January 16, 2020

Christina Thomas, Administrator  
Caribou Memorial Living Center  
300 South Third West  
Soda Springs, ID 83276-1559  

Provider #: 135060

RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT  
COVER LETTER

Dear Ms. Thomas:

On January 7, 2020, a Facility Fire Safety and Construction survey was conducted at Caribou Memorial Living Center by the Department of Health & Welfare, Bureau of Facility Standards 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. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. This survey found the most serious deficiency to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567, listing Medicare and/or Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. Please provide ONLY ONE completion date for each federal and state tag in column (X5) Completion Date to signify when you allege that each tag will be back in compliance.
NOTE: The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign the Statement of Deficiencies and Plan of Correction, CMS-2567 Form in the spaces provided and return the originals to this office. If a State Form with deficiencies was issued, it should be signed, dated and returned along with the CMS-2567 Form.

Your Plan of Correction (PoC) for the deficiencies must be submitted by January 29, 2020. Failure to submit an acceptable PoC by January 29, 2020, may result in the imposition of civil monetary penalties by February 20, 2020.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- 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,
- Include dates when corrective action will be completed.
- The administrator must sign and date the first page of both the federal survey report, Form CMS-2567. If a State Form was issued as well, it should also be signed, dated and returned.

All references to federal regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Remedies may be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by February 11, 2020, (Opportunity to Correct). Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on April 6, 2020. A change in the seriousness of the deficiencies on February 21, 2020, may result in a change in the remedy.
The remedy, which will be recommended if substantial compliance has not been achieved by **February 11, 2020**, includes the following:

**Denial of payment for new admissions effective April 7, 2020.**
42 CFR §488.417(a)

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **July 7, 2020**, if substantial compliance is not achieved by that time.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

If you believe these deficiencies have been corrected, you may contact Nate Elkins, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0009, Phone #: (208) 334-6626, option 3; Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **January 7, 2020**, and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, 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 Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

Go to the middle of the page to Information Letters section and click on State and select the following:

BFS Letters (06/30/11)
2001-10 Long Term Care Informal Dispute Resolution Process
2001-10 IDR Request Form

This request must be received by January 29, 2020. If your request for informal dispute resolution is received after January 29, 2020, 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 us during the survey. If you have any questions, please contact us at (208) 334-6626, option 3.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosures
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:
135060
(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - ENTIRE BUILDING
B. WING __________
(X3) DATE SURVEY COMPLETED
01/07/2020

NAME OF PROVIDER OR SUPPLIER
CARIBOU MEMORIAL LIVING CENTER
STREET ADDRESS, CITY, STATE, ZIP CODE
300 SOUTH THIRD WEST
SODA SPRINGS, ID 83276

K 000 INITIAL COMMENTS
The facility is a two story, Type II (222) structure originally constructed in 1967, with the most recent remodelling and improvements completed in 2019. The facility is fully sprinklered with an interconnected fire alarm/smoke detection system. There is an on-site, diesel-fired Emergency Power Supply System generator. The facility is attached to the main hospital and is two-hour separated. The lower level consists of ancillary support and mechanical services. The facility is currently licensed for 30 SNF/NF beds and had a census of 21 on the date of the survey.

The following deficiency was cited during the annual fire/life safety survey conducted on January 7, 2020. The facility was surveyed under the LIFE SAFETY CODE, 2012 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70. The survey was conducted by:
Sam Burbank
Health Facility Surveyor
Facility Fire Safety and Construction

K 324 PROVIDER'S PLAN OF CORRECTION
Action Taken: 1/26/2020 - CMH Maintenance Department and Rob Weatherby, Hood Inspector, Kleen Machine installed a one inch piece of aluminum angle that allows for all hood grease filters to be abutted. One inch pieces of flat aluminum were also installed to the middle dividers to assure abutment of hood grease filters.

Identification of other affected:
This affected Long Term Care residents, staff, hospital inpatients and visitors.

Measures/Systemic changes:
1/28/2020 - Healthcare Service Group (HCSG) held an in-service for dietary staff to educate on identification of gaps in hood grease filters and appropriate arrangement of grease filters to allow for adequate air exhaustion. HCSG has revised weekly cleaning sheet to include identification of formed gaps on hood grease filters. CMH Maintenance has revised quarterly rounds to include inspection of hood grease filters to assure abutment is within NFPA 96 standards.
**K 324** Continued From page 1

or
* cooking facilities in smoke compartments with
30 or fewer patients comply with conditions under
18.3.2.5.4, 19.3.2.5.4.
Cooking facilities protected according to NFPA 96
per 9.2.3 are not required to be enclosed as
hazardous areas, but shall not be open to the
corridor.
18.3.2.5.1 through 18.3.2.5.4, 18.3.2.5.1 through
19.3.2.5.5, 9.2.3, TIA 12-2

This REQUIREMENT is not met as evidenced
by:
Based on observation, the facility failed to ensure
kitchen hood systems were maintained in
accordance with NFPA 96. Failure to ensure
grease laden vapors do not bypass hood filters
could allow grease build-up inside the exhaust
system, increasing the risk of grease fires. This
deficient practice affected staff of the main
Kitchen on the date of the survey.

Findings include:

During the facility tour conducted on 1/7/20 from
approximately 11:00 AM - 2:00 PM, observation
of the main Kitchen hood system revealed three
gaps between the hood grease filters, two of
which were located on the west side, ranging in
size from 1/4 inch to 3/8 inch and one of which
was on the east side and measured
approximately 1/2 inch wide.

Actual NFPA standard:

NFPA 96

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<thead>
<tr>
<th>ID</th>
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<tbody>
<tr>
<td>K 324</td>
<td>Continued From page 1</td>
<td>K 324</td>
<td></td>
<td>Monitoring and Tracking: CMH Maintenance Department will include the reporting of the quarterly kitchen grease hood filter records in WorxHub electronic inspection software. Responsible: Bruce Van Pelt, CMH Maintenance Manager; Greg Fulmer, HCSG Head Chef.</td>
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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<td>A. BUILDING 01 - ENTIRE BUILDING</td>
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<th>(X4) ID PREFIX</th>
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**SUMMARY STATEMENT OF DEFICIENCIES**

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January 16, 2020

Christina Thomas, Administrator
Caribou Memorial Living Center
300 South Third West
Soda Springs, ID 83276-1559

Provider #: 135060

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear Ms. Thomas:

On January 7, 2020, an Emergency Preparedness survey was conducted at Caribou Memorial Living Center by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with 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. 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, option 3.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosure
The facility is a two story, Type II (222) structure located in a rural fire district with both county and state EMS services available. The facility was originally constructed in 1967, with the most recent remodeling and improvements completed in 2019. The facility is fully sprinklered with an interconnected fire alarm/smoke detection system. There is an on-site, diesel-fired Emergency Power Supply System generator. The facility is attached to the main hospital and is two-hour separated. The lower level consists of ancillary support and mechanical services. The facility is currently licensed for 30 SNF/NF beds and had a census of 21 on the date of the survey.

The facility was found to be in substantial compliance during the annual Emergency Preparedness Survey conducted on January 7, 2020. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73.

The survey was conducted by:

Sam Burbank
Health Facility Surveyor
Facility Fire Safety and Construction