



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Eder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

February 11, 2015

Bridger Fly, Administrator  
Communicare, Inc #7 Cougar  
40 West Franklin Road, Suite F  
Meridian, ID 83642

RE: Communicare, Inc #7 Cougar, Provider #13G072

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 #7 Cougar, 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](http://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

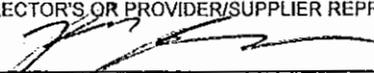
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>COMMUNICARE, INC #7 COUGAR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2903 &amp; 2907 COUGAR AVENUE NAMPA, ID 83686</b>
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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 duplex building. It is fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. There is a complete fire alarm/smoke detection system. It was built in 1998 and currently licensed for 8 ICF/MR beds.  The following deficiencies were found during the annual Fire Life Safety survey conducted on February 2, 2015. 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).  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Fire Life 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.	K0051	<u>K0051</u>  Corrective Actions: The facility had the fire alarm system inspected and tested on 1/14/2015. 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

RECEIVED  
FEB 23 2015  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X8) 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:  <b>13G072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> - ENTIRE STRUCTURE  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2015</b>	
NAME OF PROVIDER OR SUPPLIER <b>COMMUNICARE, INC #7 COUGAR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2903 &amp; 2907 COUGAR AVENUE NAMPA, ID 83686</b>		
(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>This Standard is not met as evidenced by: 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 eight 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 13, 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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M 000	16.03.11 Initial Comments  The facility is a single story, Type V(000), residential duplex building. It is fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. There is a complete fire alarm/smoke detection system. It was built in 1998 and currently licensed for 8 ICF/MR beds.  The following deficiencies were found during the annual Life Safety Code survey conducted on February 2, 2015. 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 People with Intellectual Disabilities.  The Survey was conducted by:  Nathan Elkins Health Facility Surveyor Fire Life Safety and Construction	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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FACILITY STANDARDS

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

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MM379	Continued From Page 1	MM379		
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 is licensed for eight ICF beds</p> <p>Findings Include:</p> <p>During the facility tour on February 2, 2015 at approximately 1:30PM, observation revealed that the bedroom door located adjacent to the main bathroom on the male side of facility would not close and latch properly affecting one resident and three staff members on the day of survey. The findings were noted by the house manager.</p> <p>Actual Reference:</p> <p>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.</p>	MM379	<p><u>MM379</u></p> <p>Corrective Actions: The facility has repaired the bedroom doors which would not latch 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> <p>Monitoring: Door condition inspections are completed on a monthly basis by the house manager and included in a preventative maintenance checklist.</p>	04/12/15

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