June 15, 2016

David Green, Administrator
Karcher Estates
1127 Caldwell Boulevard
Nampa, ID 83651-1701

Provider #: 135110

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Green:

On June 9, 2016, a Facility Fire Safety and Construction survey was conducted at Karcher Estates, LLC 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 a widespread deficiency 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 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 June 28, 2016. Failure to submit an acceptable PoC by June 28, 2016, may result in the imposition of civil monetary penalties by July 18, 2016.

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 July 14, 2016, (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 July 14, 2016. A change in the seriousness of the deficiencies on July 14, 2016, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by July 14, 2016, includes the following:
Denial of payment for new admissions effective September 9, 2016.
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 December 9, 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 June 9, 2016, 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:

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 June 28, 2016. If your request for informal dispute resolution is received after June 28, 2016, 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,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

Enclosures
The facility is a single story type V(111) structure with a two hour wall between the common area shared with the adjacent independent living facility. The building was originally constructed in 1989 and is fully protected by an automatic fire alarm and sprinkler system. Currently the facility is licensed for 66 SNF/NF beds.

The following deficiencies were found during the annual Fire/Life Safety survey conducted on June 9, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 19, Existing Health Care Occupancies, in accordance with 42 CFR 483.470.

The Survey was conducted by:

Sam Burbank
Heath Facility Surveyor
Facility Fire, Safety and Construction

K 072
NFPA 101 LIFE SAFETY CODE STANDARD

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. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10, 18.2.1, 19.2.1

This Standard is not met as evidenced by:

Based on observation, operational testing and interview, the facility failed to ensure that means of egress were free from impediments. Failure to maintain full instant use of a means egress could hinder the safe evacuation of residents during an emergency. This deficient practice affected 52 residents, staff and visitors on the date of the survey. The facility is licensed for 66 SNF/NF beds and had a census of 52 on the day of the survey.

Preparation or execution of Plan of Correction does not constitute admission or agreement by the provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies.

The plan of Correction is prepared and or executed solely because the law requires it.

K 072

These insufficient lock / egress mechanisms had the potential to affect all residents in the facility in the event of a fire or other emergency.

The egress door locks in Physical Therapy (4 locks), Rooms 567, 571, 573, 555, 518, 519, 524 and the Beauty Salon door have been replaced with appropriate locking mechanisms.

The Maintenance Director will ensure that all doors in the facility are equipped with proper locks where required.

Maintenance Director will report compliance to QA when complete.

06/29/2016
KARCHER ESTATES, LLC  
1127 CALDWELL BOULEVARD  
NAMPA, ID 83651

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<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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Findings include:

During the facility tour conducted on June 9, 2016 from approximately 11:30 AM to 4:00 PM, observation of locking arrangements for facility doors found the following doors were equipped with non-single operational locking arrangements that required a key, tool or special knowledge to release from the egress side:

Four doors in Physical Therapy Rooms 567, 571, 573, 555, 518, 519, 524 and the Beauty Salon

When interviewed, the Maintenance Supervisor stated he was not aware these door locking arrangements were not allowed. Due to the extent and number of locations found, the deficiency was deemed widespread and further documentation was not required.

Actual NFPA standard:
NFPA 101
19.2 MEANS OF EGRESS REQUIREMENTS
19.2.1 General.
Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7.
Exception: As modified by 19.2.2 through 19.2.11.