IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 12, 2014

Michelle Jerue, Administrator
Belmont Care Center Crestview
4806 Hawthorne Road
Chubbuck, ID 83202

RE: Belmont Care Center Crestview, Provider # 13G050

Dear Ms.. Jerue:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Belmont Care Center Crestview, which was concluded on April 29, 2014.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction 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.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **May 26, 2014**, and keep a copy for your records.

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 the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by May 25, 2014. If a request for informal dispute resolution is received after May 25, 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 our staff during our 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/lj

Enclosures

Printed: 05/07/2014
FORM APPROVED
OMB NO. 0938-0391

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 A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	13G050		04/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER CRESTVIEW	4024 MOUNTAIN LOOP POCATELLO, ID 83204

(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 facility is a single story residential type building with a type V(000) construction. It has a basement for storage and hot water tanks. It is fully sprinklered with quick response sprinklers, a complete fire alarm /smoke detection system. The home was built /completed on January 11, 1994. Currently it is licensed for 8 ICF/ID beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on April 29, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and in accordance with 42 CFR, 483.470. The facility was found to be in substantial compliance. The Survey was conducted by: Dan Holbrook, Health Facility Surveyor Sam Burbank, Health Facility Surveyor Mark Grimes, Supervisor	K 000	RECEIVED MAY 27 2014 FACILITY STANDARDS	

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

M. Holloway | City Director | 5/19/14

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.

PRINTED: 05/07/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	13G050		04/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER CRESTVIEW	4024 MOUNTAIN LOOP POCATELLO, ID 83204

(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
M 000	16.03.11 Initial Comments The facility is a single story residential type building with a type V(000) construction. It has a basement for storage and hot water tanks. It is fully sprinklered with quick response sprinklers, a complete fire alarm /smoke detection system. The home was built /completed on January 11, 1994. Currently it is licensed for 8 ICF/ID beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on April 29, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and in accordance with 42 CFR, 483.470 and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities. The Survey was conducted by: Dan Holbrook, Health Facility Surveyor Sam Burbank, Health Facility Surveyor Mark Grimes, Supervisor	M 000	RECEIVED MAY 27 2014 FACILITY STANDARDS	
MM311	16.03.11.110.01(a) Structurally Sound The facility must be structurally sound and must be maintained and equipped to assure the safety of residents, employees and the public. This RULE: is not met as evidenced by: Based on observation and operational testing the facility failed to ensure sound and secure flooring in the common shower room. Failure to to maintain flooring could allow a person to step on and collapse or create a hole in the floor. The facility is licensed for 8 had a census of 8 the day of the survey. Findings include	MM311		

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: City Director — (X6) DATE: 5/19/14

PRINTED: 05/07/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2014
NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER CRESTVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 4024 MOUNTAIN LOOP POCATELLO, ID 83204		

(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
MM311	Continued From Page 1 During the facility tour conducted on April 29, 2014 between the hours of 3:00 PM and 4:30 PM surveyors observed the floor in the common shower room to be "spongy" in front of the tiled shower and in portions of the hall. The floor was described by the surveyor as being unsafe and not stable. Actual reference IDAPA 16.03.11 110.FIRE AND LIFE SAFETY STANDARDS. Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. (7-1-80) 01. General Requirements. General requirements for the fire and life safety standards for an ICF/ID facility are that: (7-1-80) a. The facility must be structurally sound and must be maintained and equipped to assure the safety of residents, employees and the public.	MM311	**POC MM311** **16.03.11.110.01(a)** **Structurally Sound** Crestview will ensure the facility is structurally sound and will maintain and equipped to assure the safety of residents, employees and the public. The floor in front of the tile in the common shower room will be replaced and repaired to ensure the safety of the residents residing in the home. In addition, portions of the hall will be repaired as needed. Person Responsible: Home Administrator MM (Program Supervisor), Environmental Supervisor and City Director Monitor: The Home Administrator will complete weekly inspections of the home to ensure the facility is structurally sound and maintained. Monthly the Environmental Supervisor will complete environmental inspections. Quarterly the City Director will complete environmental inspections of the facility.	6/29/14
MM341	16.03.11.110.06(b) Inspection of Equipment The administrator must have all equipment and appliances inspected for safe condition and function prior to use by any resident, employees, or visitor of the facility. This RULE: is not met as evidenced by: Based on observation the facility failed to inspect and maintain appliances in a safe operating manner. This practice could result in a fire affecting all clients and staff. The facility is licensed for 8 and had a census of 8 on the day of the survey.	MM341		

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

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FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G050	A. BUILDING 02 B. WING	04/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER CRESTVIEW	4024 MOUNTAIN LOOP POCATELLO, ID 83204

(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
MM341	Continued From Page 2 Findings include: During the facility tour on April 29, 2014 between 3:00 PM and 4:30 PM, observation revealed a partially disconnected vent on 1 of 2 dryers in the laundry area. There was an excessive amount of lint build up on and around the other dryer. IDAPA 16.03.11-100 f. All housekeeping equipment must be in good repair and maintained in a clean and sanitary manner. (7-1-80)	MM341	**POC MM341** **16.03.11.110.06(b)** **Inspection of Equipment** Crestview will ensure all equipment and appliances are inspected for safe conditions and functioning prior to use by any residents, employees, or visitors of the facility. The dryer vents disconnected in order to clean out the excessive amount of lint build up and properly re-attached to the dryers. Person Responsible: Home Administrator (Program Supervisor), Environmental Supervisor and City Director Monitor: The Home Administrator will complete weekly inspections of the home to ensure all equipment and appliances are properly working. Monthly the Environmental Supervisor will check all appliances and equipment. Quarterly the City Director will complete environmental inspections of the facility.	6/29/14

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