



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

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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July 9, 2014

Russell McCoy, Administrator  
South Bannock Group Home  
415 South Arthur  
Pocatello, ID 83204-3317

RE: South Bannock Group Home, Provider #13G015

Dear Mr. McCoy:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at South Bannock Group Home, on July 1, 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 similar form stating that no State licensure deficiencies were noted at the time of the survey.

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE STRUCTURE</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>SOUTH BANNOCK GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3875 SOUTH BANNOCK HIGHWAY POCATELLO, ID 83201</b>		
(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	<p>16.03.11 Initial Comments</p> <p>The facility was built in 1991 and is a single story Type V (000) structure. It is sprinklered in living spaces, sleeping rooms and closets. There is a complete fire alarm/smoke detection system including smoke detection in sleeping rooms. Currently it is licensed for 8 ICF/MR beds.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 1, 2014. No deficiencies were cited. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies and 42 CFR 483.470 and 16.03.11 - RULES GOVERNING INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH INTELLECTUAL DISABILITIES (ICF/ID).</p> <p>The Survey was conducted by:</p> <p>Dan Holbrook Health Facility Surveyor</p>	M 000		

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

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

Printed: 07/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility was built in 1991 and is a single story Type V (000) structure. It is sprinklered in living spaces, sleeping rooms and closets. There is a complete fire alarm/smoke detection system including smoke detection in sleeping rooms. Currently it is licensed for 8 ICF/MR beds.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on July 1, 2014. No deficiencies were cited. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies and 42 CFR 483.470.</p> <p>The Survey was conducted by:</p> <p>Dan Holbrook Health Facility Surveyor</p>	K 000		

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(X6) DATE

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.