



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

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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April 8, 2015

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

RE: Seven Oaks Community Homes - Larri Lee, Provider #13G077

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-- Larri Lee, 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:  <b>13G077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING ONE  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/30/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>SEVEN OAKS COMMUNITY HOMES - LARRI L</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>583 NORTH LARRI LEE POST FALLS, ID 83854</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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is a single story residential type building with Type V (000) construction that was built in July of 2007. It is fully sprinklered with quick response heads and has a complete fire alarm/smoke detection system. Currently it is licensed for 5 ICF/MR beds.</p> <p>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 &amp; Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</p>	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING ONE  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/30/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>SEVEN OAKS COMMUNITY HOMES - LARRI LEE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>583 NORTH LARRI LEE POST FALLS, ID 83854</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) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story residential type building with Type V (000) construction that was built in July of 2007. It is fully sprinklered with quick response heads and has a complete fire alarm/smoke detection system. Currently it is licensed for 5 ICF/MR beds.</p> <p>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 &amp; 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.</p> <p>The Survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety &amp; Construction</p>	M 000		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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TITLE

(X6) DATE