



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 Summerwind
PO Box 6395
Boise, ID 83711

RE: Independent Living Services Summerwind, Provider #13G013

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 Summerwind, 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:

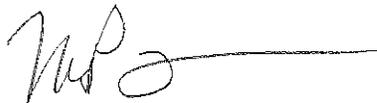
www.icfmr.dhw.idaho.gov

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

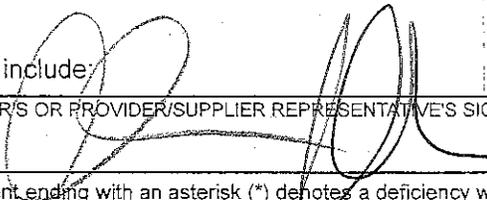
Printed: 06/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G013	(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 SUMMERW	STREET ADDRESS, CITY, STATE, ZIP CODE 10349 SUMMERWIND DRIVE 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		
	<p>The facility is a single story, type V(000) building built in 1981. 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 5 ICF/ID beds.</p> <p>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 42 CFR, 483.470.</p> <p>The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>		<p>RECEIVED JUL - 3 2014 FACILITY STANDARDS</p>	
K0150	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD	K0150		
	<p>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</p> <p>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.</p> <p>Findings include:</p>		<p>1) DRAPERIES WILL BE TREATED NOT FLAME RESISTANT BY JUNE 15TH 2014 BY ADMINISTRATION</p> <p>2) DRAPERIES WILL BE TREATED ANOTHER BY OCT 15 2014 BY ADMINISTRATION</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Facility Manager	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 SUMMERW		STREET ADDRESS, CITY, STATE, ZIP CODE 10349 SUMMERWIND DRIVE BOISE, ID 83704	
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K0150	<p>Continued From page 1</p> <p>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 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 12:30 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 retardent solution when initially installed and had not been washed since. Futher examination of the solution used to treat the curtains revealed that it was required to be reapplied annually to maintain effective treatment.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2014
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES SUMMERWIND	STREET ADDRESS, CITY, STATE, ZIP CODE 10349 SUMMERWIND DRIVE BOISE, ID 83704
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M 000 16.03.11 Initial Comments M 000

The facility is a single story, type V(000) building built in 1981. 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 5 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 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

RECEIVED
JUL - 3 2014
FACILITY STANDARDS

MM339 16.03.11.110.06 Maintenance of Equipment MM339

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:

This Rule is not met as evidenced by:
Based on operational testing and interview, the facility failed to ensure emergency lights were operational. Failure to maintain emergency lighting can prevent adequate illumination in the event of an emergency. This deficient practice affected all residents, staff and visitors on the date of the survey. The facility is currently licensed for five ICF/ID beds and had a census of five on the day of the survey.

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

TITLE

(X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2014
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MM339 Continued From Page 1

Findings include:

During the facility tour conducted from 12:30 PM to 1:00 PM, observation and operational testing of the emergency lights revealed the batteries were dead. When asked, the House Manager stated these lights were on a work order for repair.

Actual NFPA Standard:

7.9 EMERGENCY LIGHTING
7.9.2.4*

Battery-operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70, National Electrical Code®.

MM339

ONE LIGHTS WERE
NOT TESTED - IT
WAS FOUND DURING
ROUTINE TESTING AND
WAS REFERRED FOR
REPAIR

1) LIGHT WILL BE
REPAIRED BY 6/12/14
BY ADMINISTRATION

2) WILL CONTINUE WITH
ROUTINE MAINTENANCE
WORKING ON REPAIR
PAPERWORK