July 24, 2019

Steve Gannon, Administrator
Quinn Meadows Rehabilitation and Care Center
1033 West Quinn Road
Pocatello, ID 83202-2425

Provider #: 135136

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Gannon:

On July 17, 2019, a Facility Fire Safety and Construction survey was conducted at Quinn Meadows Rehabilitation And Care Center 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 (XS) 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 August 6, 2019. Failure to submit an acceptable PoC by August 6, 2019, may result in the imposition of civil monetary penalties by August 28, 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 August 21, 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 October 15, 2019. A change in the seriousness of the deficiencies on August 31, 2019, may result in a change in the remedy.
The remedy, which will be recommended if substantial compliance has not been achieved by August 21, 2019, includes the following:

Denial of payment for new admissions effective October 17, 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 January 17, 2020, 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 July 17, 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:

BPS Letters (06/30/11)

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

This request must be received by **August 6, 2019**. If your request for informal dispute resolution is received after **August 6, 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

NE/lj
Enclosures
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<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tbody>
<tr>
<td>K000</td>
<td>INITIAL COMMENTS</td>
<td>K000</td>
<td>The facility is an approximately 26,000 square foot type V (111) construction, initially licensed in 2009. The building is subdivided into two smoke compartments, with an attached but two-hour separated Physical Therapy section. The building is fully sprinklered and is equipped with an interconnected, manual fire alarm system. Emergency power is provided by an onsite generator system. The facility is currently licensed for 41 beds with a census of 25 on the day of the survey. The following deficiencies were cited during the annual fire/life safety survey conducted on July 17, 2019. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancies, in accordance with 42 CFR, 483.70. The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety &amp; Construction K271 Discharge from Exits CFR(s): NFPA 101 K271 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure exit discharges were in</td>
<td>K271 Corrective A pathway will be created from the 200 hall exit which terminates at a public way. Identification There were no residents directly affected by this deficient practice, however all residents in the facility had the potential to be affected.</td>
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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
QUINN MEADOWS REHABILITATION AND CARE

**STREET ADDRESS, CITY, STATE, ZIP CODE**
1033 WEST QUINN ROAD
POCATELLO, ID 83202

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<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
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<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>
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<td>K271</td>
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<td>K271</td>
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**Measure**
No measures are needed as the path will be a permanent addition that will not change and all other emergency exits have pathways that terminate at a public way.

**Monitor**
No monitoring needed as the correction is a one time fix for the path to be a permanent addition that will not change.

**K 271 continued...**

**K 511**

**Utilities - Gas and Electric**

| SS=D | Utilities - Gas and Electric | CF(R)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
K 511 Continued From page 2

hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to ensure the use of safe electrical installations in accordance with NFPA 70. Use of flexible cords as a substitute for the fixed wiring of the facility has been historically linked to arc fires and electrical shock hazards in facilities. This deficient practice affected those residents using salon services and staff on the date of the survey.

Findings include:

During the facility tour conducted on 7/17/19 from 10:00 - 11:00 AM, observation of the Salon located in the 200 hall, revealed a 2-1 non-grounded extension cord in use to supply power to a hair dryer. Interview of the Maintenance Supervisor at approximately 10:45 AM established he was not aware the Salon was using an extension cord for the hair dryer.

Actual NFPA standard:

NFPA 70

400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:
(1) As a substitute for the fixed wiring of a structure
(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors

K 511 continued...

Identification
There were no residents directly affected by this deficient practice, however all residents in the facility had the potential to be affected.

Measure
In-service education will be given to all staff that use the salon to ensure there are no 2-1 non-grounded extension cords used in the Salon.

Monitor
The Maintenance Director will check the Salon to ensure there are no 2-1 non-grounded extension cords being used.

Monitoring will begin on 8/9/2019 and will continue weekly for 4 weeks, then every other week for 4 weeks, then monthly for 3 months.
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<td>K 511</td>
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<td>(3) Where run through doorways, windows, or similar openings</td>
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<td>(4) Where attached to building surfaces</td>
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<td>Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B)</td>
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<td>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</td>
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<td>(6) Where installed in raceways, except as otherwise permitted in this Code</td>
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<td>(7) Where subject to physical damage</td>
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July 24, 2019

Steve Gannon, Administrator  
Quinn Meadows Rehabilitation and Care Center  
1033 West Quinn Road  
Pocatello, ID 83202-2425

Provider #: 135136

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Mr. Gannon:

On July 17, 2019, an Emergency Preparedness survey was conducted at Quinn Meadows Rehabilitation And Care Center 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  
Enclosure
The facility is an approximately 26,000 square foot type V (111) construction, initially licensed in 2009. The building is subdivided into two smoke compartments, with an attached Physical Therapy section which includes both inpatient, facility use as well as outpatient services. The building is fully sprinklered and is equipped with a manual fire alarm system. Emergency power is provided by an onsite, duel-fuel generator system. The facility is located within a municipal fire district, with both regional and state EMS support services available. The facility is currently licensed for 41 SNF/NF beds, with a census of 25 on the day of the survey.

The facility was found to be in substantial compliance during the Emergency Preparedness Survey conducted on July 17, 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