



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

**CERTIFIED MAIL: 7012 1010 0002 0836 4216**

January 28, 2014

Philip Herink, Administrator  
Life Care Center of Treasure Valley  
502 North Kimball Place  
Boise, ID 83704-0608

Provider #: 135123

**RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER**

Dear Mr. Herink:

On **January 21, 2014**, a Facility Fire Safety and Construction survey was conducted at **Life Care Center of Treasure Valley** 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 and a similar State Form 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

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page 2). After each deficiency has been answered and dated, the administrator should sign both Statement of Deficiencies and Plan of Correction, Form CMS-2567 and State Form, in the spaces provided and return the originals to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **February 10, 2014**. Failure to submit an acceptable PoC by **February 10, 2014**, may result in the imposition of civil monetary penalties by **March 2, 2014**.

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 and the state licensure survey report, State Form.

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 **February 25, 2014**, (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 **February 25, 2014**. A change in the seriousness of the deficiencies on **February 25, 2014**, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **February 25, 2014**, includes the following:

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Denial of payment for new admissions effective **April 21, 2014**.  
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 21, 2014**, 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 Mark P. Grimes, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0009, Phone #: (208) 334-6626, 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 21, 2014**, 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:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

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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 10, 2014**. If your request for informal dispute resolution is received after **February 10, 2014**, 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.

Sincerely,

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

Mark P. Grimes, Supervisor  
Facility Fire Safety and Construction

MPG/lj  
Enclosures

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

Printed: 01/27/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>LIFE CARE CENTER OF TREASURE VALLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>502 NORTH KIMBALL PLACE BOISE, ID 83704</b>
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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><b>INITIAL COMMENTS</b></p> <p>The facility is a single story structure of Type V (111) construction that was built in 1996. The building is protected throughout by an automatic fire extinguishing system and has a complete fire alarm system. Currently the facility is licensed for 120 SNF beds.</p> <p>The following deficiencies were cited during the annual life safety code survey conducted on January 21, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70.</p> <p>The survey was conducted by:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p><i>This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long-term care providers. The Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is specifically denied. The submission of this Plan of Correction does not constitute agreement by the facility that the surveyors findings and/or constitute a deficiency, or that the scope and severity of the deficiencies cited are correct applied.</i></p> <p><b>RECEIVED</b> <b>FEB 10 2014</b> <b>FACILITY STANDARDS</b></p>	
K 050 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not conduct one drill per shift per quarter. Failure to adequately conduct drills for all shifts can result in staff not</p>	K 050	<p><b>K050</b></p> <p><b>SPECIFIC RESIDENT</b></p> <p>None identified</p> <p><b>OTHER RESIDENTS</b></p> <p>All residents have the potential to be affected by this practice.</p> <p><b>SYSTEMIC CHANGES</b></p> <p>Director of Maintenance in-serviced/reeducated to insure that fire drills are held at unexpected times under varying conditions on all 3 shifts at least quarterly.</p> <p>Fire drills will be scheduled and logged on the facility The Equipment Lifecycle System (TELS) computer system and reviewed monthly to ensure compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Philip H. ...</i>	TITLE <i>Interim Exec. Dir.</i>	(X6) DATE <i>2/10/14</i>
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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.

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K 050	<p>Continued From page 1 being trained to act appropriately in an emergency. The deficient practice affected six of six smoke compartments, staff and 107 residents. The facility has the capacity for 120 beds with a census of 107 the day of survey.</p> <p>Findings include:</p> <p>During record review on January 21, 2014 at 10:55 AM, the facility was unable to provide documentation for conducting a fire drill during the second shift of the fourth quarter 2013. When questioned about the documentation for the drills the Maintenance Supervisor stated that he was unable to provide any further documentation.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101 NFPA 101® Life Safety Code ® 2000 Edition Chapter 19 EXISTING HEALTH CARE OCCUPANCIES 19.7.1.2 Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.</p>	K 050	<p><b>MONITOR</b></p> <p>ED and Director of Maintenance will conduct a thorough review of the fire drill tracking system monthly and quarterly.</p> <p>Audits of the fire drill scheduling and reviews will be taken to the monthly safety meeting and performance improvement meeting for review.</p> <p><b>DATE OF COMPLIANCE: 2/25/14</b></p>		
K 056 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard</p>	K 056			

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K 056	<p>Continued From page 2</p> <p>for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This Standard is not met as evidenced by: Based on observation and interview the facility did not ensure that the sprinkler system was installed in accordance NFPA 13. Unprotected areas can allow a fire to grow, accelerate, and spread. The facility had a census of 107 residents on the day of survey.</p> <p>Findings include:</p> <p>1. During the tour of the facility on January 21, 2014 at 2:00 PM, observation of the entrance to the facility between A- Wing rooms 113 and 115 revealed a combustible overhang above the exit discharge that is approximately 6 feet by 8 feet in size that does not have any sprinkler protection. The deficiency affected 15 residents and staff members in one of six smoke compartments. When questioned about the lack of sprinkler protection the Maintenance Supervisor stated that he was unaware that the overhang did not have any sprinkler protection.</p> <p>2. During the tour of the facility on January 21, 2014 at 2:15 PM, observation of the entrance to</p>	K 056	<p>K056</p> <p><b>SPECIFIC RESIDENT</b></p> <p>None Identified</p> <p><b>OTHER RESIDENTS</b></p> <p>All residents have the potential to be affected by this practice.</p> <p><b>SYSTEMIC CHANGES</b></p> <p>The facility has retained Viking Sprinkler to perform the installation of the additional sprinklers in the combustible overhang between A-Wing rooms 113-115, 121-123 and D-Wing rooms 146-148. Viking is having these sprinkler heads specially manufactured which will delay the installation.</p> <p>The facility is requesting a 60 day waiver to allow adequate time for sprinkler installation due to the special order of these sprinkler heads.</p> <p><b>Monitor</b></p> <p>ED and Director of Maintenance will monitor through review of the completed work order and on site observation. Facility will also perform one extra fire drill per month for resident safety until work is complete.</p> <p><b>DATE OF COMPLIANCE: See Attached      Waiver</b></p> <p><b>3-21-14</b> <b>by MG 2-10-14</b></p>		

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K 056	<p>Continued From page 3</p> <p>the facility between A- Wing rooms 121 and 123 revealed a combustible overhang above the exit discharge that is approximately 6 feet by 8 feet in size that does not have any sprinkler protection. The deficiency affected 7 residents and staff members in one of six smoke compartments. When questioned about the lack of sprinkler protection the Maintenance Supervisor stated that he was unaware that the overhang did not have any sprinkler protection.</p> <p>3. During the tour of the facility on January 21, 2014 at 3:00 PM, observation of the entrance to the facility between D- Wing rooms 146 and 148 revealed a combustible overhang above the exit discharge that is approximately 6 feet by 8 feet in size that does not have any sprinkler protection. The deficiency affected 41 residents and staff members in one of six smoke compartments. When questioned about the lack of sprinkler protection the Maintenance Supervisor stated that he was unaware that the overhang did not have any sprinkler protection.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101® Life Safety Code ® 2000 Edition Chapter 19 EXISTING HEALTH CARE OCCUPANCIES 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>NFPA 13 Standard for the Installation of Sprinkler Systems 1999 Edition 5-1* Basic Requirements. 5-1.1* The requirements for spacing, location, and</p>	K 056		

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K 056	Continued From page 4 position of sprinklers shall be based on the following principles: (1) Sprinklers installed throughout the premises (2) Sprinklers located so as not to exceed maximum protection area per sprinkler (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution  5-13.8* Exterior Roofs or Canopies. 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width. Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.	K 056			
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility failed to maintain smoke and fire dampers. Maintaining the dampers helps to ensure system reliability when needed. The deficient practice affected six of six smoke compartments, staff and 107 residents. The facility has the capacity for 120 beds with a census of 107 the day of survey.  During record review on January 21, 2014 at 11:30 AM, it was revealed that the inspection of	K 067			

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K 067	Continued From page 5 the smoke and fire dampers was performed in March, 2013. The inspection report dated March 3, 2013 noted of 131 dampers tested, 33 failed and 18 were inaccessible/not tested. When the inspection report was discussed with the Maintenance Supervisor he stated that there was no documentation available showing the inoperative dampers were repaired and the inaccessible dampers were made accessible for inspection.  Actual NFPA standard:  NFPA 101 19.5.2 HEATING, VENTILATING, AND AIR CONDITIONING 19.5.2.1 Heating, ventilating, and air conditioning shall comply with the provisions of Section 9.2, and shall be installed in accordance with the manufacturer ' s specifications. 9.2 HEATING, VENTILATING, AND AIR CONDITIONING 9.2.1 Air Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems NFPA 90A 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.	K 067	<b>K067</b>  <b>SPECIFIC</b>  All 33 dampers that failed the inspection dated 3/2013 have been re-inspected and have been repaired to ensure proper functioning, and the 18 dampers that were inaccessible have been made accessible and have been inspected and repaired in accordance to the NFPA regulation.  <b>OTHER RESIDENTS</b>  All residents have the potential to be affected by this practice.  <b>SYSTEMIC CHANGES</b>  Smoke and Fire damper inspection results will be added to TELS computer system to insure that the inspections occur on time and that necessary repairs have been made upon completion of future inspections.  <b>MONITOR</b>  ED and/or Director of Maintenance will monitor through review on the TELS computer system and on site observation and results will be presented to the performance review committee.  <b>DATE OF COMPLIANCE: 2/25/14</b>		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	K 069			

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K 069	<p>Continued From page 6</p> <p>This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the kitchen hood was maintained in accordance with NFPA 96. Maintaining the hood helps to reduce the possibility of a hood fire occurring. The facility had a census of 107 residents on the day of survey. This deficiency affected all residents, staff, and visitors present on the day of the survey.</p> <p>Findings include:</p> <p>1. During record review on January 21, 2014 at 10:20 AM, it was revealed that the only documented hood cleaning record for the previous twelve month period was dated June 13, 2013 with no other records available. When the deficiency was discussed with the Maintenance Supervisor he stated that he could not locate the missing documentation.</p> <p>1. During record review on January 21, 2014 at 10:30 AM, it was revealed that the only documented hood fire suppression system inspection record for the previous twelve month period was dated June 27, 2013 with no other records available. When the deficiency was discussed with the Maintenance Supervisor he stated that the contractor was late in performing the semi-annual inspection.</p> <p>Actual NFPA Standard:</p> <p>Item #1) NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 2001 Edition</p>	K 069	<p><b>K 069</b></p> <p><b>SPECIFIC</b></p> <p>The range hood inspection and cleaning have been completed and are in compliance.</p> <p><b>OTHER RESIDENTS</b></p> <p>All residents have the potential to be affected by this practice.</p> <p><b>SYSTEMIC CHANGES</b></p> <p>A range hood cleaning and fire suppression inspection schedule has been developed in TELS to ensure cleaning is completed a minimum of every 6 months.</p> <p>A scheduling reminder for cleaning and inspection has also been added to TELS 1 month prior to inspection to alleviate any future scheduling issues.</p> <p><b>MONITOR</b></p> <p>ED and/or Director of Maintenance will monitor range hood cleaning inspection and suppression through review of the certificate of completion. Audits of the range hood cleaning and suppression inspection certificate will be taken to the monthly performance improvement meeting to ensure compliance.</p> <p><b>DATE OF COMPLIANCE: 2/25/14</b></p>	

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K 069	Continued From page 7 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1.  Table 8-3.1 Exhaust System Inspection Schedule Systems serving moderate-volume cooking operations Semiannually  8-3.1.2 When a vent cleaning service is used, a certificate showing date of inspection or cleaning shall be maintained on the premises. After cleaning is completed, the vent cleaning contractor shall place or display within the kitchen area a label indicating the date cleaned and the name of the servicing company. It shall also indicate areas not cleaned.  Item #2) NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 2001 Edition  11.2.1 An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.	K 069			
K 077 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA	K 077			

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K 077	<p>Continued From page 8 99, Chapter 4.</p> <p>This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility failed to maintain the medical gas system. Maintaining the medical gas system helps to ensure system reliability when needed. The deficiency affected 8 residents in one of six smoke compartments. The facility had a census of 107 residents on the day of survey.</p> <p>During record review on January 21, 2014 at 10:30 AM, it was revealed that the annual inspection of the medical gas system was performed on August 29, 2013. The inspection report dated September 4, 2014 noted numerous deficiencies, i.e. alarms for Oxygen located in the Maintenance Office and Nurse's Station not functioning properly, alarms for Vacuum located in the Maintenance Office and Nurse's Station not functioning properly, no source valve located at Oxygen Bulk Pad and the location of electrical receptacle/fixtures/switches are not located at least 5 feet above the floor. When the deficiency was discussed with the Maintenance Supervisor he stated that there was no documentation available showing the deficiencies have been corrected.</p> <p>Actual NFPA Standard: 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no</p>	K 077	<p><b>K077</b></p> <p><b>SPECIFIC RESIDENTS</b></p> <p>Non Identified</p> <p>Specific</p> <p>Source Valve located at Oxygen bulk pad NFPA 99 (2205) 5.1.4.4 will be repaired in accordance with the regulation and inspection results.</p> <p>Location of electrical receptacle/fixtures/switches NFPA 99 (2005) 5.1.3.3.2(5) will be repaired in accordance with the regulation and inspection results.</p> <p>Alarms for Oxygen and vacuum lines NFPA 99 (2005) 5.1.9.2.4 (4) will be repaired in accordance with the regulation and inspection results.</p> <p><b>OTHER RESIDENTS</b></p> <p>All residents who reside on the 200 hall.</p> <p><b>SYSTEMIC CHANGES</b></p> <p>The facility will add the medical gas alarm testing to the TELS computer system to insure that all medical gas testing and repairs are completed on time. Results will be presented to the performance improvement committee.</p> <p><b>DATE OF COMPLIANCE: 2/25/14</b></p>	

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K 077	Continued From page 9 case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2. * Enclosures shall be provided for supply systems cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide.	K 077		

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K 077	<p>Continued From page 10</p> <p>Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders.</p> <p>8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use.</p> <p>9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)].</p> <p>10. Location of Supply Systems.</p> <p>a. Except as permitted by 4-3.1.1.2(a)10c, supply systems for medical gases or mixtures of these gases having total capacities (connected and in storage) not exceeding the quantities specified in 4-3.1.1.2(b)1 and 2 shall be located outdoors in an enclosure used only for this purpose or in a room or enclosure used only for this purpose situated within a building used for other purposes.</p> <p>b. Storage facilities that are outside, but adjacent to a building wall, shall be in accordance with NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites.</p> <p>c. Locations for supply systems shall not be used for storage purposes other than for containers of nonflammable gases. Storage of full or empty containers shall be permitted. Other nonflammable medical gas supply systems or storage locations shall be permitted to be in the same location with oxygen or nitrous oxide or both. However, care shall be taken to provide adequate ventilation to dissipate such other gases in order to prevent the development of oxygen-deficient atmospheres in the event of functioning of cylinder or manifold pressure-relief devices.</p> <p>d. Air compressors and vacuum pumps shall be located separately from cylinder patient gas systems or cylinder storage enclosures. Air</p>	K 077			

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K 077	<p>Continued From page 11</p> <p>compressors shall be installed in a designated mechanical equipment area, adequately ventilated and with required services.</p> <p>11. Construction and Arrangement of Supply System Locations.</p> <p>a. Walls, floors, ceilings, roofs, doors, interior finish, shelves, racks, and supports of and in the locations cited in 4-3.1.1.2(a)10a shall be constructed of noncombustible or limited-combustible materials.</p> <p>b. Locations for supply systems for oxygen, nitrous oxide, or mixtures of these gases shall not communicate with anesthetizing locations or storage locations for flammable anesthetizing agents.</p> <p>c. Enclosures for supply systems shall be provided with doors or gates that can be locked.</p> <p>d. Ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 ft (1.5 m) above the floor to avoid physical damage.</p> <p>e. Where enclosures (interior or exterior) for supply systems are located near sources of heat, such as furnaces, incinerators, or boiler rooms, they shall be of construction that protects cylinders from reaching temperatures exceeding 130°F (54°C). Open electrical conductors and transformers shall not be located in close proximity to enclosures. Such enclosures shall not be located adjacent to storage tanks for flammable or combustible liquids.</p> <p>f. Smoking shall be prohibited in supply system enclosures.</p> <p>g. Heating shall be by steam, hot water, or other indirect means. Cylinder temperatures shall not exceed 130°F (54°C).</p> <p>(b) Additional Storage Requirements for Nonflammable Gases Greater Than 3000 ft3 (85 m3).</p> <p>1. Oxygen supply systems or storage locations</p>	K 077			

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K 077	<p>Continued From page 12</p> <p>having a total capacity of more than 20,000 ft<sup>3</sup> (566 m<sup>3</sup>) (NTP), including unconnected reserves on hand at the site, shall comply with NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites.</p> <p>2. Nitrous oxide supply systems or storage locations having a total capacity of 3200 lb (1452 kg) [28,000 ft<sup>3</sup> (793 m<sup>3</sup>) (NTP)] or more, including unconnected reserves on hand at the site, shall comply with CGA Pamphlet G-8.1, Standard for the Installation of Nitrous Oxide Systems at Consumer Sites.</p> <p>3. The walls, floors, and ceilings of locations for supply systems of more than 3000 ft<sup>3</sup> (85 m<sup>3</sup>) total capacity (connected and in storage) separating the supply system location from other occupancies in a building shall have a fire resistance rating of at least 1 hour. This shall also apply to a common wall or walls of a supply system location attached to a building having other occupancy.</p> <p>4. Locations for supply systems of more than 3000 ft<sup>3</sup> (85 m<sup>3</sup>) total capacity (connected and in storage) shall be vented to the outside by a dedicated mechanical ventilation system or by natural venting. If natural venting is used, the vent opening or openings shall be a minimum of 72 in.2 (0.05 m<sup>2</sup>) in total free area.</p> <p>(c) Storage Requirements for Nonflammable Gases Less Than 3000 ft<sup>3</sup> (85 m<sup>3</sup>). Doors to such locations shall be provided with louvered openings having a minimum of 72 in.2 (0.05 m<sup>2</sup>) in total free area. Where the location of the supply system door opens onto an exit access corridor, louvered openings shall not be used, and the requirements of 4-3.1.1.2(b)3 and 4 and the dedicated mechanical ventilation system required in 4-3.1.1.2(b)4 shall be complied with.</p> <p>4-3.1.2.2 Gas Warning Systems.</p> <p>(a) * General.</p>	K 077			

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K 077	<p>Continued From page 13</p> <ol style="list-style-type: none"> <li>1. All local, master, and area alarm panels used for medical gas systems shall provide the following: <ol style="list-style-type: none"> <li>a. Separate visual indicators for each condition monitored</li> <li>b. Cancelable audible indication of an alarm condition. The audible indicator shall produce a minimum of 80 dBA measured at 3 ft (1 m). A second indicated condition occurring while the alarm is silenced shall reinitiate the audible signal</li> <li>c. A means to visually indicate a lamp or LED failure</li> </ol> </li> <li>2. Local, master, and area alarms shall indicate visually and audibly if <ol style="list-style-type: none"> <li>a. The monitored condition occurs</li> <li>b. The wiring to the sensor or switch is disconnected</li> </ol> </li> <li>3. Each local, master, and area alarm panel shall be labeled for its area of surveillance (e.g., O2, vacuum, medical air), etc., and room(s) served. Each indicator shall be separately labeled indicating the condition monitored.</li> <li>4. Where multiple panels are intended to indicate the same condition(s): <ol style="list-style-type: none"> <li>a. At least one panel shall be connected directly to the sensor(s) or switch(es).</li> <li>b. Both master alarms required by 4-3.1.2.2(b)2 shall be connected by dedicated wiring directly to the sensor(s) or switch(es).</li> <li>c. Other panels shall be permitted to be connected through indirect means such as data transmission lines provided that such indirect means are fully supervised and failure of such indirect transmissions is indicated at all panels so connected.</li> </ol> </li> <li>5. Local, master, and area alarms shall be powered from the life safety branch of the emergency system as described in Chapter 3, "Electrical Systems."</li> <li>6. All pressure switches, pressure gauges, and</li> </ol>	K 077		

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K 077	<p>Continued From page 14</p> <p>pressure-sensing devices downstream of the source valve shall be provided with a gas specific demand check fitting to facilitate servicing, testing, or replacement.</p> <p>7. The responsible authority of the facility shall ensure that all labeling of alarms, where room numbers or designations are used, is accurate and up-to-date.</p> <p>8. All wiring from switch or sensors shall be supervised or protected as required by Section 517-30(c)(3) of NFPA 70, National Electrical Code, for emergency system circuits.</p> <p>9. A centralized computer (e.g., a building management system) shall not substitute for any required medical gas alarm panel, but shall be permitted to be used to supplement the medical gas alarm system.</p> <p>(b) Master Alarms.</p> <p>1. A master alarm system shall be provided to monitor the operation and condition of the source of supply, the reserve (if any), and the pressure of the main lines of all medical gas piping systems.</p> <p>2. The master alarm system shall consist of two or more alarm panels located in two separate locations. One panel shall be located in the principal working area of the individual responsible for the maintenance of the medical gas piping systems and one or more panels shall be located to assure continuous surveillance during the working hours of the facility (e.g., the telephone switchboard, security office, or other continuously staffed location).</p> <p>3. Each master alarm panel shall include visual indicators for each of the following conditions:</p> <p>a. * A separate indicator shall be provided for all systems supplied by a manifold or an alternating-type bulk system that has as part of its normal operation a changeover from one portion of the operating supply to another portion. It shall indicate when, or just before, this changeover</p>	K 077		

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K 077	Continued From page 15 occurs. b. * Where a manifold or bulk supply consists of one or more units that continuously supply the piping system while another unit remains as the reserve supply and operates only in case of an emergency, it shall be indicated separately for each system when, or just before, this changeover occurs. c. * Where check valves are not provided for each cylinder lead of the reserve supply for a manifold or bulk supply system, it shall be indicated separately for each system when the reserve supply is reduced to one average day ' s supply. If check valves are provided in each cylinder lead, this signal is not required. d. When a cryogenic liquid storage unit is used as a reserve for a bulk supply system, it shall be indicated separately for each system when the contents of the reserve is reduced to one average day ' s supply and when the gas pressure available in the reserve unit is reduced below the pressure required to function properly. e. * It shall be indicated separately for each medical gas piping system when the pressure in the main line increases 20 percent or decreases 20 percent from the normal operating pressure. The actuating switch for these signals shall be installed in the main line immediately downstream (on the piping distributing side) of the main line shutoff valve or the source valve if the main line shutoff valve is not required. f. Each of the individual alarms required in 4-3.1.2.2(d)1 shall be indicated. This shall be either by a separate indicator for each condition monitored or with a single indicator labeled " Medical Air System Fault " or similar wording and that indicates when any of the conditions monitored occurs. g. A separate indicator shall be provided for dew point per 4-3.1.2.2(d)2.	K 077		

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K 077	<p>Continued From page 16</p> <p>(c) Area Alarms.</p> <ol style="list-style-type: none"> <li>Area alarms shall be provided for each medical gas piping system supplying anesthetizing locations and other vital life support and critical care areas such as postanaesthesia recovery, intensive care units, coronary care units.</li> <li>Area alarm panels shall be located at the nurses' station or other location that will provide for responsible surveillance.</li> <li>* Area alarms shall indicate if the pressure in the local line increases 20 percent or decreases 20 percent from normal line pressure.</li> <li>* Actuating switches or sensors for critical care areas shall be placed in the individual line supplying each such specific area. No valve, other than valves located in areas accessible only to authorized personnel, shall intervene between the sensor or switch and the outlets intended to be monitored by the alarm.</li> <li>* Actuating switches or sensors for anesthetizing areas shall be placed in the individual line supplying each such specific area with the individual room shutoff valve being the only one between the actuating switch and the outlets.</li> </ol> <p>(d) Local Alarms.</p> <ol style="list-style-type: none"> <li>An indicator shall be provided for each of the individual alarms required in 4-3.1.1.9 at the air compressor site. These indicators shall comply with 4-3.1.2.2(a)1, 2, and 3 and shall be grouped together in a single location (e.g., in an alarm panel or with the system controls).</li> <li>Dew point for medical air shall be monitored and alarmed per 4-3.1.1.9(i) to indicate a line pressure dew point above 39°F (3.9°C).</li> <li>Carbon monoxide for medical air shall be monitored and alarmed per 4-3.1.1.9(i) to indicate a level above 10 ppm.</li> </ol> <p>(e) Pressure Gauges for Gases. The scale range</p>	K 077		

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K 077	Continued From page 17 of positive pressure analog gauges shall be such that the normal reading falls within the middle 50 percent of the scale. The scale range of digital gauges shall be not more than two times the working pressure. The rated accuracy of pressure gauges used for testing shall be one percent (full scale) or better at the point of reading. Pressure gauges shall be in compliance with ANSI/ASME B-40.1, Gauges, Pressure Indicating Dial-Type, Elastic Elements. 1. * A pressure gauge shall be installed in the main line adjacent to the actuating switch required in 4-3.1.2.2(b)3e. It shall be appropriately labeled and shall be readily visible from a standing position. 2. * An appropriately identified pressure gauge, connected to the line being monitored, shall be installed at each area alarm panel location. It shall be appropriately labeled and shall be readily visible from a standing position.	K 077			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2014</b>
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C 000	<p><b>16.03.02 INITIAL COMMENTS</b></p> <p>The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2.</p> <p>The facility is a single story structure of Type V (111) construction that was built in 1996. The building is protected throughout by an automatic fire extinguishing system and has a complete fire alarm system. Currently the facility is licensed for 120 SNF beds.</p> <p>The following deficiencies were cited during the annual life safety code survey conducted on January 21, 2014. The facility was surveyed under IDAPA 16.03.02, Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety and Construction</p>	C 000	<p style="text-align: center;"><b>RECEIVED</b> <b>FEB 10 2014</b> <b>FACILITY STANDARDS</b></p>	
C 226	<p><b>02.106 FIRE AND LIFE SAFETY</b></p> <p>106. FIRE AND LIFE SAFETY. Buildings on the premises used as facilities shall meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to health care facilities. This RULE: is not met as evidenced by: Refer to the following Federal "K" tags on the CMS - 2567:</p> <ol style="list-style-type: none"> <li>K050 Fire drills.</li> <li>K056 Automatic fire sprinkler system</li> </ol>	C 226		<p>C226 See POC for</p> <p>K050</p> <p>K056</p> <p>K067</p> <p>K077</p> <p>ON FEDERAL Form 2567. by MG ON 2-10-14</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Intervenor Exec. Dir.</i>	(X6) DATE <b>2/10/14</b>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2014</b>
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C 226	Continued From Page 1  installation.  3. K067 Dampers  4. K069 Bi-annual hood inspection / cleaning.  5. K077 Medical Gas	C 226		

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