



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 2, 2015

Cliff McAleer, Administrator
Milestone Decisions, Inc. #3 Lexington
PO Box 10004
Moscow, ID 83843-0001

RE: Milestone Decisions, Inc. #3 Lexington, Provider #13G044

Dear Mr. McAleer:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Milestone Decisions, Inc #3 Lexington, on August 26, 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,

Cliff McAleer, Administrator
September 2, 2015
Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

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 **September 15, 2015**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by September 15, 2015. If a request for informal dispute resolution is received after September 15, 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

Enclosures

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

Printed: 09/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2015
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NAME OF PROVIDER OR SUPPLIER MILESTONE DECISIONS INC #3 LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2087 LEXINGTON AVENUE MOSCOW, ID 83843
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>The facility is single story Type V (III) building, built in 1983. The facility is protected by a 13D automatic fire sprinkler system with system sprinkler heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 8 ICF/ID beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on August 26, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33 Existing Residential Board and Care Occupancies in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Nate Elkins Health Facility Surveyor Facility Fire Safety & Construction</p>	K 000	<p>RECEIVED SEP 14 2015 FACILITY STANDARDS</p> <p>see attached POC</p>	
K 130	<p>NFPA 101 MISCELLANEOUS</p> <p>This Standard is not met as evidenced by: Based on observation and interview, the facility failed to maintain the automatic sprinkler system in a reliable operating condition. Failure to provide proper inspection and maintenance of the sprinkler system could result in the system not properly activating during a fire event. This practice affected 1 client and staff on the day of the survey. The facility is licensed for 8 ICF/ID beds with a census of 8 on the date of survey.</p> <p>Findings include:</p> <p>During the facility tour on August 26, 2015 at approximately 11:00 AM, observation of the first</p>	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cheryl McAllen</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9-10-15</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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER MILESTONE DECISIONS INC #3 LEXINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 2087 LEXINGTON AVENUE MOSCOW, ID 83843		
(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 130	Continued From page 1 bedroom on the right revealed an escutcheon was missing from a sprinkler head located in the closet. When asked, the administrator stated the facility was unaware of the missing escutcheon. Actual NFPA Standard: 33.2.3.5 Automatic Extinguishing Systems. System shall be in accordance with 9.7 9.7 Automatic Sprinklers and other Extinguishing Equipment Installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems NFPA 13, 3-2.7.2* Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly.	K 130			

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is single story Type V (III) building, built in 1983. The facility is protected by a 13D automatic fire sprinkler system with system sprinkler heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 8 ICF/ID beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on August 26, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33 Existing Residential Board and Care Occupancies in accordance with 42 CFR 483.470 (j) and IDAPA 16.03.11, Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities.</p> <p>The Survey was conducted by:</p> <p>Nate Elkins Health Facility Surveyor Facility Fire Safety & Construction</p>	M 000	<p>RECEIVED SEP 14 2015 FACILITY STANDARDS</p> <p>see attached POC</p>	
MM322	<p>16.03.11740 Fire, Life Safety - Existing Facility</p> <p>All buildings on the premises of an ICF/ID must meet all the requirements of local, state, and national codes concerning fire and life safety standards that are applicable to ICFs/ID.</p> <p>This RULE: is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567:</p> <p>1. K130 Sprinkler Escutcheons</p>	MM322		

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

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

[Handwritten Signature]

TITLE

Administrator

(X8) DATE

9-10-15

RECEIVED

PLAN OF CORRECTION

SEP 14 2015

FACILITY STANDARDS

13G044

K130 - Maintenance Dept. installed the missing escutcheon on 8/27/2015.

Maintenance Dept. will include visual inspection of all sprinkler heads during monthly safety inspections and document on check list.

Facility Administrator will review monthly checklist and keep a copy in the safety book at the office.

MM322 - Refer to K130

Completion date - 8/27/2015