November 23, 2016

Daniel Kennick, Administrator
Teton Post Acute Care & Rehabilitation
3111 Channing Way
Idaho Falls, ID 83404-7534

Provider #: 135138

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Kennick:

On November 15, 2016, a Facility Fire Safety and Construction survey was conducted at Teton Post Acute Care & Rehabilitation by the Department of Health & Welfare, Bureau of Facility Standards to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. This survey found the most serious deficiency to be a widespread deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567, listing Medicare and/or Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. Please provide ONLY ONE completion date for each federal and state tag in column (X5) Completion Date to signify when you allege that each tag will be back in compliance. NOTE: The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to
Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign the Statement of Deficiencies and Plan of Correction, CMS-2567 Form in the spaces provided and return the originals to this office. If a State Form with deficiencies was issued, it should be signed, dated and returned along with the CMS-2567 Form.

Your Plan of Correction (PoC) for the deficiencies must be submitted by December 6, 2016. Failure to submit an acceptable PoC by December 6, 2016, may result in the imposition of civil monetary penalties by December 26, 2016.

Your PoC must contain the following:

• What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

• How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

• What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

• How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

• Include dates when corrective action will be completed.

• The administrator must sign and date the first page of both the federal survey report, Form CMS-2567. If a State Form was issued as well, it should also be signed, dated and returned.

All references to federal regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by December 20, 2016, (Opportunity to Correct). Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on December 20, 2016. A change in the seriousness of the deficiencies on December 20, 2016, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by December 20, 2016, includes the following:
Denial of payment for new admissions effective **February 15, 2017.**

42 CFR §488.417(a)

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **May 15, 2017,** if substantial compliance is not achieved by that time.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement.** Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact Nate Elkins, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0009, Phone #: (208) 334-6626, option 3; Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **November 15, 2016,** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

Go to the middle of the page to Information Letters section and click on State and select the following:

BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process
2001-10 IDR Request Form

This request must be received by December 6, 2016. If your request for informal dispute resolution is received after December 6, 2016, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact us at (208) 334-6626, option 3.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosures
The Facility is a single story Type V (Ill) building with pitched roof and composite shingles. The building is approximately 43,000 square feet, and is composed of a service wing, a center core, and four resident wings. The building was originally built in 1988, but was unoccupied and re-licensed in May of 2013 for 88 skilled nursing beds. The facility is fully sprinklered with a dry system covering the attic and a wet system with quick response heads covering the resident care areas. The building has a manual fire alarm system with corridor smoke detection interconnected with the sprinkler flow switches, the system is off site monitored. The building is served by a natural gas powered generator, automatic transfer switches and two branch circuits. There are multiple exits to grade equipped with delayed egress devices.

The following deficiencies were cited during the annual fire/life safety survey conducted on November 15, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Chapter 19 Existing Health Care Occupancy in accordance with 42 CFR 483.70

K 362 SS=E
Corridors - Construction of Walls
2012 EXISTING
Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke.

K 362
Corrective Action: Unsealed holes penetrating through constructed walls and ceilings in the electrical rooms, medication room, ice machine room and storage closet will be sealed by the maintenance supervisor NLT 12/7/16.
<table>
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<tr>
<th>K 362</th>
<th>Continued From page 1:</th>
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<td>smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that the construction of smoke compartment walls and ceilings were separated with at least 1/2-hour fire resistance rating. Failure to seal penetrations in constructed walls would allow smoke and dangerous gases to pass between rooms during a fire. This deficient practice affected 27 residents, staff and visitors on the date of the survey. The facility is licensed for 88 SNF/NF beds and had a census of 44 on the day of the survey. Findings include: During the facility tour conducted on November 15, 2016 from approximately 2:30 PM to 5:30 PM, observation of the following locations revealed unsealed holes penetrating through constructed walls and ceilings: Mechanical/Electrical Room between Rooms 102 and 402 had an approximately 10&quot; x 24&quot; hole in the ceiling</td>
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<p>| K 362 | Other Residents: A thorough inspection of the facility was conducted by the facility maintenance supervisor on 11/15/16. No other unsealed holes or penetrations in the ceilings or walls were discovered. Systematic Changes: Beginning 12/1/16, a monthly facility inspection will be conducted by the NHA and maintenance supervisor concurrently. Ceilings and walls will be thoroughly checked to ensure that no penetrations have developed or occurred. Any penetrations identified during the inspection will be sealed immediately by the maintenance supervisor or designee. Monitor: The results of the monthly facility inspection will be reviewed monthly at the Quality Assurance Performance Improvement (QAPI) meeting for a minimum of 3 months, beginning with the next QAPI meeting tentatively scheduled for 12/21/16. After 3 months, the need for continued review of these audits will be re-evaluated. Responsibility: NHA, Maintenance Supervisor |</p>
<table>
<thead>
<tr>
<th>Statement of Deficiencies and Plan of Correction</th>
<th>(X1) Provider/Supplier/CLA Identification Number: 135138</th>
<th>(X2) Multiple Construction</th>
<th>(X3) Date Survey Completed: 11/15/2016</th>
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**Name of Provider or Supplier:** Teton Post Acute Care & Rehabilitation

**Street Address, City, State, Zip Code:**
3111 Channing Way
Idaho Falls, ID 83404

### Summary Statement of Deficiencies

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| K 362 | Continued From page 2
Med Room near main Nurse station had an approximately 3" x 3" hole in the wall.
Ice Machine Room had a broken ceiling tile and exhaust fan creating a 2" x 6" hole in ceiling.
Storage closet near room 316 had an approximately 1/2" x 30" gap along the attic access door.
Electrical Room in dining room hallway had an approximately 1" x 24" gap along the attic access door.
When asked the Maintenance Supervisor stated the facility was unaware of the penetrations.

Actual NFPA Standard:
19.3.6.2.2* Corridor walls shall have a minimum 1/2-hour fire resistance rating.
19.3.6.2.3* Corridor walls shall form a barrier to limit the transfer of smoke.
19.3.6.2.4* In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7, a corridor shall be permitted to be separated from all other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke.

**Corrective Action:** The doors and/or door frames for rooms #102 and #112 will be adjusted or replaced by the maintenance supervisor NLT 12/6/16 to eliminate door gaps at the top of the doors.

**K 363**

**SS=TD**

**Corridor - Doors**
2012 EXISTING
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or...
## Summary Statement of Deficiencies

### K 363 Continued From page 3

- Hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. 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 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485

### K 363

**Other Residents:** A thorough inspection of the facility was conducted by facility maintenance supervisor on 11/15/16. No other doors were discovered that failed to protect corridor openings.

**Systematic Changes:** Beginning 12/1/16, a monthly facility inspection will be conducted by the NHA and maintenance supervisor concurrently. During the inspection, doors will be checked to ensure that no gaps exist that fail to protect corridor openings. Any such door that is identified as having a gap will be repaired or replaced immediately.

**Monitor:** The results of the monthly facility inspection will be reviewed monthly at the Quality Assurance Performance Improvement (QAPI) meeting for a minimum of 3 months, beginning with the next QAPI meeting tentatively scheduled for 12/21/16. After 3 months, the need for continued review of these audits will be re-evaluated.

**Responsibility:** NHA, Facility Maintenance Supervisor

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<td>K 363</td>
<td>Other Residents:</td>
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### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CUA Identification Number:** 135138

**Name of Provider or Supplier:** Teton Post Acute Care & Rehabilitation

**Street Address, City, State, Zip Code:**
3111 Channing Way
Idaho Falls, ID 83404

**ID Prefix Tag:**

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<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Completion Date</th>
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<td>K 363</td>
<td>Continued From page 4 88 SNF/NF beds with a census of 44 on the day of survey. Findings include: 1.) During the facility tour on November 15, 2016 between 2:30 PM and 5:30 PM, observation and operational testing of the corridor door to room 112 revealed a 3/4&quot; gap at the top of the door when fully closed. 2.) During the facility tour on November 15, 2016 between 2:00 PM and 5:00 PM, observation and operational testing of the corridor door to room 102 revealed a 1/2&quot; gap at the top of the door when fully closed. When asked, the Maintenance Supervisor stated the facility was unaware of the door gaps Actual NFPA Standards: 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 doors constructed to resist the passage of smoke and shall be constructed of materials such as the following: (1) 13/4 in. (44 mm) thick, solid-bonded core wood (2) Material that resists fire for a minimum of 20 minutes</td>
<td>K 363</td>
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<tr>
<td>K 916</td>
<td>NFPA 101 Electrical Systems - Essential Electric System</td>
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**Date Survey Completed:** 11/15/2016
K 916 Continued From page 5

Alarm Annunciator
A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator.

This STANDARD is not met as evidenced by:

Based on observation and interview, the facility failed to ensure the EES (Essential Electrical System) was installed in accordance with NFPA 99. Failure to provide an alarm annunciator for the EES could hinder early notification of equipment failures, leaving the facility without emergency power during an outage. This deficient practice affected all residents, staff and visitors on the date of the survey. The facility is licensed for 88 SNF/NF beds and had a census of 44 on the date of the survey.

Findings include:

During the facility tour conducted on November 15, 2016 from approximately 2:30 PM to 5:30 PM, observation of all of the work stations inside the facility, did not reveal an alarm annunciator for the EES. When asked, the Maintenance Supervisor stated that he was not aware of an alarm panel, or other device which would indicate the facility was under auxiliary power (generator) during a power outage.

Actual NFPA standard:

NFPA 99
Chapter 3 Electrical Systems

Corrective Action: The NHA and/or maintenance supervisor will secure the services of a contractor to have an alarm annunciator installed in accordance with NFPA 99 Standard NLT 12/20/16.

Other Residents: The alleged deficiency and corrective action listed above will potentially impact all residents, staff and visitors within the facility.

Systematic Changes: The permanent installation of the alarm annunciator will prevent this deficiency from reoccurring.

Monitor: The maintenance supervisor will conduct periodic testing and/or maintenance per manufacturer's instructions, as well as per state and federal regulations, to ensure that the alarm annunciator is functional. The maintenance supervisor or designee will keep a log of all testing and/or maintenance of the alarm annunciator once the annunciator has been installed.

Responsibility: NHA, Facility Maintenance Supervisor
3-4 Essential Electrical System Requirements - Type 1.

3-4.1.1.15 + Alarm Annunciator.

A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.)

The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:

(a) Individual visual signals shall indicate the following:
1. When the emergency or auxiliary power source is operating to supply power to load
2. When the battery charger is malfunctioning

(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following:
1. Low lubricating oil pressure
2. Low water temperature (below those required in 3-4.1.1.9)
3. Excessive water temperature
4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply
5. Overcrank (failed to start)
6. Overspeed

Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. [110: 3-5.5.2]