



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. #3 Pond
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #3 Pond, Provider # 13G010

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Communicare, Inc #3 Pond, 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
February 10, 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 **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

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

Printed: 02/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G010	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #3 POND	STREET ADDRESS, CITY, STATE, ZIP CODE 2650 SOUTH POND BOISE, ID 83705
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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 built in 1980. It is fully sprinklered and is equipped with a complete fire alarm/smoke detection system. Currently the building is licensed for 8 ICF/ID beds. The survey was conducted under the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability and 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 Facility Fire Safety and Construction</p>	K 000	<p style="text-align: right;"><i>RECEIVED</i></p> <p style="text-align: right;"><i>FEB 17 2016</i></p> <p style="text-align: right;"><i>FACILITY STANDARDS</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Adm. Director</i>	(X6) DATE <i>2/12/16</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.

Bureau of Facility Standards

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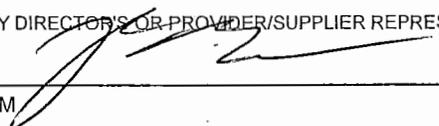
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M 000	16.03.11 Initial Comments The facility is a single story Type V (000) residential building built in 1980. It is fully sprinklered and is equipped with a complete fire alarm/smoke detection system. Currently the building is licensed for 8 ICF/ID beds. The survey was conducted in 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 fire/life safety survey on February 1, 2016. The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction Program	M 000		
MM332	16.03.11740.04 Portable Fire Extinguishers Each ICF/ID must have portable fire extinguishers installed throughout the facility in accordance with applicable provisions of NFPA Standard 10, " Portable Fire Extinguishers. " This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure attached inspection tags on installed fire extinguishers were filled out, documenting monthly inspections of fire extinguishers were completed in accordance with NFPA 10. Failure to inspect extinguishers monthly could result in extinguisher deficiencies going undetected prior to use or annual servicing. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is	MM332	<u>MM332</u> Corrective Actions: On 2/3/2016 the Administrator completed training with the home supervisor regarding signing the tags on the fire extinguishers. It should be noted that the fire extinguisher had been inspected as part of a routine Preventative Maintenance Checklist inspection and was documented on that form by the home supervisor. However, the home supervisor did neglect to sign the tag itself. Identifying Others Potentially Affected: All individuals living at this location were potentially affected by this issue.	02/17/16

RECEIVED
FEB 17 2016
FACILITY STANDARDS

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



TITLE
Administrator

(X6) DATE
2/17/16

Bureau of Facility Standards

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	<p>licensed for 8 ICF/ID beds and had a census of 6 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on February 1, 2016 from approximately 10:30 AM to 11:30 AM, observation of 2 of 2 installed fire extinguishers revealed the attached inspection tags were not signed since December, 2015 on one, and since November, 2015 on the second. When asked, the care giver staff stated she knew the inspection tags were to be dated and initialed during monthly inspections, but was not sure why the dates and initials were not completed for the missing months.</p> <p>Actual IDAPA standard:</p> <p>16.03.11.740.04 740. 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>04. Portable Fire Extinguishers. Each ICF/ID must have portable fire extinguishers installed throughout the facility in accordance with applicable provisions of NFPA Standard 10, " Portable Fire Extinguishers. "</p> <p>NFPA 10 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.</p> <p>4-3.4.2</p>		<p>System Changes: No system changes are needed as corrective actions will bring the facility into compliance.</p> <p>Monitoring: House supervisor will be monitoring the fire extinguishers as part of the Preventative Maintenance Checklist already in place at this location (see Attachment A).</p>	

Bureau of Facility Standards

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	At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded.			