



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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August 1, 2014

Rex Redden, Administrator
Idaho Falls Group Home #2 Wanda
P.O. Box 50457
Idaho Falls, ID 83405-0457

RE: Idaho Falls Group Home #2 Wanda, Provider # 13G029

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Idaho Falls Group Home #2 Wanda, which was concluded on July 23, 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,

Rex Redden, Administrator
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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 **August 14, 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 August 13, 2014. If a request for informal dispute resolution is received after August 13, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G029	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2014
NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #2 WANDA		STREET ADDRESS, CITY, STATE, ZIP CODE 4360 WANDA STREET AMMON, ID 83406		
(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	<p>INITIAL COMMENTS</p> <p>The facility is a single story, type V (III) building built in 1988. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for eight (8) beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on July 23, 2013. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability and in accordance with 42 CFR 483.470 (j).</p> <p>The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000		

RECEIVED
AUG 13 2014
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ray A. Redder TITLE: Administrator (X6) DATE: 8/14/14

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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G029	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2014
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V (III) building built in 1988. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for eight (8) beds.</p> <p>The following deficiencies were cited during the annual Fire/Life Safety survey conducted on July 23, 2013. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies Impractical Evacuation Capability, in accordance with 42 CFR 483.470 (j) and IDAPA 16.03.11, Rules Governing Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID).</p> <p>The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000	<p>RECEIVED AUG 13 2014 FACILITY STANDARDS</p>	
MM344	<p>16.03.11.110.06(e) Automatic Sprinkler Systems</p> <p>Automatic sprinkler systems, if installed, must be serviced at least annually by an authorized servicing agency. Servicing must be in accordance with the applicable NFPA Standard 13a (1978 edition), "Care and Maintenance of Sprinkler Systems."</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure sprinklers were maintained free of impediments and not used for hanging objects. Failure to maintain sprinkler systems would subject suppression system components to damages and prevent reliable activation. This deficient practice affected 6 clients, staff and</p>	MM344		<p>MM344</p> <p>1. The remnant of the plastic bag that was tied around the rim of the pendant/head was removed.</p> <p>2. All individuals have the potential to be affected by this practice. All facilities will be inspected by maintenance personnel to ensure that there is no debris around any sprinkler pendants.</p>

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

TITLE

(X6) DATE

Dee A Redden

Administrator

8/11/14

Bureau of Facility Standards

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MM344	<p>Continued From Page 1</p> <p>visitors on the date of the survey. The facility is licensed for 6 ICF/ID beds and had a census of 6 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on July 23, 2014 from 11:15 AM to 12:00 PM, observation of the sprinkler pendant located in the laundry room found a remnant of a plastic bag was tied around the rim of the pendant/head. When asked, the Maintenance staff indicated it appeared staff had hung a plastic bag from the head.</p> <p>Actual NFPA standard:</p> <p>NFPA 13D 1-4* Maintenance. The owner is responsible for the condition of a sprinkler system and shall keep the system in normal operating condition</p>	MM344	<p>MM344 cont'd</p> <p>3. The Home Inspection Form will be revised to incorporate checking sprinkler pendants in all facilities to ensure they are all free from debris. Maintenance personnel will check this monthly.</p> <p>4. The completed Home Inspection Forms will be submitted to the Administrator on a monthly basis for review and accuracy.</p> <p>5. Target date for completion will be September 30, 2014.</p> <p>Refer to MM311</p>	

Idaho form