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
3232 Elder Street
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October 6, 2016

Rex Redden, Administrator
Idaho Falls Group Home #4 Summit
P.O. Box 50457
Idaho Falls, ID 83405-0457

RE: Idaho Falls Group Home #4 Summit, Provider #13G071

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Idaho Falls Group Home #4 Summit, on September 27, 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 **October 19, 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 October 19, 2016. If a request for informal dispute resolution is received after October 19, 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

Enclosure

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING	(X3) DATE SURVEY COMPLETED
	13G071		09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO FALLS GROUP HOME #4 SUMMIT	3612 SUMMIT TRAIL IDAHO FALLS, ID 83402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a single story, type V (III) building built in 1999. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds, with a waiver granting the acceptance of one (1) additional client. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on September 27, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies in accordance with 42 CFR 483.470 (j). The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	K 000		
K0020	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. Stairs comply with 7.2.2.5.3. The entire primary means of escape is arranged so that it is not necessary for the occupants to pass from all spaces on that story by construction having not less than a ½ hour fire resistance rating. In buildings of construction other than Type II (000), Type III (200), or Type V (000), the supporting construction is protected to afford the required fire resistance rating of the supported wall. 33.2.2.4. Exception No. 1: Stairs that connect a story at	K0020	RECEIVED OCT 21 2016 FACILITY STANDARDS K0020 1. The door from the main level to the basement has been repaired so that it is self-closing, and staff have been trained on keeping it closed at all times. 2. All individuals have the potential to be affected by this practice. 3. Maintenance Personnel have repaired the door from the main level to the basement so that it is self-closing. In addition staff training has been completed with staff to ensure they are keeping it closed at all times.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rex L Redden	Administrator	10/17/16

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 02 - ENTIRE STRUCTURE B. WING	(X3) DATE SURVEY COMPLETED
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K0020	Continued From page 1 street level to only one other story are permitted to be open to the story that is not at street level. Exception No. 2: Stair enclosures are not required in buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is separated from all spaces on that floor by construction having a ½ hour fire resistance rating. Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception. Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs. IMPRACTICAL Vertical openings are protected so as not to	K0020	K0020 cont'd 4. Maintenance Personnel will inspect the door every month during their monthly inspections to ensure it is self-closing. Staff training will occur during every monthly staff meeting to ensure that staff are keeping the door closed at all times. In addition, management will ensure the door is closed every time they are in the home. 5. Target date for completion will be December 23, 2015.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING	(X3) DATE SURVEY COMPLETED
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IDAHO FALLS GROUP HOME #4 SUMMIT	3612 SUMMIT TRAIL IDAHO FALLS, ID 83402

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K0020	Continued From page 2 expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.3.1.1, 33.2.3.1.1 Exception: Stairs are permitted to be open where complying with Exception No. 2 or Exception No. 3 to 32.2.2.4 and 33.2.2.4. This Standard is not met as evidenced by: Based on observation and operational testing, the facility failed to ensure doors to stairwells were self-closing. Failure to provide self-closing doors to stairs could allow smoke and dangerous gases to pass between floors, affecting the egress of clients during a fire. This deficient practice affected clients, staff and visitors on the date of the survey. The facility is licensed for 6 ICF/IID beds, with a census of 7 based on an applicable waiver on the day of the survey. Findings include: During the facility tour conducted on September 27, 2016 from approximately 10:00 AM to 11:45 AM, observation and operational testing of the door from the main floor to the basement level of the building revealed the door was held open with a door wedge. Operational testing of the door with the obstruction removed revealed it would not fully self-close when activated. Actual NFPA standard: 7.2.1.8 Self-Closing Devices.	K0020		

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	13G071		**09/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO FALLS GROUP HOME #4 SUMMIT	**3612 SUMMIT TRAIL** **IDAHO FALLS, ID 83402**

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K0051	Continued From page 4 testing had been conducted on the non-addressable system. Actual NFPA standard: NFPA 72 Chapter 7 Inspection, Testing and Maintenance 7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods: (1) Calibrated test method (2) Manufacturer ' s calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted	K0051		

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K0020	Continued From page 3 7.2.1.8.1* A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2.	K0020		
K0051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. This Standard is not met as evidenced by: Based on record review, the facility failed to ensure that fire alarm systems were maintained in accordance with NFPA 72. Failure to perform sensitivity testing on non-addressable fire alarm systems could hinder system response during a fire. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 6 ICF/IID beds and had a census of 7 on the day of the survey. Findings include: 1) During review of the fire alarm inspection records provided on September 27, 2016 from approximately 8:45 AM to 9:15 AM, no record was available to indicate a sensitivity testing for smoke detectors was conducted within the last five years. 2) During the exit conference conducted on September 27, 2016 from approximately 11:45 PM to 12:15 PM, further information provided by the current vendor revealed that no sensitivity	K0051	K0051 1. Detector sensitivity testing will be completed by Fire Services of Idaho. 2. All individuals have the potential to be affected by this practice. 3. Fire Services of Idaho will come to the facility and conduct detector sensitivity testing. 4. The QIDP will contact Fire Services of Idaho to ask for the detector sensitivity testing. In addition, the QIDP will request that the testing is scheduled for every alternate year thereafter. The QIDP will request the detector sensitivity reports and will keep them on file. 5. Target date for completion will be December 23, 2016.	

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K0051	Continued From page 5 within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.	K0051		
K0056	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, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. 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 NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. 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 materials providing a 15 minute thermal barrier. Exception No. 2: Not applicable 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	K0056	K0056 1. Spare sprinkler heads will be obtained and stored in a cabinet on the premises for replacement purposes. 2. All individuals have the potential to be affected by this practice. 3. Fire Services of Idaho will come to the facility and bring spare sprinkler heads to be stored on the premises for replacement purposes. 4. The QIDP will contact Fire Services of Idaho to ask for spare sprinkler heads for the facility. Maintenance personnel will check to ensure spare sprinkler heads are still accessible in the facility during their monthly inspection checklist. 5. Target date for completion will be December 23, 2016.	

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

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K0056	Continued From page 6 exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. 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. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 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 activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: Not Applicable Exception No. 2: Not Applicable 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. Exception No. 4: In prompt and slow evacuation	K0056		

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	13G071		**09/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K0056	Continued From page 7 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. Exception No. 5: Not Applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2. Exception No. 1: Not Applicable. 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. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 3: Not Applicable. Exception No. 4: Not Applicable.	K0056		

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K0056	Continued From page 8 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. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. 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 observation, the facility failed to ensure that fire suppression systems were maintained in accordance with NFPA 25. Failure to provide the required number and type of replacement sprinklers could reduce full coverage of the suppression system during a repair, replacement, or following system activation. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 6 ICF/IID beds and had a census of 7 on the day of the survey. Findings include: During the facility tour conducted on September 27, 2016 from approximately 10:00 AM to 12:00 PM, observation of the ice chest used to house the spare sprinkler pendants located at the main fire suppression system riser, revealed it only contained 1 spare sprinkler pendant. Actual NFPA standard: 2-4 Maintenance. 2-4.1 Sprinklers. 2-4.1.4 A supply of at least six spare sprinklers shall be stored in a cabinet on the premises for	K0056		

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K0056	Continued From page 9 replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). Exception: Where dry sprinklers of different lengths are installed, spare dry sprinklers shall not be required, provided that a means of returning the system to service is furnished. 2-4.1.5 The stock of spare sprinklers shall be as follows: (a) For protected facilities having under 300 sprinklers -no fewer than 6 sprinklers (b) For protected facilities having 300 to 1000 sprinklers -no fewer than 12 sprinklers (c) For protected facilities having over 1000 sprinklers -no fewer than 24 sprinklers	K0056		

PRINTED: 10/05/2016
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02 - ENTIRE STRUCTURE** B. WING _____	(X3) DATE SURVEY COMPLETED
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M 000	16.03.11 Initial Comments The facility is a single story, type V (III) building built in 1999. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds, with a waiver granting the acceptance of one (1) additional client. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on September 27, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies in accordance with 42 CFR 483.470 (j) and IDAPA 16.03.11, Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID). The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	M 000		
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. This Rule is not met as evidenced by: Please refer to "K" tags on CMS 2567: K-051 Fire Alarm maintenance K-056 Sprinkler maintainance K-020 Protection of stair openings	MM322	MM322 Refer to K-051, K-056, and K020. RECEIVED OCT 21 2016 FACILITY STANDARDS	

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rex L Redden	Administrator	10/17/16