



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 15, 2012

Charles Lloyd, Administrator
Mountain View Center for Geriatric Psychiatry
500 Polk Street East
Kimberly, Idaho 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 March 7, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. 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,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Charles Lloyd, Administrator
March 15, 2012
Page 2 of 2

After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567 and State Form in the spaces provided on the bottom of the first pages of each of the respective forms and return the originals to this office by **March 28, 2012.**

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,

A handwritten signature in black ink, appearing to read 'MPG', followed by a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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 03/07/2012
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NAME OF PROVIDER OR SUPPLIER MOUNTAINVIEW CENTER FOR GERIATRIC P	STREET ADDRESS, CITY, STATE, ZIP CODE 500 POLK STREET EAST KIMBERLY, ID 83341
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>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.</p> <p>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.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on March 7, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 482.41.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p>The following represents the actions taken by the facility to correct and bring to complete compliance the practices in the facility, and in response to the findings as a result of the Idaho Department of Health and Welfare, Bureau of Facility Standards Annual Fire and Life Safety Recertification Survey.</p> <p>The signing of this plan of correction is not an admission or agreement by facility of the truth of the facts alleged in this statement of deficiency and plan of correction. This plan of correction is submitted exclusively to comply with state and federal law. This plan of correction serves as the facilities credible allegation of compliance.</p>	<p>FACILITY STANDARDS</p> <p>MAR 29 2012</p>
K 130	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to provide handrails on a ramp in the</p>	K 130	<p><u>K130 NFPA 101 MISCELLANEOUS</u></p> <p>The facility will make every effort to meet and comply with the Idaho Statutes Life Safety Code in regards to having handrails on ramps</p>	<p>6/30/12</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>[Signature]</i>	Administrator	3/29/12

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 03/07/2012	
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER FOR GERIATRIC P		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) COMPLETION DATE
K 130	<p>Continued From page 1</p> <p>required means of egress. A ramp without handrails can lead to injuries and falls. The facility had a census of six patients on the day of the survey. This deficiency affected all patients, staff and visitors on the day of the survey.</p> <p>Findings include:</p> <p>During a tour of the facility on March 7, 2012 at 1:50 PM observation of the exit by room #109 revealed an exterior concrete ramp that has a run of twenty feet and a rise of fifteen inches that did not have any handrails installed. This was observed and noted by the Maintenance Supervisor and Surveyor.</p> <p>The lack of handrails was acknowledged by the Administrator during the exit conference.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101® Life Safety Code ® 2000 Edition 19.2.2.6 Ramps. 19.2.2.6.1 Ramps complying with 7.2.5 shall be permitted.</p> <p>7.2.5 Ramps. 7.2.5.1 General. Every ramp used as a component in a means of egress shall conform to the general requirements of Section 7.1 and to the special requirements of this subsection.</p> <p>7.2.5.4 Guards and Handrails. Guards complying with 7.2.2.4 shall be provided for ramps. Handrails complying with 7.2.2.4 shall be provided along both sides of a ramp run with a rise greater than 6 in. (15.2 cm). The height of handrails and guards shall be measured vertically to the top of the guard or rail from the walking</p>	K 130	<p>Affected Patients All patients, staff and visitors could be affected by this citation.</p> <p>Corrective Action The facility will install handrails on the ramp from the exit door from the hospital.</p> <p>Systematic Changes The installation of handrails on the ramp outside the exit door from the hospital will ensure compliance and correct the citation. The facility Administrator and/or Maintenance Supervisor will gather bids and ensure meeting the regulation 7.2.2.4 for guards and handrails.</p> <p>Monitoring Administrator and Maintenance Director are responsible for compliance.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/14/2012
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER FOR GERIATRIC P.	STREET ADDRESS, CITY, STATE, ZIP CODE 500 POLK STREET EAST KIMBERLY, ID 83341
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K 130	<p>Continued From page 2 surface adjacent thereto.</p> <p>7.2.2.4.2* Handrails. Stairs and ramps shall have handrails on both sides. In addition, handrails shall be provided within 30 in. (76 cm) of all portions of the required egress width of stairs. The required egress width shall be provided along the natural path of travel. (See also 7.2.2.4.5.)</p> <p>7.2.2.4.5* Handrail Details. (1) Handrails on stairs shall be not less than 34 in. (86 cm) and not more than 38 in. (96 cm) above the surface of the tread, measured vertically to the top of the rail from the leading edge of the tread.</p>	K 130		

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER FOR GERIATRIC PSYCH	STREET ADDRESS, CITY, STATE, ZIP CODE 500 POLK STREET EAST KIMBERLY, ID 83341
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B 000	<p>16.03.14 Initial Comments</p> <p>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.</p> <p>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.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on March 7, 2012. The facility was surveyed in accordance with IDAPA 16.03.14 and the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy.</p> <p>The survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	B 000	<p style="text-align: center;">RECEIVED MAR 29 2012 FACILITY STANDARDS</p>	
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals.</p> <p>General Requirements. General requirements for the fire and life safety standards for a hospital are that:</p>	BB161	<p>BB161 16.03.14.510 Please see plan of correction for K130.</p>	6/30/12

Idaho form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] MBA/HCM

TITLE: Administrator

(X6) DATE: 3/27/12

STATE FORM 021199 6D1H21 If continuation sheet 1 of 2

Bureau of Facility Standards

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 03/07/2012
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER FOR GERIATRIC PSYCH		STREET ADDRESS, CITY, STATE, ZIP CODE 500 POLK STREET EAST KIMBERLY, ID 83341		
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BB161	Continued From Page 1 The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to Federal K tags on the CMS 2567; 1. K130 Ramp handrails.	BB161		