



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- Governor
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TAMARA PRISOCK -- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

January 13, 2016

Kristin Buchanan, Administrator
Preferred Community Homes-- Sunset
12553 West Explorer Drive Suite 190
Boise, Idaho 83713

RE: Preferred Community Homes - Sunset, Provider #13G052

Dear Ms. Buchanan:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes - Sunset, on January 4, 2016.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health 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,

Kristin Buchanan, Administrator
January 13, 2016
Page 2 of 2

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 **January 26, 2016**, 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 January 26, 2016. If a request for informal dispute resolution is received after January 26, 2016, 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: 01/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2016
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - SUNSET	STREET ADDRESS, CITY, STATE, ZIP CODE 7591 BIRCH LANE NAMPA, ID 83686
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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 is a single story, Type V(000) , residential building. The building is protected throughout except in the detached garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/ID beds.</p> <p>The following deficiency was cited during the annual Fire/Life Safety survey conducted on January 4, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, in accordance with 42 CFR, 483.470.</p> <p>The Survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000		
K0152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities;</p> <p>(iii) File a report and evaluation on each drill:</p>	K0152		

1/23/2016
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kevin Hansen</i>	TITLE <i>Program Manager</i>	(X6) DATE <i>1-20-2016</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

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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - SUNSET		STREET ADDRESS, CITY, STATE, ZIP CODE 7591 BIRCH LANE NAMPA, ID 83686		
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K0152	<p>Continued From page 1</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that evacuation drills were conducted quarterly on each shift. Failure to provide evacuation drills could result in the lack of staff and clients preparedness to respond under emergency conditions. This deficient practice affected clients, staff and visitors on the date of the survey. The facility is licensed for 8 ICF/ID beds and had a census of 4 on the day of the survey.</p> <p>Findings include:</p> <p>During review of the facility evacuation drills conducted on January 4, 2016 from approximately 10:30 AM to 11:30 AM, no record was provided for a late shift drill in the third quarter, or a early evening shift drill in the fourth quarter. When asked, the house manager stated she was aware of the requirement for conducting drills on a quarterly basis for each shift.</p> <p>Actual NFPA standard:</p>	K0152		

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K0152	Continued From page 2 33.7.3 Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted not less than six times per year on a bimonthly basis, with not less than two drills conducted during the night when residents are sleeping. The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by this Code. Exits and means of escape not used in any drill shall not be credited in meeting the requirements of this Code for board and care facilities. Exception No. 1: Actual exiting from windows shall not be required to comply with 33.7.3; opening the window and signaling for help shall be an acceptable alternative. Exception No. 2: If the board and care facility has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to actively participate in the drill. Section 19.7 shall apply in such instances.	K0152		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2016
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, Type V(000), residential building. The building is protected throughout except in the detached garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/ID beds.</p> <p>The following deficiencies were cited during the annual Fire/Life Safety survey conducted on January 4, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, in accordance with 42 CFR, 483.470 and IDAPA 16.03.11 Intermediate Care Facilities for People with Intellectual Disabilities (ICFs/ID).</p> <p>The Survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000		
MM322	<p>16.03.11740 Fire, Life Safety - Existing Facility</p> <p>All buildings on the premises of an ICF/ID must meet all the requirements of local, state, and national codes concerning fire and life safety standards that are applicable to ICFs/ID.</p> <p>This Rule is not met as evidenced by: Please refer to federal form 2567:</p> <p>K - 152 Evacuation drills</p>	MM322	<p>RECEIVED JAN 26 2016 FACILITY STANDARDS</p>	

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rebecca Nelson</i>	TITLE <i>program manager</i>	(X6) DATE <i>1/20/2016</i>
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January 20, 2016

Mark Grimes
Health Facility Surveyor
Non-Long Term Care
3232 Elder Street
P.O. Box 83709
Boise, Idaho 83720-0009

RECEIVED
JAN 25 2016
FACILITY STANDARDS

Dear Mr. Grimes,

Thank you for your attentiveness during the recent Fire Light Safety Survey at the Sunset Oaks facility. Please see our responses below for each citation and give us a call if you have any questions.

K0152:

1. Direct Support Professionals and the Program Supervisor will be trained on fire drills and how to complete a fire drill within the quarter when missed.
2. Program Supervisors of all facilities will be trained on fire drills and how to complete a fire drill within the quarter when missed.
3. The QIPD will review monthly data to ensure a fire drill is run monthly. In addition, the Program Supervisor will review the Fire Drill Report each month verifying completion with their signature.
4. Peer Reviews are completed each month by the QIPD's. During this process the QIPD's review the data and plan of care to ensure all needs are being met and all programs are being run. Each individual living at Sunset Oaks has a fire drill service objective program. The Program Supervisor will review the fire drill book each month to ensure all drills are run and documented.
5. Person Responsible: Program Manager, Program Supervisor, Direct Support Professionals, Clinical Director, QIPD
Completion Date: 1.31.2016

MM322:
See K0152

A handwritten signature in cursive script that reads 'Kristin Buchanan'.

Kristin Buchanan
Program Manager

Cheyenne Reinke
Program Supervisor