



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

February 10, 2016

Bridger Fly, Administrator
Communicare, Inc. #1 Gem
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #1 Gem, Provider # 13G008

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Communicare, Inc #1 Gem, which was concluded on February 1, 2016.

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,

Bridger Fly, Administrator
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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 23, 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 February 23, 2016. If a request for informal dispute resolution is received after February 23, 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
Facility Fire Safety and Construction Program

MPG/lj

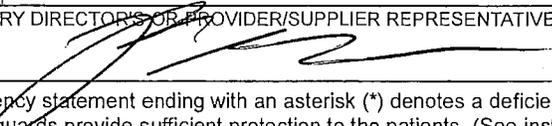
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2016
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #1 GEM		STREET ADDRESS, CITY, STATE, ZIP CODE 32 N GEM STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>INITIAL COMMENTS</p> <p>The facility is a single story Type V(000) structure that was built in 1980. The facility is fully sprinklered and is licensed for 8 ICF/ID beds. The facility was surveyed under the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability in accordance with 42 CFR 483.470.</p> <p>The facility was found to be in substantial compliance during the annual fire/life safety survey conducted on February 1, 2016.</p> <p>The survey was conducted by: Sam Burbank Health Facility Surveyor Fire Life Safety & Construction</p>		<p style="text-align: center;"><i>RECEIVED</i> FEB 17 2016 <i>FACILITY STANDARDS</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

2/17/16

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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2016
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #1 GEM		STREET ADDRESS, CITY, STATE, ZIP CODE 32 N GEM STREET NAMPA, ID 83651		
(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 Type V(000) structure that was built in 1980. The facility is fully sprinklered and is licensed for 8 ICF/ID beds. The facility was surveyed under the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability in accordance with 42 CFR 483.470 and IDAPA 16.03.11, Intermediate Care Facilities for People with Intellectual Disabilities (ICFs/ID). The following deficiency was cited during the annual fire/life safety survey conducted on February 1, 2016. The survey was conducted by: Sam Burbank Health Facility Surveyor Fire Life Safety & Construction	M 000		
MM334	16.03.11740.06 Emergency Battery Operated Lighting Each ICF/ID must provide emergency battery operated lighting for at least the exit passageway lighting, hall lighting, and the fire alarm system, in accordance with NFPA 101, The Life Safety Code, Section 7.9, as incorporated in Section 004 of these rules. This Rule is not met as evidenced by: Based on observation, operational testing and interview, the facility failed to ensure that battery powered emergency lighting was maintained. Failure to maintain battery powered emergency lighting could inhibit safe evacuation of clients during a power failure or other emergency. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is	MM334	<u>MM334</u> Corrective Actions: The facility has repaired the malfunctioning emergency electrical lighting. It should be noted that the lighting had been inspected as part of a routine preventative maintenance checklist inspection and the malfunctioning light had been scheduled for replacement prior to the inspection according to the house manager. Identifying Others Potentially Affected: All individuals living at this location were potentially affected by this issue. System Changes: No system changes are needed as corrective	02/17/16

RECEIVED
FEB 17 2016
FACILITY STANDARDS

Idaho form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Adam W. Shaker

2/17/16

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2016
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	<p>licensed for 8 ICF/ID beds and had a census of 8 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on February 1, 2016 from approximately 1:30 PM to 4:30 PM, observation and operational testing of installed battery backup emergency lighting revealed two (2) of three lights tested would not illuminate when the test switch was pressed. When asked, the care giver staff on duty stated she was aware of one of the lights having a dead battery, but not the second one.</p> <p>Actual IDAPA standard:</p> <p>IDAPA 16.03.11.740.06 740. FIRE AND LIFE SAFETY STANDARDS -- EXISTING FACILITY. 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>06. Emergency Battery Operated Lighting. Each ICF/ID must provide emergency battery-operated lighting for at least the exit passageway lighting, hall lighting, and the fire alarm system, in accordance with NFPA 101, The Life Safety Code, Section 7.9, as incorporated in Section 004 of these rules.</p>		<p>actions will bring the facility into compliance.</p> <p>Monitoring: House supervisor will be monitoring the facility emergency lighting as part of the Preventative Maintenance Checklist already in place at this location (see Attachment A).</p>	