IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 26, 2013

Charles Lloyd, Administrator
Mountain View Center For Geriatric Psychiatry
500 Polk Street East
Kimberly, ID 83341

RE: Mountain View Center For Geriatric Psychiatry, Provider ID# 134014

Dear Mr. Lloyd:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Mountain View Center For Geriatric Psychiatry, on February 19, 2013.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the Federal requirements at 405.1022(b) , and a copy of the State fire safety Statement of Deficiencies form, which states that the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Hospitals.

Thank you for the courtesies extended to me during my visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/nw

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	(X3) DATE SURVEY COMPLETED
	134014	A. BUILDING 01 - ENTIRE HOSP WING B. WING _____	02/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW CENTER FOR GERIATRIC P	500 POLK STREET EAST KIMBERLY, ID 83341

(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 hospital portion of the building consists of the east wing of the original 1962 single story protected wood frame building. Although separated by a set of control doors at the entry to the east wing, the hospital is considered as part of the existing nursing facility (i.e., non two hour separated wing) for purposes of compliance with fire/life safety requirements. The entire building, including the hospital wing, is protected by an automatic fire extinguishing system (i.e, dry system) as well as a newer fire alarm/smoke detection system throughout. There is an exit to grade from the east end of the hospital wing with a second exit to the west at the intersection of the east wing corridor with the central core of the building. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on February 19, 2013. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March 2003, and 42 CFR 485.623. The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety and Construction Program	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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/CLIA IDENTIFICATION NUMBER: 134014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSP WING B. WING	(X3) DATE SURVEY COMPLETED 02/19/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER FOR GERIATRIC PSYCH	STREET ADDRESS, CITY, STATE, ZIP CODE 500 POLK STREET EAST KIMBERLY, ID 83341		

(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
B 000	16.03.14 Initial Comments The hospital portion of the building consists of the east wing of the original 1962 single story protected wood frame building. Although separated by a set of control doors at the entry to the east wing, the hospital is considered as part of the existing nursing facility (i.e., non two hour separated wing) for purposes of compliance with fire/life safety requirements. The entire building, including the hospital wing, is protected by an automatic fire extinguishing system (i.e, dry system) as well as a newer fire alarm/smoke detection system throughout. There is an exit to grade from the east end of the hospital wing with a second exit to the west at the intersection of the east wing corridor with the central core of the building. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on February 19, 2013. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March 2003, and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho. The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety and Construction Program	B 000		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE