IDAHO DEPARTMENT OF
HEALTH & WELFARE

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April 8, 2015

Steve Silberberger, Administrator
Seven Oaks Community Homes - Elm
3940 West 5th Avenue #C
Post Falls, ID 83854

RE: Seven Oaks Community Homes -- Elm, Provider #13G025

Dear Mr. Silberberger:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Seven Oaks Community Homes - Elm, on March 30, 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 similar form stating that no State licensure deficiencies were noted at the time of the survey.

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G025	A. BUILDING 03 - ENTIRE BULDING B. WING _____	03/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS COMMUNITY HOMES - ELM	630 NORTH ELM STREET POST FALLS, ID 83854

(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	16.03.11 Initial Comments The facility is a single story residential type building with Type V (000) construction that was built in May of 2004. It is fully sprinklered with quick response heads and has a complete fire alarm/smoke detection system. Currently it is licensed for 6 ICF/ID beds. The facility was found to be in substantial compliance with applicable life safety requirements during the annual Life Safety Code survey conducted on March 30, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 32, New 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 Intellectually Disabled The Survey was conducted by: Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction	M 000		

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

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

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	13G025		**03/30/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS COMMUNITY HOMES - ELM	**630 NORTH ELM STREET** **POST FALLS, ID 83854**

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K 000	INITIAL COMMENTS The facility is a single story residential type building with Type V (000) construction that was built in May of 2004. It is fully sprinklered with quick response heads and has a complete fire alarm/smoke detection system. Currently it is licensed for 6 ICF/MR beds. The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Life Safety Code survey conducted on March 30, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 32, New 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 & Construction	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.