



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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February 11, 2015

Bridger Fly, Administrator
Communicare, Inc #6 Weiser
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #6 Weiser, Provider # 13G027

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Communicare, Inc #6 Weiser, which was concluded on February 2, 2015.

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,

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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 **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
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

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: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BOTH BUILDINGS (BLDGS 1&2) B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #6 WEISER	STREET ADDRESS, CITY, STATE, ZIP CODE 180 EAST PARK ST WEISER, ID 83672
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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	<p>INITIAL COMMENTS</p> <p>The facility consists of two single story residential buildings, Type V (000) construction and both are fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. It has a complete fire alarm/smoke detection system. The buildings were built/completed in 1984 and currently licensed for 15 ICF/MR beds. The survey was conducted in accordance with 42 CFR 483.470.</p> <p>The facility was found to be in substantial compliance during the fire/life safety survey on February 2, 2015.</p> <p>The annual life safety code survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</p>	K 000		
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FEB 23 2015
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 02/23/2015
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BOTH BUILDINGS (BLDGS 1&2) B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2015
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #6 WEISER		STREET ADDRESS, CITY, STATE, ZIP CODE 180 EAST PARK ST WEISER, ID 83672		
(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 consists of two single story residential buildings, Type V (000) construction and both are fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. It has a complete fire alarm/smoke detection system. The buildings were built/completed in 1984 and currently licensed for 15 ICF/MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR).</p> <p>The following deficiencies were cited during the fire/life safety survey on February 2, 2015.</p> <p>The annual life safety code survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</p>	M 000		
MM379	<p>16.03.11.120.03 General Building Requirements</p> <p>General Building Requirements. All buildings to be used for ICF/ID facilities must be of such character to be suitable for such usage. These buildings will be subject to approval by the Department. Other requirements are as follows:</p> <p>This RULE: is not met as evidenced by: Based on observation the facility failed to ensure the doors to the bedrooms were in good repair. The facility had a census of eight clients on the day of survey.</p> <p>Findings Include:</p>	MM379	<p><u>MM379</u></p> <p>Corrective Actions: The facility has repaired the bedroom door #3 and it is now latching properly.</p> <p>Identifying Others Potentially Affected: One individual was affected by this issue and no other similar issues have been identified to date.</p> <p>System Changes: Please refer to Corrective Actions.</p>	04/12/15

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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

Administrator

02/23/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BOTH BUILDINGS (BLDGS 1&2) B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2015
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #6 WEISER		STREET ADDRESS, CITY, STATE, ZIP CODE 180 EAST PARK ST WEISER, ID 83672		
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MM379	Continued From Page 1 During the facility tour on February 2, 2015 at approximately 10:30AM, observation revealed that the bedroom door #3 in building 160 would not latch properly when closed affecting one client and three staff members. The findings were noted by the house manager. Actual Reference: IDAPA 16.03.11 120.03 03- (a) General Building Requirements. All buildings to be used for ICF facilities must be of such character to be suitable for such usage. These buildings will be subject to approval by the Department. Other requirements are as follows: (7-1-80) (a) The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.	MM379	Monitoring: Door condition inspections are completed on a monthly basis by the house manager and included in a preventative maintenance checklist.	

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