DATE <i>8/3/2015</i>
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 09 - AUTO DETAIL SHOP/WASH B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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) COMPLETE DATE
M 000	16.03.11 Initial Comments  The structure was built in January 1954 and serves as an auto detail shop.  The facility is no longer utilized by facility clients.  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grime, Supervisor Facility Fire Safety & Construction	M 000		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - CENTRAL LAUNDRY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>
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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><b>INITIAL COMMENTS</b></p> <p>The structure was built in January 1944 and serves as the central laundry.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor Facility Fire Safety &amp; Construction</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8/3/2015</i>
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - CENTRAL LAUNDRY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The structure was built in January 1944 and serves as the central laundry.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor Facility Fire Safety &amp; Construction</p>	M 000		

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

STATE FORM

*[Signature]*

*[Signature]*  
Administrator

8/3/2015

UK0021

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

Printed: 07/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 11 - POOL - THERAPY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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 Therapy Pool building was built in January 1984 and is Type V(III) construction. The facility currently uses the unattached building as a therapy pool which makes up 70% of the interior floor space inside.  The following deficiencies were found during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70.  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	K 000		
K 064	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that fire extinguishers were installed in accordance with NFPA 10. Failure to ensure fire extinguishers were readily accessible could inhibit their use during a fire event. This deficient practice affected staff and visitors on the date of the survey. The facility is licensed for 23 ICFAD beds with a census of 20 on the day of the	K 064		

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

TITLE

(X6) DATE

*Nathan Elkins* Administrator *8/3/2015*

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 11 - POOL - THERAPY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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 064	Continued From page 1 survey.  Findings include:  During the facility tour on July 14, 2015 at approximately 11:00 AM, observation revealed a vest cart obstructing the fire extinguisher. Upon further investigation it was found that a vest was draped over the fire extinguisher obscuring the view.  When asked the Maintenance Supervisor was not aware the vest cart and the vest was obscuring the fire extinguisher  Actual NFPA standard: NFPA 10 Standard for Portable Fire Extinguishers 1-6.6* Fire extinguishers shall not be obstructed or obscured from view. Exception: In large rooms, and in certain locations where visual obstruction cannot be completely avoided, means shall be provided to indicate the location.	K 064	Finding #1 K064  1- Remove vest and cart that are next to fire extinguisher 2- Walk through and look for other deficiencies 3- Add to building interior walk through Preventative Maintenance program to look for obstructions 4- Will be monitored monthly 5- Complete by 8-15-15	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 11 - POOL - THERAPY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(X4) ID PREFIX TAG  M 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  M 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>16.03.11 Initial Comments</p> <p>The Therapy Pool building was built in January 1984 and is Type V (III) construction. The facility currently uses the unattached building as a therapy pool which makes up 70% of the interior floor space inside.</p> <p>The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor Facility Fire Safety &amp; Construction</p>			
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities.</p> <p>This RULE: is not met as evidenced by: Refer to the Federal K Tag on the CMS 2567;</p> <p>1. K064 - Fire Extinguishers</p>	MM309	Refer to Federal K tag on CMA 2567	

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

STATE FORM

021153

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Continuation sheet 1 of 1

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - RAMSEY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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  Ramsey is an unattached single story building and is Type V(III) construction. The building is used as an educational unit/school on campus. There is a fire alarm system installed throughout the building with horn strobe units in classrooms and is off site monitored. Local school district contractors provide services within the building. The building was constructed in 1951 and has a partial basement. Exiting classification is remote capability.  The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and 42 CFR 483.70.  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	K 000		
K 074	NFPA 101 LIFE SAFETY CODE STANDARD  Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3.	K 074		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 8/3/2015

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - RAMSEY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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 074	<p>Continued From page 1 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4, 19.7.5.3</p> <p>This Standard is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure drapes and curtains were provided in accordance with NFPA 701. Failure to install curtains and drapes with flame resistive properties would increase the available fuel during a fire event. This deficient practice could potentially affect all clients, staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>During the facility tour on July 14, 2015 between 10:30 AM and 11:30 AM, physical inspection of curtains and drapes installed throughout the facility found they were not tagged for 701 rating or treated with a fire resistant spray.</p> <p>When asked, the Maintenance Supervisor stated the facility was unaware of the untreated curtains and could not provide documentation for fire treatment on non-tagged curtains or drapes.</p> <p>Actual NFPA standard: 19.7.5.1* Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies shall be in accordance with the</p>	K 074	<p>Finding #1 K074</p> <ol style="list-style-type: none"> <li>1- All drapes and curtains will have fire certification sprayed on them along with documentation of date sprayed and with what chemical.</li> <li>2- Check rest of campus to make sure others conform with rules</li> <li>3- Put a Preventative Maintenance Program in place that tracks the spray of and or tags of fire retardant on Curtains and Binds</li> <li>4- Will be monitored annually</li> <li>5- 8-15-15</li> </ol>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - RAMSEY  B. WING _____		(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(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 074	Continued From page 2 provisions of 10.3.1. (See 19.3.5.5.) Exception: Curtains at showers.  10.3.1* Where required by the applicable provisions of this Code, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.	K 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - RAMSEY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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M 000	16.03.11 Initial Comments  Ramsey is an unattached single story building and is Type V(III) construction. The building is used as an educational unit/school on campus. There is a fire alarm system installed throughout the building with horn strobe units in classrooms and is off site monitored. Local school district contractors provide services within the building. The building was constructed in 1951 and has a partial basement. Exiting classification is remote capability.  The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 14 - July 15, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Facility Fire Safety & Construction  Mark Grimes, Supervisor Facility Fire Safety & Construction	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards  Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities.  This RULE: is not met as evidenced by: Refer to the Federal K Tag on the CMS 2567;  1. K074 - Draperies and Curtains	MM309	Refer to Federal K tag on CMA 2567	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

(X6) DATE

STATE FORM

*[Signature]*

*[Signature]*  
UK0Q21

8/2/2015  
If continuing sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - RAMSEY  B. WING _____	(X3) DATE SURVEY COMPLETED  07/15/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 13 - CHAPEL  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>The Chapel is an unattached building that is Type V(III) construction built in January 1974. The building has a smoke detection system installed. Exiting classification is remote capability.</p> <p>The facility is no longer being utilized by facility clients.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins                  Health Facility Surveyor                  Facility Fire Safety &amp; Construction</p> <p>Mark Grimes, Supervisor                  Facility Fire Safety &amp; Construction</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>8/3/2015</i>
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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

*[Signature]*

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8/3/2015