



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T. – Chief
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February 11, 2015

Bridger Fly, Administrator
Communicare, Inc #4 Leland
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #4 Leland, Provider #13G012

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Communicare, Inc #4 Leland, on February 2, 2015.

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

Bridger Fly, Administrator
February 11, 2015
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 **February 24, 2015**, 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 February 23, 2015. If a request for informal dispute resolution is received after February 23, 2015, 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: 02/09/2015
FORM APPROVED
OMB NO. 0938-0391

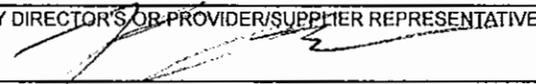
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G012	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #4 LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 4150 LELAND WAY BOISE, ID 83709
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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 The facility is a single story Type V (000) residential building built in 1980. It is fully sprinklered throughout with a complete fire alarm/smoke detection system. Currently the building is licensed for seven beds. The survey was conducted under the Life Safety Code 2000 Edition, Existing Board and Care Occupancy, Impractical Evacuation Capability and 42 CFR 483.470. The following deficiencies were cited during the fire/life safety survey conducted on February 2, 2015. The annual life safety code survey was conducted by: Nathan Elkins Health Facility Surveyor Fire Safety and Construction Program	K 000		
K0051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. This Standard is not met as evidenced by:	K0051	<u>K0051</u> Corrective Actions: The facility had the fire alarm system inspected and tested on 8/4/2014. A copy of this inspection is included at the end of this form as Attachment A. Identifying Others Potentially Affected: The fire alarm system inspection was completed at the appropriate time. Please see Attachment A to verify. System Changes: Please refer to Corrective Actions. Monitoring: Fire alarm system inspections are completed on an annual basis by Crane Alarm Service.	04/12/15

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FEB 23 2015
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>02/23/2015</i>
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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.

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

Printed: 02/09/2015
FORM APPROVED
OMB NO. 0938-0391

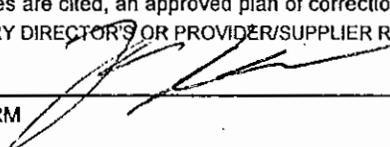
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G012	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2015	
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #4 LELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 LELAND WAY BOISE, ID 83709		
(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
K0051	<p>Continued From page 1</p> <p>Based on record review it was determined that the facility failed to ensure that the fire alarm systems were inspected and tested annually in accordance with NFPA 72. The facility had a census of seven clients on the day of the survey.</p> <p>Findings include: During record review on February 2, 2015 at approximately 8:30 AM revealed that the facility failed to inspect and test the facility fire alarm system annually. The last inspection and testing for the fire alarm system was conducted on January 20, 2014. This deficiency affected all staff and residents on the day of survey.</p> <p>Actual NFPA Standard NFPA 101 - 2000 Edition 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. NFPA 72 National Fire Alarm Code ® 1999 Edition</p> <p>NFPA 72 7-3.1, 7-3.2</p>	K0051		

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NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #4 LELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 4150 LELAND WAY BOISE, ID 83709		
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M 000	16.03.11 Initial Comments The facility is a single story Type V (000) residential building built in 1980. It is fully sprinklered throughout with a complete fire alarm/smoke detection system. Currently the building is licensed for seven beds. The survey was conducted under the Life Safety Code 2000 Edition, Existing Board and Care Occupancy, Impractical Evacuation Capability and IDAPA 16.03.11 Intermediate Care Facilities for People with Intellectual Disabilities. The following deficiencies were cited during the annual fire/life safety survey conducted on February 2, 2015. The annual life safety code survey was conducted by: Nathan Elkins Health Facility Surveyor Facility Fire Safety and Construction Program	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This RULE: is not met as evidenced by: Refer to the following Federal "K" tags on the CMS - 2567: K051 - Fire Alarm Systems.	MM309	<u>MM309</u> Please Refer to K0051	04/12/15

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



TITLE

Administrator

(X6) DATE

02/23/15