



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
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PHONE 208-334-6626
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August 11, 2016

Jamie Newton, Administrator
Southwest Idaho Treatment Center-- Kyler
1660 11th Avenue North
Nampa, ID 83687-5000

RE: Southwest Idaho Treatment Center-- Kyler, Provider #13G081

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 - Kyler, on August 1, 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,

Jamie Newton, Administrator
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Page 2 of 2

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

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **August 24, 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:

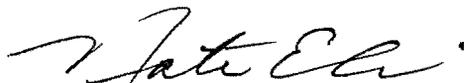
www.icfmr.dhw.idaho.gov

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 23, 2016. If a request for informal dispute resolution is received after August 23, 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: 08/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SOUTHWEST IDAHO TREATMENT CENTER - KYLER B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2016
NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER - I		STREET ADDRESS, CITY, STATE, ZIP CODE 1182 WEST KYLER AVENUE HAYDEN, ID 83835		
(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 Southwest Idaho Treatment Center - Kyler is an approximate 4500 square foot type V (000) single story duplex style facility with attached garages. The facility is protected by a manual fire alarm system with smoke detection, an NFPA 13 R sprinkler system modified to provide coverage to all closets, bathrooms, and the garages. Heating and cooling is provided by a combination of forced air gas furnaces, and PTAC units. Battery operated emergency egress lighting and portable fire extinguishers are provided. The facility is licensed for six ICF/ID beds. The following deficiencies were cited during the annual Life Safety Code survey conducted on August 1, 2016. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470.(j).	K 000		
K0056	The surveyor conducting the survey was: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with	K0056		

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

[Signature] *[Signature]* *8/20/16*

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.

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K0056	<p>Continued From page 1</p> <p>NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is</p>	K0056	<p>K-0056 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p><u>Corrective action:</u> Contractor was contacted on 8/23/16 regarding this deficiency in their annual inspection of the automatic sprinkler system. Information related to Sprinkler Systems containing Antifreeze specifically an NFPA 13D system was reviewed with Contractor, over the phone and he acknowledged that the system should have been tested based on percentage. He will be in contact with the Kyler CS Manager to schedule an appointment for an updated inspection to ensure Kyler is in accordance with regulatory requirements. A follow-up email was also sent to Contractor with a copy of our deficiency and regulatory requirements.</p> <p><u>Identify others at risk:</u> All individuals at Kyler had the potential to be impacted by this deficient practice and the above correction should address the issue for them.</p> <p><u>Changes made:</u> Contractor was provided with information related to NFPA 13D regulations. In addition, CS Manager requested that this information be placed in Kyler's file to ensure further inspections occur in accordance with regulatory requirements.</p>	

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K0056	<p>Continued From page 2 documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and</p>	K0056	<p><u>Monitoring:</u> The CS Manager will review annual automatic sprinkler inspection reports and tags to ensure anti-freeze solution types are documented and that percentages are tested.</p> <p><u>Completion date:</u> September 23rd, 2016</p>	
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K0056	<p>Continued From page 3</p> <p>shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. This Standard is not met as evidenced by: Based on record review and observation, the facility failed to ensure that sprinkler systems equipped with anti-freeze solutions were maintained with the proper solution percentages. Failure to provide anti-freeze solutions in the correct percentages and type could result in a</p>	K0056			

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K0056	<p>Continued From page 4</p> <p>lack of system performance during a fire event. This deficient practice affected 5 residents, staff and visitors on the date of the survey.</p> <p>Findings include:</p> <p>1) During review of the facility's annual fire suppression system inspection report on August 1, 2016 from 8:45 AM to 9:00 AM, records provided indicated the system was tested according to temperature, not the installed percentage. Further review revealed a temperature rating of negative forty-one degrees.</p> <p>2) During the facility tour conducted on August 1, 2016 from 9:00 AM to 10:00 AM, inspection of the tags on the riser found the solution was tested at temperature, not percentage and the listed concentration was negative forty-one degrees.</p> <p>Actual NFPA standard:</p> <p>NFPA 101 Chapter 9 9.7 9.7.1 Automatic Sprinklers. 9.7.1.1* 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</p>	K0056		

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K0056	Continued From page 5 24, 26, 32, and 33 of this Code. NFPA 13R, Chapter 1, General Information 1-6.2.2* Antifreeze systems, dry pipe systems, and preaction systems shall be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.	K0056		

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>Southwest Idaho Treatment Center - Kyler is an approximate 4500 square foot type V (000) single story duplex style facility with attached garages. The facility is protected by a manual fire alarm system with smoke detection, an NFPA 13 R sprinkler system modified to provide coverage to all closets, bathrooms, and the garages. Heating and cooling is provided by a combination of forced air gas furnaces, and PTAC units. Battery operated emergency egress lighting and portable fire extinguishers are provided. The facility is licensed for six ICF/ID beds.</p> <p>The following deficiencies were cited during the annual Life Safety Code survey conducted on August 1, 2016. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470.(j), and IDAPA 16.03.11, Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID).</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000		
MM274	<p>16.03.11731.01 Life Safety Code Requirements</p> <p>Each new ICF/ID must meet the provisions of the National Fire Protection Association (NFPA) Standard 101, The Life Safety Code, as incorporated in Section 004 of these rules, applicable to an ICF/ID, as specified below:</p> <p>This Rule is not met as evidenced by: Please refer to federal "K" tags on CMS 2567:</p>	MM274	<p>MM274 16.03.11731.01 LIFE SAFETY CODE REQUIREMENTS Same as above</p>	

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FACILITY STANDARDS

Idaho form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

STATE FORM 021199 *Acting Administrator* 8/23/16 1G0021 If continuation sheet 1 of 2

Bureau of Facility Standards

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MM274	Continued From Page 1 K-056 Sprinkler maintenance	MM274		