January 28, 2019

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 January 15, 2019, 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 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 February 11, 2019. Failure to submit an acceptable PoC by February 11, 2019, may result in the imposition of civil monetary penalties by March 4, 2019.

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 may be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by February 19, 2019, (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 April 15, 2019. A change in the seriousness of the deficiencies on March 1, 2019, may result in a change in the remedy.
The remedy, which will be recommended if substantial compliance has not been achieved by **February 19, 2019**, includes the following:

Denial of payment for new admissions effective **April 15, 2019**.

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 **July 15, 2019**, 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 **January 15, 2019**, 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 **February 11, 2019**. If your request for informal dispute resolution is received after **February 11, 2019**, 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

NB/lj
Enclosures
## Initial Comments

The nursing facility is a Type II (111) structure, located on the upper level of a two story building, that is attached to the east end of the adjoining hospital. The facility has both county and state EMS services available and is equipped with an on-site diesel-fired Emergency Electrical Supply System (EPSS) generator. The main structure was originally completed in 1955 with a full remodel and addition completed in 1994. It is protected throughout by a complete automatic fire extinguishing system and an interconnected fire alarm system with smoke detection in corridors and open spaces. The facility is currently licensed for 28 SNF/NF beds and had a census of 21 on the date of the survey.

The following deficiencies were cited during the annual fire/life safety survey conducted on January 15, 2019. 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:

Sam Burbank
Health Facility Surveyor
Facility Fire, Safety and Construction

### K 000

Utilities - Gas and Electric

SS=D CFR(s): NFPA 101

Utilities - Gas and Electric

Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.

18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2

## Laboratory Director's/Provider/Supplier Representative's Signature

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>TITLE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 000</td>
<td>CEO</td>
<td>2/04/2019</td>
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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/CUA IDENTIFICATION NUMBER:** 135004

**X2 MULTIPLE CONSTRUCTION**
- A. BUILDING 02 - ENTIRE BLDG
- R. WING

**X3 DATE SURVEY COMPLETED:** 01/15/2019

**NAME OF PROVIDER OR SUPPLIER:** BOUNDARY COUNTY NURSING HOME

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 6640 KANIKSU STREET, BONNERS FERRY, ID 83805

**ID PREFIX TAG** | **SUMMARY STATEMENT OF DEFICIENCIES** | **ID PREFIX TAG** | **PROVIDER'S PLAN OF CORRECTION** | **COMPLETION DATE**
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K 511 Continued From page 1 | | K 511 | Proper use of the Relocatable Power Tap for powering a heating appliance (toaster) which was identified at the time of survey has been corrected by removing the relocatable power tap and relocating the toaster. To ensure all residents have been identified and systemic changes are implemented, all relocatable power taps will be reviewed throughout the skilled nursing facility to ensure use is in accordance with NFPA 70 and UL 1363 XEYS. During all future semi-annual Physical Environment checks, relocatable power taps will continue to be reviewed for compliance. Maintenance staff will receive education from the Facilities Director to be aware of the infraction and to facilitate immediate correction as necessary should any future occurrences happen to be discovered. Corrective action tracking will be reported by the Facilities Director to the Interdisciplinary Quality Committee monthly to ensure compliance and monitoring. | 01.16.19

This REQUIREMENT is not met as evidenced by:

Based on observation, the facility failed to ensure safe electrical installations in accordance with their listed assemblies and those requirements under NFPA 70. Use of relocatable power taps (RPTs) outside of those defined in the referenced standard, UL 1363, has the potential to expose residents to risks of electrocution and arc fires. This deficient practice affected staff and visitors on the date of the survey.

Findings include:

During the facility tour conducted on 1/15/19 from 10:00 AM - 12:00 PM, observation of the staff break area abutting the main nurse's station by the front entry, revealed a toaster was plugged into a relocatable power tap (RPT).

Actual NFPA standard:

**NFPA 70**

110.2 Approval. The conductors and equipment required or permitted by this Code shall be acceptable only if approved.

Informational Note: See 90.7, Examination of Equipment for Safety, and 110.3, Examination, Identification, Installation, and Use of Equipment. See definitions of Approved, Identified, Labeled, and Listed.

110.3 Examination, Identification, Installation, and Use of Equipment.
K 511  Continued From page 2

(A) Examination. In judging equipment, considerations such as the following shall be evaluated:

(1) Suitability for installation and use in conformity with the provisions of this Code Informational Note: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Special conditions of use or other limitations and other pertinent information. Suitability of equipment may be evidenced by listing or labeling.

(2) Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided

(3) Wire-bending and connection space

(4) Electrical insulation

(5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service

(6) Arcing effects

(7) Classification by type, size, voltage, current capacity, and specific use

(8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment

(B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.

Additional reference: UL 1363 XBYS.GuideInfo Relocatable Power Taps

K 914  Continued From page 2

Electrical Systems - Maintenance and Testing

CFR(s): NFPA 101

Electrical Systems - Maintenance and Testing

Hospital-grade receptacles at patient bed
Continued From page 3

locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.

6.3.4 (NFPA 99)

This REQUIREMENT is not met as evidenced by:

Based on record review, observation and interview, the facility failed to ensure outlets in resident care areas were maintained and tested. Failure to perform maintenance and testing on electrical systems has the potential of electrical outlet failure, exposing residents to the risks of arc fires. This deficient practice affected 21 residents, staff, and visitors on the date of the survey.

Findings include:

1) During review of facility maintenance and inspection records provided on 1/15/19 from approximately 8:45 - 10:00 AM, no records were provided indicating hospital grade outlets in resident rooms were inspected and tested.

K 914  

To ensure the outlets in all residents' rooms and throughout the patient care area are in good operating order and in compliance with annual testing requirements, all outlets will be inventoried, identified, documented, and tested for adequate function. The inventory, documentation and testing process for every outlet in the patient care areas throughout the skilled nursing unit, progressing throughout the entire facility for all patient care areas began on January 16, 2019 and will be completed for the skilled nursing unit no later than February 19, 2019. Corrective action progress tracking to remain in compliance with NFPA 101 will be reported by the Facilities Director to the Interdisciplinary Quality Committee upon completion and annually thereafter to ensure compliance and continued monitoring.
K 914 Continued From page 4

2) During the facility tour conducted on 1/15/19 from 10:30 AM to 12:00 PM, observation of resident rooms throughout the facility revealed all were equipped with hospital-grade outlets. Asked if there was documentation for the testing of these outlets, the Facilities Supervisor stated she was not currently testing the hospital grade outlets in the resident rooms.

Actual NFPA standard:

NFPA 99
6.3.4.1 Maintenance and Testing of Electrical Systems

6.3.4.1.1 Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device.

6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data.

6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months.
January 28, 2019

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

Provider #: 135004

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Mr. Johnson:

On January 15, 2019, an Emergency Preparedness survey was conducted at Boundary County Nursing Home by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements. This form is for your records only and does not need to be returned.

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

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
The nursing facility is a Type II (111) structure, located on the upper level of a two story building, that is attached to the east end of the adjoining hospital. The facility has both county and state EMS services available and is equipped with an on-site diesel-fired Emergency Electrical Supply System (EPSS) generator. The main structure was originally completed in 1955 with a full remodel and addition completed in 1994. It is protected throughout by a complete automatic fire extinguishing system and an interconnected fire alarm system with smoke detection in corridors and open spaces. The facility is currently licensed for 28 SNF/NF beds and had a census of 21 on the date of the survey.

The facility was found to be in substantial compliance during the Emergency Preparedness survey conducted on January 15, 2019. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73.

The survey was conducted by:

Sam Burbank  
Health Facility Surveyor  
Facility Fire Safety and Construction