December 12, 2016

Craig Johnson, Administrator
Boundary County Nursing Home
6640 Kaniksu Street
Bonners Ferry, ID 83805-7532

Provider #: 135004

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Johnson:

On November 30, 2016, a Facility Fire Safety and Construction survey was conducted at Boundary County Nursing Home 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 an isolated 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 27, 2016.** Failure to submit an acceptable PoC by **December 27, 2016,** may result in the imposition of civil monetary penalties by **January 14, 2017.**

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 **January 4, 2017,** (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 **January 4, 2017.** A change in the seriousness of the deficiencies on **January 4, 2017,** may result in a change in the remedy.
The remedy, which will be recommended if substantial compliance has not been achieved by January 4, 2017, includes the following:

Denial of payment for new admissions effective March 1, 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 30, 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 30, 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 27, 2016. If your request for informal dispute resolution is received after December 27, 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,

[Signature]

Nate Elkins, Supervisor
Facility Fire Safety and Construction

Enclosures
The nursing facility is a Type V(111) structure, located on the upper level of a two story building, that is attached to the east end of the adjoining hospital. It is protected throughout by a complete automatic fire extinguishing system and a complete fire alarm system with smoke detection in corridors and open spaces. The nursing facility underwent a complete remodel and addition in 1994. The nursing facility is currently licensed for 28 SNF/NF beds.

The following deficiencies were cited during the annual fire/life safety survey conducted on November 30, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70.

The Survey was conducted by:

Linda Chaney
Health Facility Surveyor
Facility Fire Safety & Construction

Corrective action includes an inventory of all types of sprinklers throughout the facility and ordering spare heads of each type to be immediately available for replacement. The inventory will also include the total number of sprinklers to ensure adequate spare stock and proper wrenches.

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K000</td>
<td>INITIAL COMMENTS</td>
<td>All dates indicated are for the year 2016. Disclaimer: The Plan of Correction is being submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any deficiency cited.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.
a) Date sprinkler system last checked |

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.
K 353 Continued From page 1
   
   b) Who provided system test
   c) Water system supply source

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system, 9.7.5, 9.7.7, 9.7.8, and NFPA 25
This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to maintain the required supply of spare sprinklers for the fire suppression system. Failure to ensure spare sprinklers are readily available for prompt replacement could slow or hinder the restoration of the system due to a damaged or operated sprinkler. This deficient practice affected 24 residents, staff and visitors on the date of the survey. The facility is licensed for 28 SNF/NF beds and had a census of 24 on the day of the survey.

Findings include:

During the facility tour on November 30, 2016, from approximately 10:30 AM to 1:30 PM, observation of the cabinet which holds spare sprinklers for replacement on the premises, revealed the facility did not maintain a supply of spare sprinklers of each type and temperature rating. The facility had seven (7) total replacement sprinklers. All were gold, standard upright pendants. Evaluation of the installed sprinkler heads throughout the facility, revealed white quick response pendants and white sidewall pendants. These types/styles were not stored in the box. When asked, the Physical Facility Manager stated the facility was unaware of the requirement for replacement sprinklers.

K 353 (cont)
Maintenance department has inventoried all types of sprinklers and will order spare stock of at least 2 per type of sprinkler.
Maintenance department will continue to monitor compliance for the spare stock on a quarterly basis.
Spare stock may not be received by 01/04/2017. However, vendor order verification will be obtained by 01/04/2017.
**Summary Statement of Deficiencies**

(K4) 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
---|---|---|---|---
K353 | Continued From page 2
| Actual NFPA standard:
| NFPA 25 (2011)
| 5.2.1.4 The supply of spare sprinklers shall be inspected annually for the following:
| (1) The correct number and type of sprinklers as required by 5.4.1.4 and 5.4.1.5
| (2) A sprinkler wrench for each type of sprinkler as required by 5.4.1.6
| 5.4.1.4* A supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced.
| 5.4.1.4.1 The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property, and ratings installed and shall be as follows:
| (1) For protected facilities having under 300 sprinklers - no fewer than 6 sprinklers
| (2) For protected facilities having 300 to 1000 sprinklers - no fewer than 12 sprinklers
| (3) For protected facilities having over 1000 sprinklers - no fewer than 24 sprinklers
| K372 | NFPA 101 Subdivision of Building Spaces - Smoke Barrie
| Subdivision of Building Spaces - Smoke Barrier Construction
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>IDENTIFICATION NUMBER</th>
<th>PROVIDER/SUPPLIER/CUA</th>
<th>MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>135004</td>
<td></td>
<td>A. BUILDING 02 - ENTIRE BLDG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX TAG</th>
<th>STRENGTH OF PROVIDER OR SUPPLIER</th>
<th>STREET ADDRESS, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 372</td>
<td></td>
<td>BOUNDARY COUNTY NURSING HOME</td>
<td>6640 KANIKSU STREET BONNERS FERRY, ID 83805</td>
</tr>
</tbody>
</table>

**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 372</td>
<td></td>
<td>Maintenance will seal the smoke barrier penetration.</td>
</tr>
</tbody>
</table>

**REMARKS:**

This STANDARD is not met as evidenced by:

Based on observation and interview, the facility failed to ensure that smoke barriers were maintained. Failure to maintain smoke barriers could allow smoke and dangerous gases to pass freely between compartments affecting egress during a fire event. This deficient practice affected 6 residents, staff and visitors on the date of the survey. The facility is licensed for 28 SNF/NF beds and had a census of 24 on the day of the survey.

**Findings include:**

During the facility tour on November 30, 2016, from approximately 10:30 AM to 1:30 PM, observation of the smoke barrier wall near resident rooms 223 and 224 revealed a sprinkler pipe penetrating the wall above the ceiling tile. There was an approx. 1/8" to 1/4" penetration around the pipe that went completely through the wall and was not sealed. When asked, the Physical Facility Manager stated the facility was unaware there was a penetration at the pipe.

**Actual NFPA standard:**
<table>
<thead>
<tr>
<th>K 372</th>
<th>Continued From page 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NFPA 101 (2012)</strong></td>
</tr>
<tr>
<td></td>
<td>19.1.1.4.1.1 Communicating openings in dividing fire barriers</td>
</tr>
<tr>
<td></td>
<td>required by 19.1.1.4.1 shall be permitted only in corridors</td>
</tr>
<tr>
<td></td>
<td>and shall be protected by approved self-closing fire door assemblies.</td>
</tr>
<tr>
<td></td>
<td>(See also Section 8.3.)</td>
</tr>
<tr>
<td></td>
<td>8.3.5.1 Firestop Systems and Devices Required.</td>
</tr>
<tr>
<td></td>
<td>Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents</td>
</tr>
<tr>
<td></td>
<td>and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device.</td>
</tr>
<tr>
<td></td>
<td>The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops, at a minimum positive pressure differential of 0.01 in. water column (2.5 N/m²) between the exposed and the unexposed surface of the test assembly</td>
</tr>
</tbody>
</table>