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

REVISED COPY

July 26, 2016

Jamie Newton, Administrator
Southwest Idaho Treatment Center
1660 Eleventh Avenue North
Nampa, ID 83687

FILE COPY

RE: Southwest Idaho Treatment Center, Provider #13G001

Dear Ms. Newton:

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 22, 2016.

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 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 8, 2016, 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 August 14, 2016. If a request for informal dispute resolution is received after August 14, 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 our staff during our visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

Nate Elkins
Supervisor
Fire Life Safety & Construction Program

NE/lj

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

PRINTED: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - REDWOOD - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 "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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MEDICAL BLDG B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 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. The entire Medical building is no longer utilized by facility clients. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 "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. The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 21-July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Acting Administrator — (X6) DATE: 8/4/16

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 018	Continued From page 1 as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 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 four 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: 1.) During the facility tour on July 21, 2016 at approximately 2:30 PM, observation revealed the door to room 151 was missing the door latch which did not allow the door to latch and secure. 2.) During the facility tour on July 21, 2016 at approximately 2:30 PM, observation revealed the door to room 182 was missing the door latch which did not allow the door to latch and secure.	K 018		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 018	Continued From page 2 3.) During the facility tour on July 21, 2016 at approximately 2:30 PM, observation and operational testing revealed the door to room 196 had paper and tape over the door jam preventing the door from latching. When asked, the Maintenance Supervisor stated the facility was aware of the doors not latching properly and the door latch missing. 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.	K 018	**K 018: 1, 2, 3** All door latches have been reinstalled Tape has been taken off doors. All staff has been notified of deficiencies And building managers will have training with staff to discuss why this is not allowed. Have added an interior door check monthly to ensure this does not happen in the future. Completion date: 08/31/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 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.	K 018		
K 052	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, 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 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: 1.) During the facility tour on July 21, 2016 at approximately 2:45 PM, observation of the fire alarm remote annunciator panel in Aspen #1 revealed the display panel appeared to be	K 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ASPEN B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 052	Continued From page 4 broken. 2.) During the facility tour on July 21, 2016 at approximately 2:45 PM, observation of the main Fire Alarm panel in the communications room #133 revealed the system to be in trouble due to a sprinkler supervisory message. When asked, the Maintenance Supervisor stated the facility was aware of the broken annunciator panel as well as the trouble signal. 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	**K 052: 1, 2** SWITC has been working with the Musgrove Engineering and DPW To get a Campus Wide Fire Alarm system installed. Authorization to proceed has been granted and work is slated to begin by September 1st. The DPW project # is #16360 See attached documentation	
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide generator monthly testing logs and weekly inspection logs. Failure to provide monthly load testing and weekly inspections 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.	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING 03 - ASPEN B. WING _____	07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 144	Continued From page 5 Findings include: During the record review process on July 21, 2016 at approximately 9:30 AM, the facility failed to provide weekly generator inspection reports for the weeks of April 18 and April 25, 2016. Upon further review of the generator testing reports, the faciluity failed to provide a monthly load test for April 2016. When asked the Maintenance Supervisor stated the facility could not find the documentation. 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	**K 144** Both Generator checks have been Found. Attached are the copies of actual checks that were performed on time. Jim White, the M & O manager will check each week to make sure that all checks are placed in file as required. Original Generator Checks completed on 4/22/16 and 4/29/16. Original paperwork found 7/27/16.	

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

PRINTED: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - BIRCH B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 "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 capable of 20 ICF/ID beds. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21 - July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **05 - PINE** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 "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. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Acting Administrator 8/4/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **06 - MINI GYM #1** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 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. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21 - July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **07 - MINI GYM #2** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 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. The Mini Gym #2 building is no longer utilized by facility clients. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/1/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **08 - AUTO SHOP BUILDING** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Acting Administrator 8/4/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **09 - AUTO DETAIL SHOP/WASH** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **10 - CENTRAL LAUNDRY** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 structure was built in January 1944 and serves as the central laundry. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21 - July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Acting Administrator | 8/4/16

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: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **11 - POOL - THERAPY** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21 - July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Acting Administrator 8/4/16

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **12 - RAMSEY** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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	K 000		
	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 21-July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction		RECEIVED AUG - 8 2016 FACILITY STANDARDS	
K 038	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		
	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, operational testing, and interview, the facility failed to ensure means of egress was arranged so that exits are readily accessible at all times. Failure to maintain exit access could result in delayed evacuation during an emergency event.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Acting Administrator — (X6) DATE: 8/4/16

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **12 - RAMSEY** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	**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 038	Continued From page 1 Findings Include: During the facility tour on July 21, 2016 at approximately 11:30 AM, observation and operational testing revealed an exit access door leading to the exit in the basement area was locked by a key. When asked, the Maintenance Supervisor stated the facility was not using the basement area and clients do not have access to the area. Actual NFPA Standard: 7.2.1.5.1 Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side.	K 038	**K 038:** All doors leading to basement have been locked. Signs have placed on doors that state no access is permitted Completed 07/25/16	
K 047	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure exit signage was properly displayed. Failure to properly display exit signs could result in delayed egress of occupants during a fire event. This deficienct practice affected staff and visitors on the date of survey. Findings Include:	K 047		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - RAMSEY B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 047	Continued From page 2 During the facility tour on July 21, 2016 at approximatley 11:30 AM, observation of the basement area revealed a directional illuminated exit sign pointing towards a locked egress exit access door. When asked, the Maintenance Supervisor stated the facility was not using the basement area and clients do not have access to the area. Actual NFPA Standard: 7.10.1 General. 7.10.1.1 Where Required. Means of egress shall be marked in accordance with Section 7.10 where required in Chapters 11 through 42. 7.10.1.2* Exits. Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access. 7.10.1.4* Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. Sign placement shall be such that no point in an exit access corridor is in excess of 100 ft (30 m) from the nearest externally illuminated sign and is not in excess of the marked rating for internally illuminated signs. Exception: Signs in exit access corridors in existing buildings shall not be required to meet the placement distance requirements.	K 047	**K 047:** All exit signs that are pointed to Areas that are longer exits Have been taken down as not to mislead Staff or clients in case of an Emergency Completed 07/25/16	

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

PRINTED: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 13 - CHAPEL B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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 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. The facility is no longer being utilized by facility clients. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	K 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

8/4/16 Acting Administrator

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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: **01 - REDWOOD - ENTIRE STRUCTURE** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

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 "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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Acting Administrator | 8/9/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - MEDICAL BLDG B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 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. The entire Medical building is no longer utilized by facility clients. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Acting Administrator | (X6) DATE 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - ASPEN B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 "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. The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 21 - July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	
MM322	16.03.11740 Fire, Life Safety - Existing Facility 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.	MM322	See Statement of Deficiencies Aspen K018, K052, and K144	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING: 03 - ASPEN B. WING _____	07/22/2016

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
MM322	Continued From page 1 This Rule is not met as evidenced by: Refer to the Federal K Tag on the CMS 2567; 1. K018 - Doors 2. K052 - Fire Alarm System 3. K144 - Generators	MM322		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 04 - BIRCH B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 "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 building was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21- July 22, 2016. 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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - PINE B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 "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. The facility no longer is utilized by facility clients. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

PRINTED: 07/26/2016
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING: 06 - MINI GYM #1 B. WING _____	07/22/2016

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 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. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21- July 22, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and 42 CFR 483.70. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Acting Administrator (X6) DATE: 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 07 - MINI GYM #2 B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 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. The Mini Gym #2 building is no longer utilized by facility clients. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Acting

TITLE: Acting Administrator

(X6) DATE: 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: **08 - AUTO SHOP BUILDING** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		**07/22/2016**

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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000		

RECEIVED
AUG - 8 2016
FACILITY STANDARDS

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Acting Administrator | 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING: 09 - AUTO DETAIL SHOP/WASH B. WING _____	07/22/2016

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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

PRINTED: 07/26/2016
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 10 - CENTRAL LAUNDRY B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21- July 22, 2016. 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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 11 - POOL - THERAPY B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 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 building was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 21- July 22, 2016. 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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Acting Administrator (X6) DATE: 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 12 - RAMSEY B. WING	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

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 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 21- July 22, 2016. 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: Linda Chaney Health Facility Surveyor Facility Fire Safety & Construction Nate Elkins, Supervisor Facility Fire Safety & Construction	M 000	RECEIVED AUG - 8 2016 FACILITY STANDARDS	
MM322	16.03.11740 Fire, Life Safety - Existing Facility 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.	MM322	See Statement of Deficiencies Ramsay K038 and K047	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Acting Administrator | (X6) DATE: 8/4/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 12 - RAMSEY B. WING _____	(X3) DATE SURVEY COMPLETED
	13G001		07/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST IDAHO TREATMENT CENTER	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
MM322	Continued From page 1 This Rule is not met as evidenced by: Refer to the Federal K Tag on the CMS 2567; 1. K038 - Means of Egress 2. K047 - Exit Signage	MM322		