



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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May 12, 2014

Petter Talefemar, Administrator  
Belmont Care Center  
4806 Hawthorne Road  
Chubbuck, ID 83202

RE: Belmont Care Center, Provider #13G046

Dear Mr. Talefemar:

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

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid 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

Petter Talefemmar, Administrator  
May 12, 2014  
Page 2 of 2

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.jcfmr.dhw.idaho.gov](http://www.jcfmr.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  
Fire Life Safety & Construction Program

MPG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>BELMONT CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3625 VAUGHN AVENUE POCATELLO, ID 83204</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

INITIAL COMMENTS

K 000

The facility was built in 1991 and is a one story, Type V(III) structure with a daylight basement that contains offices. Clients sleep on the first story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting capability via internal stairwell. Emergency lighting is provided. The facility is fully sprinklered and is licensed for 15 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 Survey was conducted by:

Dan Holbrook, Health Facility Surveyor  
Sam Burbank, Health Facility Surveyor  
Mark Grimes, Supervisor

K 130

NFPA 101 MISCELLANEOUS

K 130

This Standard is not met as evidenced by:  
Based on observation the facility failed to use electrical equipment safely creating a potential electrical hazard. This condition affects all clients and staff. The facility was licensed for 15 beds and had a census of 15 on the day of the survey. Findings include:  
During the facility tour on April 29th between the hours of 11:30 AM and 1:20 PM observation revealed:  
1. The kitchen refrigerator and freezer were plugged into a relocatable power tap.  
2. In office #1, two refrigerators were plugged into a relocatable power tap.

RECEIVED  
MAY 23 2014  
FACILITY STANDARDS

POC K130  
NFPA  
Miscellaneous

Belmont will ensure electrical equipment is used safely and does not create a potential electrical hazard.

1. A new outlet was installed in the kitchen for the refrigerator and freezer. The power tap was removed.
2. The relocatable power tap in office #1 was removed and the two mini refrigerators plugged into the wall outlet.
3. The power tap in office #16 creating the "Daisy Chain" was removed.

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

TITLE

(X6) DATE

*M. Halladay*

City Director <sup>MAH</sup> 5/22/14

5/22/14

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.

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>BELMONT CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3625 VAUGHN AVENUE POCATELLO, ID 83204</b>		
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K 130	Continued From page 1 3. In office #16, one power tap was found plugged into another, creating a "Daisy Chain". These findings were acknowledged by the Environmental Supervisor at the exit conference. Actual reference: 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 fixed wiring. (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors. (3) Where run through doorways, windows, or similar openings. (4) Where attached to building surfaces. Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.8. (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings. (6) Where installed in raceways, except as otherwise permitted in this code.	K 130	Person Responsible: Home Administrator (Program Supervisor), Environmental Supervisor, and City Director  Monitor: The Home Administrator will complete weekly inspections of the home to ensure the facility's electrical equipment is being used safely and not creating potential electrical hazards. Monthly the Environmental Supervisor will complete environmental inspections. Quarterly the City Director will complete environmental inspections of the facility.	6/29/14	
K0051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD  A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.  Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.  Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.	K0051			

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K0051	Continued From page 2  This Standard is not met as evidenced by: Based on observation the facility failed to protect the fire alarm panel by providing smoke detection in the room. This deficient practice could render the fire alarm system inoperative affecting all residents and staff. The facility was licensed for 15 beds and had a census of 15 on the day of the survey. Findings include: During the facility tour on April 29, 2014 between the hours of 11:30 AM and 1:20 PM observation revealed: The fire alarm system in the day treatment office does not have the required smoke detector in the same area as the fire alarm monitoring panel. This finding was acknowledged by the building Environmental Supervisor during the exit interview.  Actual Reference  NFPA 72 Fire Prevention Code 2000 Edition  1-5.6* Protection of Fire Alarm Control Unit(s). In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s) to provide notification of fire at that location. Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.	K0051	<b>POC K0051 483.470(j)(1)(i) Life Safety Code Standard</b>  Belmont will ensure to protect the fire alarm panel by providing smoke detection in the room.  The required smoke detector will be installed in the office where the fire alarm monitoring panel is located.  Person Responsible: Home Administrator (Program Supervisor), Environmental Supervisor and City Director  Monitor: The Environmental Supervisor will contact the company to have the required smoke detector installed. The City Director will ensure the smoke detector has been installed.	<b>6/29/14</b>

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility was built in 1991 and is a one story, Type V(III) structure with a daylight basement that contains offices. Clients sleep on the first story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting capability via internal stairwell. Emergency lighting is provided. The facility is fully sprinklered and is licensed for 15 ICF/ID beds.</p> <p>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 IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities.</p> <p>The Survey was conducted by:</p> <p>Dan Holbrook, Health Facility Surveyor Sam Burbank, Health Facility Surveyor Mark Grimes, Supervisor</p>	M 000	<p><b>RECEIVED</b></p> <p><b>MAY 23 2014</b></p> <p><b>FACILITY STANDARDS</b></p>	
MM339	<p>16.03.11.110.06 Maintenance of Equipment</p> <p>The facility must establish routine test, check, and maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems. The following rules apply to all ICF/ID facilities:</p> <p>This RULE: is not met as evidenced by: Based on observation the facility failed to properly maintain equipment and the facility. This affected all residents and staff. The facility was licensed for 15 beds and had a census of 15 on the day of the survey.</p>	MM339		

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

*M. Halladay*

*City Director*

*5/22/14*

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MM339	Continued From Page 1  Findings include: Observation on April 29th between the hours of 11:30 AM and 1:20 PM revealed the following: 1. The non-commercial hood over the kitchen range is greasy to the point of being a fire hazard. The hood should be cleaned to bare metal or replaced. 1a. The grease screen for the non-commercial kitchen range hood is missing, allowing grease to accumulate inside the hood creating a fire hazard. 2. The furnace room in the basement has unsealed construction penetrations in the ceiling around the furnace and piping. This will allow smoke to travel from the basement to the upstairs living quarters in the event of fire. These findings were acknowledged by the Environmental Supervisor at the exit conference. Actual reference: IDAPA 1603.11, 110 06. Maintenance of Equipment. The facility must establish routine test, check, and maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems. The following rules apply to all ICF/ID facilities: (7-1-80) a. The use of any defective equipment on the premises of any facility is prohibited. b. 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. IDAPA 110.03.11.110 <b>FIRE AND LIFE SAFETY STANDARDS.</b> 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)	MM339	<b>POC MM339</b> <b>16.03.11.110.06</b> <b>Maintenance of Equipment</b>  Belmont will establish routine test, checks, maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems.  1. The grease screen for the non-commercial kitchen range hood will be replaced. The hood will be cleaned or replaced.  1a. The grease screen for the non-commercial kitchen range hood will be replaced and the grease inside the hood will be cleaned to prevent a fire.  2. The unsealed construction penetrations in the ceiling around the furnace and piping will be covered.  Person Responsible: Home Administrator (Program Supervisor), Environmental Supervisor and City Director  Monitor: The Home Administrator will complete weekly inspections of the home to ensure the facility establishes routine tests, checks, and maintenance procedures. Monthly the Environmental Supervisor will complete environmental inspections. Quarterly the City Director will complete environmental inspections of the facility.	

6/29/14

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MM339	Continued From Page 2	MM339		
MM346	<p>a. The facility must be structurally sound and must be maintained and equipped to assure the safety of residents, employees and the public. (7-1-80)</p> <p>16.03.11.110.06(g) In-House Check</p> <p>The facility must establish routine in-house test and check procedures covering alarm systems, extinguishment systems, and essential electrical systems.</p> <p>This RULE: is not met as evidenced by: Based on operational testing the facility failed to properly maintain emergency lights. Failure of egress lighting can affect escape. This affected staff located in the basement. The facility was licensed for 15 beds and had a census of 15 on the day of the survey. Findings include:</p> <p>During the facility tour on April 29th between the hours of 11:30 AM and 1:20 PM operational testing revealed:</p> <p>The battery operated emergency overhead light near the basement exit hallway failed to operate during testing.</p> <p>Actual Reference:</p> <p>IDAPA 110.03.11.110.06 The facility must establish routine in-house test and check procedures covering alarm systems, extinguishment systems, and essential electrical systems.</p>	MM346	<p><b>POC MM346 16.03.11.110.06(g) In-House Check</b></p> <p>Belmont will establish routine in-house test and check procedures covering alarm systems, extinguishment systems, and essential electrical systems.</p> <p>The battery operated emergency overhead light near the basement exit hallway was fixed to ensure it operates properly.</p> <p>Person Responsible: Home Administrator (Program Supervisor), Environmental Supervisor and City Director</p> <p>Monitor: The Environmental Supervisor will complete monthly checks to ensure all emergency lighting is working properly. Quarterly the City Director will complete environmental inspections of the facility.</p>	6/29/14

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