



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 3, 2015

Gary Liesner, Administrator  
Ivy Court  
2200 Ironwood Place  
Coeur d'Alene, ID 83814-2610

Provider #: 135053

RE: **FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER  
LETTER**

Dear Mr. Liesner:

On **August 27, 2015**, a Facility Fire Safety and Construction survey was conducted at **Ivy Court** by the Department of Health & Welfare, Bureau of Facility Standards to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. This survey found the most serious deficiency to be one that comprises a pattern that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567, listing Medicare and/or 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, answer each deficiency and state the date when each will be completed. Please provide **ONLY ONE** completion date for each federal and state tag in column (X5) Completion Date to signify when

Gary Liesner, Administrator  
September 3, 2015  
Page 2 of 4

you allege that each tag will be back in compliance. **NOTE:** The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign the Statement of Deficiencies and Plan of Correction, CMS-2567 Form in the spaces provided and return the originals to this office. If a State Form with deficiencies was issued, it should be signed, dated and returned along with the CMS-2567 Form.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **September 16, 2015**. Failure to submit an acceptable PoC by **September 16, 2015**, may result in the imposition of civil monetary penalties by **October 6, 2015**.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- 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,
- Include dates when corrective action will be completed.
- The administrator must sign and date the first page of both the federal survey report, Form CMS-2567 and the state licensure survey report, State Form.

All references to federal regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **October 1, 2015**, (Opportunity to Correct). Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **October 1, 2015**. A change in the seriousness of the deficiencies on **October 1, 2015**, may result in a change in the remedy.

Gary Liesner, Administrator  
September 3, 2015  
Page 3 of 4

The remedy, which will be recommended if substantial compliance has not been achieved by **October 1, 2015**, includes the following:

Denial of payment for new admissions effective **November 27, 2015**.  
42 CFR §488.417(a)

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **February 27, 2016**, if substantial compliance is not achieved by that time.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

If you believe these deficiencies have been corrected, you may contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0009, Phone #: (208) 334-6626, Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **August 27, 2015**, and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, 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 Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

Gary Liesner, Administrator  
September 3, 2015  
Page 4 of 4

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

Go to the middle of the page to Information Letters section and click on State and select the following:

BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process  
2001-10 IDR Request Form

This request must be received by **September 16, 2015**. If your request for informal dispute resolution is received after **September 16, 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 us during the survey. If you have any questions, please contact us at (208) 334-6626.

Sincerely,



Mark P. Grimes, Supervisor  
Facility Fire Safety and Construction

MPG/lj  
Enclosures

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  The facility is a single story, Type V (111) construction with a complete automatic fire suppression and fire alarm system. Smoke detection covers the corridors and open areas. The facility was built in 1973 and is currently licensed for 80 SNF/NF beds.  The following deficiencies were cited at the above facility during the annual fire/life safety code survey conducted on August 27, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with 42 CFR 483.70  The survey was conducted by:  Nate Elkins Health Facility Surveyor Facility Fire Safety & Construction	K 000	Submission of this plan of correction does not constitute an admission by the provider of any fact or conclusion set forth in this statement of deficiency. This plan is being submitted because it is required by law.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure the smoke and fire resistive integrity of the building. Failure to ensure the smoke and fire resistive properties of the facility could allow smoke and dangerous gases to pass freely into exposed wall cavities. This deficient practice affected staff and visitors on the date of the survey. The facility is licensed for 80 SNF/NF beds with a census of 73 on the day of the survey.	K 012		

RECEIVED  
SEP 16 2015  
FACILITY STANDARDS

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



TITLE

Exec. Director

(X6) DATE

9/15/15

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>	
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 012	<p>Continued From page 1</p> <p>Findings include:</p> <p>1.) During the facility tour on August 27, 2015 at approximately 2:30 PM, observation of the maintenance room/office found an approximately 24" x 20" rectangular hole cut through the interior of the wall exposing the interior wall cavity and the wall framing eliminating the 1-hour rating. When asked, the Maintenance Supervisor stated an air conditioning unit was removed from the wall prior to the survey.</p> <p>2.) During the facility tour on August 27, 2015 at approximately 2:30 PM observation of the maintenance room/office found an approximately 2 inch and 5 inch circular unsealed holes cut into the wall eliminating the 1-hour rating. When asked, the Maintenance Supervisor stated he was unaware of the unsealed holes.</p> <p>Actual NFPA standard:</p> <p>19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.) Exception*: Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met: (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings. (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4</p>	K 012	<p>It is the policy of Ivy Court to maintain the smoke and fire resistive integrity of the building.</p> <p>While all staff and residents may be affected by the deficient practice, there were no adverse outcomes.</p> <p>The two circular holes in the maintenance office have been sealed.</p> <p>The rectangular hole that once housed an air conditioner in the maintenance office has been repaired and sealed.</p> <p>Looking for holes in walls throughout the center has been added to the monthly safety committee rounds. Any concerns will be corrected immediately. Round forms will be reviewed at the monthly QAPI meeting.</p>	9/30

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 012	Continued From page 2 cm) of concrete or gypsum fill. (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system.  8.2.1* Construction. Buildings or structures occupied or used in accordance with the individual occupancy chapters (Chapters 12 through 42) shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be based on either of the following: (1) Separate buildings if a 2-hour or greater vertically-aligned fire barrier wall in accordance with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the building Exception: The requirement of 8.2.1(1) shall not apply to previously approved separations between buildings. (2) The least fire-resistive type of construction of the connected portions, if no such separation is provided	K 012		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 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	K 018		

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>	
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 3 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 into corridors. This deficient practice affected staff and visitors on the date of survey. The facility is licensed for 80 SNF/NF beds with a census of 73 on the day of survey.</p> <p>Findings include:</p> <p>During the facility tour on August 27, 2015 at approximately 1:00PM, observation and operational testing of the door to the Physician Charting Office revealed a cart stored in the room near the door which impeded the closing process of the door leaving an approximate 4 inch gap that would not resist the passage of smoke. When asked, the Maintenance Supervisor stated the facility was unaware of the cart impeding the door.</p> <p>Actual NFPA Standard: 19.3.6.3.1* Doors protecting corridor openings in other than</p>	K 018	<p>It is the policy of Ivy Court to ensure there is no impediment to the closing of doors.</p> <p>While all staff and visitors may be affected by the deficient practice, there were no adverse outcomes.</p> <p>A cart that does not impede the door from closing has been purchased and is in use.</p> <p>Ensuring that all doors are not blocked from easily closing has been added to the monthly safety committee rounds. Any concerns will be addressed immediately. Round forms will be reviewed at the monthly QAPI meeting.</p>	9/30

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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	Continued From page 4 required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1 3/4-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.	K 018		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This Standard is not met as evidenced by:	K 029		

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 029	<p>Continued From page 5</p> <p>Based on observation, operational testing, and interview, the facility failed to ensure that hazardous areas were protected with doors that would resist the passage of smoke. Failure to provide doors that would resist the passage of smoke in hazardous areas would allow smoke and dangerous gases to pass freely into corridors and hinder egress of occupants during a fire event. This deficient practice 30 residents, staff and visitors utilizing the main dining room on the date of the survey. The facility is licensed for 80 SNF/NF beds and had a census of 73 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour on August 27, 2015 at approximately 1:00 PM, observation and operational testing of the soiled linen room door located in the south hallway revealed the door would not completely self-close leaving an approximately 1 inch gap between the leading edge and the door frame that would not resist the passage of smoke. When asked, the Maintenance Supervisor stated the facility was unaware the door would not close completely.</p> <p>Actual NFPA standard: NFPA 101, 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous</p>	K 029	<p>It is the policy of Ivy Court to ensure doors to hazardous areas self-close.</p> <p>While residents, staff and visitors may have been affected by this deficient practice, there were no adverse outcomes.</p> <p>The door has been repaired and now self-closes and latches.</p> <p>Checking all center self-closing doors for proper function has been added to the monthly safety committee rounds. The maintenance supervisor will also make rounds weekly to check proper function. Any issues will be corrected immediately. Round forms will be reviewed at the monthly QAPI meeting.</p>	9/30

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 029	Continued From page 6 areas shall include, but shall not be restricted to, the following:  (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard.	K 029		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all spaces inside the facility	K 056		

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 056	<p>Continued From page 7</p> <p>were protected as required under NFPA 13. Failure to provide suppression coverage in all spaces could result in an uncontrolled fire spreading into the facility. This deficient practice affected kitchen staff on the date of the survey. The facility is licensed for 80 SNF/NF beds with a census of 73 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour on August 27, 2015 at approximately 2:00 PM, observation revealed the walk in freezer in the kitchen did not have sprinkler protection in place. When asked, the Maintenance supervisor stated the facility was unaware there was no sprinkler protection.</p> <p>Actual NFPA Standard: 9.7.1 Automatic Sprinklers. Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Exception No. 1: NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code. Exception No. 2: NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, shall be permitted for use as provided in Chapters 24, 26, 32, and 33 of this Code.</p> <p>NFPA 13 1-6.1 A building, where protected by an automatic sprinkler system installation, shall be provided</p>	K 056	<p>It is the policy of Ivy Court to ensure all required areas have sprinkler protection.</p> <p>While this deficient practice may have affected the kitchen staff, there were no adverse outcomes.</p> <p>Simplex-Granel has been contracted with to install a sprinkler head in the freezer walk-in.</p> <p>Ensuring all areas of the facility have sprinkler protection has been added to the monthly safety committee rounds. Any concerns will be corrected immediately. Round forms will be reviewed at the monthly QAPI meeting.</p>	9/30

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 056	Continued From page 8 with sprinklers in all areas. Exception: This requirement shall not apply where specific sections of this standard permit the omission of sprinklers  5-1.1* The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers installed throughout the premises (2) Sprinklers located so as not to exceed maximum protection area per sprinkler (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution Exception No. 1: For locations permitting omission of sprinklers, see 5-13.1, 5-13.2, and 5-13.9. Exception No. 2: When sprinklers are specifically tested and test results demonstrate that deviations from clearance requirements to structural members do not impair the ability of the sprinkler to control or suppress a fire, their positioning and locating in accordance with the test results shall be permitted. Exception No. 3: Clearance between sprinklers and ceilings exceeding the maximum specified in 5-6.4.1, 5-7.4.1, 5-8.4.1, 5-9.4.1, 5-10.4.1, and 5-11.4.1 shall be permitted provided that tests or calculations demonstrate comparable sensitivity and performance of the sprinklers to those installed in conformance with these sections. Formal Interpretation 78-6, require sprinklers because they are part of the premises. See Reference: 5-1, F.I. 78-6 Question: Is it the intent of 5-1 to require sprinkler protection in walk-in type coolers and freezers in fully sprinklered buildings? Answer: Yes.	K 056		
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 062 SS=D	<p>Continued From page 9</p> <p>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</p> <p>This Standard is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the sprinkler system was continuously maintained and tested to provide the required level of protection required in accordance with NFPA 13 and NFPA 25. Failure to test and maintain the sprinkler system could hinder the proper application of the sprinkler system which would allow fire to spread rapidly. These deficient practices affected staff and visitors on the date of survey. The facility is licensed for 80 SNF/NF beds with a census of 73 on the day of survey.</p> <p>Findings include:</p> <p>1.) During the facility tour on August 27, 2015 at approximately 2:00 PM, observation revealed two (2) extra-high temperature solder-type sprinkler heads with a 360°F rating dated 1988 being utilized for the kitchen hood suppression system. Upon further record review, no documentation was found and the facility was unable to provide documentation for 5 year interval testing of the extra-high temperature sprinkler heads. When asked, the Maintenance Supervisor stated the facility was unaware of the 5 year interval testing.</p> <p>2.) During the facility tour on August 27, 2015 at approximately 2:30 PM, observation of the cross section of the main entrance near the</p>	K 062	<p>It is the policy of Ivy Court to maintain and test the sprinkler system as required.</p> <p>While staff and visitors may have been affected by the deficient practice, there were no adverse outcomes.</p> <p>The two sprinkler heads under the kitchen hood were replaced. The exit sign at the main entrance has been moved to allow for intended sprinkler coverage.</p> <p>The testing of the kitchen hood sprinkler heads has been added to the preventive maintenance schedule. Checking for sprinkler head obstructions has been added to the monthly safety committee rounds. Any concerns will be addressed immediately. Round forms will be reviewed in the monthly QAPI meeting.</p>	9/30

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>	
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 062	<p>Continued From page 10</p> <p>administrator's office revealed an exit sign installed 6 inches from a sprinkler head. This deficiency would not allow the sprinkler coverage to reach the area of protection for which it was designed. When asked, the Maintenance supervisor stated the facility was unaware exit sign was obstructing the sprinkler head.</p> <p>Actual NFPA Standard:</p> <p>Item #1 NFPA 25 2-3 Testing. 2-3.1 Sprinklers. 2-3.1.1*</p> <p>Where sprinklers have been in service for 50 years, they shall be replaced or representative samples from one or more sample areas shall be submitted to a recognized testing laboratory acceptable to the authority having jurisdiction for field service testing. Test procedures shall be repeated at 10-year intervals.</p> <p>Exception No. 1: Sprinklers manufactured prior to 1920 shall be replaced.</p> <p>Exception No. 2: Sprinklers manufactured using fast response elements that have been in service for 20 years shall be tested. They shall be retested at 10-year intervals.</p> <p>Exception No. 3*: Representative samples of solder-type sprinklers with a temperature classification of extra high [325°F (163°C)] or greater that are exposed to semicontinuous to continuous maximum allowable ambient temperature conditions shall be tested at 5-year intervals.</p> <p>Exception No. 4: Where sprinklers have been in service for 75 years, they shall be replaced or representative samples from one or more sample areas shall be submitted to a recognized testing laboratory acceptable to the authority having</p>	K 062		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  08/27/2015
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 062	Continued From page 11 jurisdiction for field service testing. Test procedures shall be repeated at 5-year intervals.  Item #2 NFPA 13 5-5.5.2.2 Sprinklers shall be positioned in accordance with the minimum distances and special exceptions of Sections 5-6 through 5-11 so that they are located sufficiently away from obstructions such as truss webs and chords, pipes, columns, and fixtures. *See Table 5-6.2.2(a) Protection Areas and Maximum Spacing (Standard Spray Upright/Standard Spray Pendent) for Light Hazard	K 062	It is the policy of Ivy Court to ensure electrical wiring is in accordance with the National Electrical Code.  While residents, staff and visitors may have been affected by the deficient practice, there were no adverse outcomes.  The extension cord in room 28 has been removed. Staff has been re-educated concerning the use of extension cords.  Monitoring will be done Monday-Friday through the Caring Partner program. Department heads visit their assigned residents and will be checking the rooms for any use of extension cords. Any concerns will be addressed immediately. Results of Caring Partner rounds will be discussed during the morning stand-up meeting.	9/30
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure electrical wiring was in accordance with the National Electrical Code. This deficient practice affected 23 residents, staff, and visitors on the date of survey. The facility is licensed for 80 SNF/NF beds with a census of 73 the day of survey.  Findings include:  During the facility tour on August 26, 2015 at approximately 1:30 PM, observation of room 28 revealed an orange extension cord powering a bed. When asked, the maintenance supervisor the facility was unaware of the extension cord.  Actual NFPA Standard:	K 147		

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

Printed: 09/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>IVY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 IRONWOOD PLACE COEUR D'ALENE, ID 83814</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 147	Continued From page 12  NFPA 70, 400-8. Uses Not Permitted Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following: 1. As a substitute for the fixed wiring of a structure 2. Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors 3. Where run through doorways, windows, or similar openings 4. Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. 5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors 6. Where installed in raceways, except as otherwise permitted in this Code	K 147		