



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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3232 Eklar Street
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Boise, ID 83720-0009
PHONE 208-334-6626
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November 12, 2014

Richard Strong, Administrator
Bennett Hills Center
1220 Montana Street
Gooding, ID 83330-1856

Provider #: 135134

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER

Dear Mr. Strong:

On **October 28, 2014**, a Facility Fire Safety and Construction survey was conducted at Bennett Hills Center by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements, and a copy of the State fire safety Statement of Deficiencies form, which states the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities. This form is for your records only and does not need to be returned.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626.

Sincerely,

Mark P. Grimes, Supervisor
Facility Fire Safety and Construction

MPG/lj
Enclosures

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

Printed: 11/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135134	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - HELPING HANDS OF GOODING B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2014
NAME OF PROVIDER OR SUPPLIER BENNETT HILLS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1220 MONTANA STREET GOODING, ID 83330		
(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 building is a single story structure Type V(111) construction completed in August of 1971. It is fully sprinklered and has a complete fire alarm system to include smoke detection in hallways and open spaces. Currently it is licensed for 80 SNF/NF beds.</p> <p>The facility was found to be in substantial compliance during the Life Safety Code Survey conducted on October 28, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR, 483.70.</p> <p>The surveyor's conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(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.

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C 000	<p>16.03.02 INITIAL COMMENTS</p> <p>The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2.</p> <p>The building is a single story structure Type V(111) construction completed in August of 1971. It is fully sprinklered and has a complete fire alarm system to include smoke detection in hallways and open spaces. Currently it is licensed for 80 SNF/NF beds.</p> <p>The facility was found to be in substantial compliance during the Life Safety Code Survey conducted on October 28, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR, 483.70 and IDAPA 16.03.02.</p> <p>The surveyor's conducting the survey was:</p> <p>Nathan Elkins Health Facility Surveyor</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction Program</p>	C 000		

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