



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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June 19, 2014

Michael Day, Administrator
Independent Living Services Five Mile
PO Box 6395
Boise, ID 83711

RE: Independent Living Services Five Mile, Provider #13G006

Dear Mr. Day:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Independent Living Services Five Mile, on June 10, 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

Michael Day, Administrator
June 19, 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 **July 2, 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 July 2, 2014. If a request for informal dispute resolution is received after July 2, 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

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

Printed: 06/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G006	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2014
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES FIVE MILE	STREET ADDRESS, CITY, STATE, ZIP CODE 1736 NORTH FIVE MILE ROAD BOISE, ID 83704
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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 is a single story, type V(000) building built in 1978. The facility is protected by an automatic fire sprinkler system in habitable spaces. There is a fire alarm/smoke detection system installed. Currently the building is licensed for 12 ICF/ID beds.

The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on June 10, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and 42 CFR, 483.470.

The survey was conducted by:
Sam Burbank
Health Facility Surveyor
Facility Fire Safety and Construction

K0029 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD

K0029

Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room is protected by one of the following means:

(a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than ¾ hour.

(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation is self-closing or automatic closing in accordance with 7.2.1.8. 33.2.3.2.2.

RECEIVED

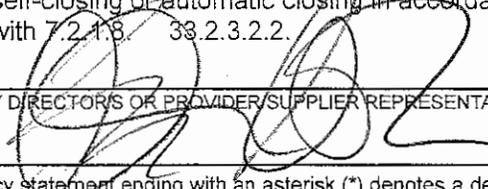
JUL - 3 2014

FACILITY STANDARDS

1) CLOSET WILL BE CLEANER AND HAZARDOUS AND COMBUSTIBLE MATERIALS WILL BE REMOVED BY JULY 1ST 2014 BY ADMINISTRATION

2) A SELF-CLOSING HANDLE WILL BE ADDED TO DOOR BY JULY 15TH 2014 BY ADMINISTRATION

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



Sam Burbank

6/20/14

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.

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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES FIVE MILE		STREET ADDRESS, CITY, STATE, ZIP CODE 1736 NORTH FIVE MILE ROAD BOISE, ID 83704		
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K0029	Continued From page 1 This Standard is not met as evidenced by: Based on observation operational testing and interview, the facility failed to ensure hazardous areas were separated as required from primary means of escape. Failure to ensure primary means of escape are adequately separated from hazardous areas would severely impact the safe and effective evacuation of residents during a fire event. This deficient practice affected all residents, staff and visitors on the date of the survey. The facility is licensed for 12 ICF/ID beds and had a census of 12 on the day of the survey. Findings include: During the facility tour conducted on June 10, 2014 between 11:30 AM and 12:00 PM, operational testing of the door from the hallway into the freezer storage area revealed it was not equipped with a self-closing device. Further investigation revealed a shower/bathroom inside the freezer room approximately 8' x 8' had been converted completely to storage and the door was not equipped with a self-closing device. The storage included paint, and discarded maintenance supplies as well as haphazard contents deemed of a combustible type greater than an average residential occupancy. When asked about the storage area, staff stated they were unaware that a storage area of this size required a self-closing device. Actual NFPA standard: 33.2.3.2.2 Any hazardous area that is on the same floor as,	K0029	3) STORAGE CLOSET "LITERS" WILL BE MOVED TO MONTHLY MAINTENANCE REPORT BY AUGUST 15 2014 BY ADMINISTRATION 4) CLOSET WILL BE CLEAN MONTHLY BY SEPT 15 2014 BY SUPERVISOR	

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

Printed: 06/18/2014
FORM APPROVED
OMB NO. 0938-0391

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K0029	Continued From page 2 and is in or abuts, a primary means of escape or a sleeping room shall be protected by one of the following means. (a) Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic-closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. (b) Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic-closing in accordance with 7.2.1.8.	K0029	
K0150	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1 This Standard is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure that curtains were flame resistant in accordance with NFPA 701. Non flame resistant curtains can add to the fuel load in the event of a fire. The facility had a census of five clients on the day of the survey. This deficient practice affected all residents, staff and visitors on the day of the survey. Findings include: 1) During record review on June 10, 2014 at 10:35 AM, the facility could not produce documentation that curtains in the facility had been treated with a fire retardant solution since	K0150	1) DRAPERIES WILL BE TREATED WITH FLAME RETARDANT BY JUNE 15 2014 BY ADMINISTRATION 2) DRAPERIES WILL BE TREATED AWAY BY OCT 15 2014 BY ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G006	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2014	
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K0150	<p>Continued From page 3</p> <p>2012. When asked if the curtains were laundered, the administrator stated they were done as needed, or when dirty.</p> <p>2) During a tour of the facility between the hours of 11:30 AM and 12:00 PM, observation of the curtains throughout the facility revealed that they did not have any identifying flame resistant markings attached to them.</p> <p>3) During the exit conference, staff stated the curtains were treated with a fire retardant solution when initially installed and had never been washed since. Examination of the solution used to treat the curtains revealed that treatment was required to be reapplied annually.</p> <p>Actual NFPA Standard:</p> <p>33.7.5.1 New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 10.3.1.</p> <p>10.3.1* Where required by the applicable provisions of this Code, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA-701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. ensure that curtains</p>	K0150		

Bureau of Facility Standards

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M 000 16.03.11 Initial Comments

The facility is a single story, type V(000) building built in 1978. The facility is protected by an automatic fire sprinkler system in habitable spaces. There is a fire alarm/smoke detection system installed. Currently the building is licensed for 12 ICF/ID beds.

The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on June 10, 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 (ICF/ID).

The survey was conducted by:
Sam Burbank
Health Facility Surveyor
Facility Fire Safety and Construction

M 000

MM309 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.

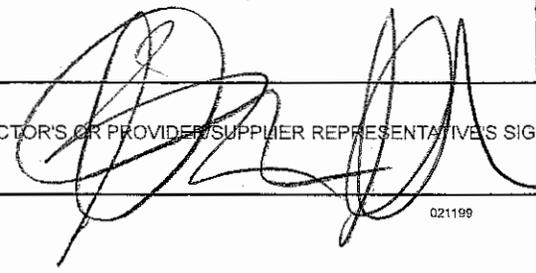
This Rule is not met as evidenced by:
Refer to federal form 2567 tags K 0029 and K0150

MM309

RECEIVED
JUL -3 2014
FACILITY STANDARDS

SEE K 0029 + K0150

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Paul Mantel	(X6) DATE 6/20/14
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STATE FORM 021199 WEJW21 If continuation sheet 1 of 1