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

October 6, 2016

Steve Young, Administrator
Yellowstone Group Home #2 Sunnybrook
560 West Sunnyside Lane
Idaho Falls, ID 83402

RE: Yellowstone Group Home #2 Sunnybrook, Provider #13G064

Dear Mr. Young:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Yellowstone Group Home #2 Sunnybrook, 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
	13G064		09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YELLOWSTONE GROUP HOME #2 SUNNYBR(	3245 SUNNYBROOK LANE 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(000) construction. It is fully sprinklered with quick response sprinkler heads. It has a complete fire alarm/smoke detection system. This home was built/completed on February 23, 1998. Currently it is licensed for 6 ICF/ID beds. 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, and 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		
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	K0051		

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FACILITY STANDARDS

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

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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YELLOWSTONE GROUP HOME #2 SUNNYBR(	3245 SUNNYBROOK LANE IDAHO FALLS, ID 83402

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K0051	Continued From page 1 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 6 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. Interview of the Maintenance Supervisor revealed he was not aware of any sensitivity testing having been conducted. 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	K0051		

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
	13G064		**09/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YELLOWSTONE GROUP HOME #2 SUNNYBR(	**3245 SUNNYBROOK LANE** **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
K0051	Continued From page 2 (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 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		

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
	13G064		**09/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YELLOWSTONE GROUP HOME #2 SUNNYBROOK	**3245 SUNNYBROOK LANE** **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) COMPLETE DATE
M 000	16.03.11 Initial Comments The facility is a single story, type V(000) construction. It is fully sprinklered with quick response sprinkler heads. It has a complete fire alarm/smoke detection system. This home was built/completed on February 23, 1998. Currently it is licensed for 6 ICF/ID beds. 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 Individuals 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	MM322	RECEIVED OCT 19 2016 FACILITY STANDARDS	

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Program Director | (X6) DATE: 10-17-16

ASPIRE
HUMAN SERVICES, LLC

560 W Sunnyside RD, Idaho Falls, ID 83402 * Office (208) 523-9839 * Fax (208) 522-0224

October 17, 2016

Dear Nate Elkins:

For the Fire Life Safety survey conducted at the Sunnybrook home September 27, 2016, we have the following plan of correction for this home's survey:

K0051-
The Maintenance Tech scheduled and completed the sensitivity testing for the smoke detectors at the Sunnybrook home through Peak Alarm on October 11, 2016. All smoke detectors tested "OK". The Maintenance Tech will schedule routine sensitivity testing through Peak Alarm to be done every alternate year. He will also laminate and attach to the fire box a tag, as a reminder, a date stating when the sensitivity testing was performed and a due date for which it is due again. This will be completed by November 11, 2016. Responsible party will be the Program Director, Steve Young.

MM322- Please refer to the previous listed K tag deficiency (K0051).

Program Director signature: _____ Date: 10-17-16