



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
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August 1, 2016

Bridger Fly, Administrator
Communicare, Inc #9 Main
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #9 Main, Provider # 13G059

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Communicare, Inc #9 Main on July 18, 2016.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, State form, which states that no State deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid 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. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.

Bridger Fly, Administrator
August 1, 2016
Page 2 of 2

4. 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 August 15, 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 August 11, 2016. If a request for informal dispute resolution is received after August 11, 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, option 3.

Sincerely,



Nate Elkins
Supervisor
Facility Fire Safety & Construction Program

NE/lj

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

Printed: 07/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2016
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #9 MAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 876 EAST MAIN JEROME, ID 83338		
(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	INITIAL COMMENTS The facility is a single story Type V (000) duplex sprinklered throughout by a modified 13-D extinguishment system. It is protected by a complete fire alarm/smoke detection system. It was built in 1996 and completed in January of 1998. It is currently licensed for 9 ICF/ID beds. The following deficiencies were found during the annual Fire/Life Safety survey conducted on July 18, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j). The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	K 000			
K0016	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the interior finishes of the facility were Class A or Class B. Failure to provide interior finishes of Class A or B flame spread and smoke development, could increase clients' exposure to rapid fire growth beyond incipient stages. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 9 ICF/ID beds and had a census of 9 on the day of the survey. Findings include:	K0016	<u>K0016</u> Corrective Actions: The facility has identified the Class C OSB board identified on the north facing wall on the east bedroom. This board will be removed and replaced with Pyro-Guard or similarly fire retardant treated lumber 5/8" 4' x 8' sheet a product meeting Class A or Class B requirements upon approval of DHW Facility Fire Safety & Construction Program. Identifying Others Potentially Affected: All individuals living at this location were potentially affected by this issue.	09/30/16	

RECEIVED
AUG - 8 2016
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Administrator* (X6) DATE *8/5/16*

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.

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K0016	Continued From page 1 During the facility tour conducted on July 18, 2016 from approximately 11:00 AM to 12:30 PM, observation of the north facing wall of the east bedroom, revealed the sheet rock in the bedroom had been removed and the new wall finish installed was 5/8" OSB (oriented strand board), a Class C material. When asked about this installation, the Maintenance Manager stated the client that occupied the room had broken through the sheetrock wall and he had installed the OSB to prevent further damages and was not aware this type of installation was not allowed. Actual NFPA standard: 33.2.3.3 Interior Finish. Interior wall and ceiling finish shall be Class A or Class B in accordance with Section 10.2. There shall be no requirements for interior floor finish. Exception: Class C interior wall and ceiling finish shall be permitted in prompt evacuation capability facilities.	K0016	System Changes: No system changes are needed as corrective actions will bring the facility into compliance. Monitoring: The Maintenance Manager is aware of this expectation and the Administrator will work with him to make sure future projects which include changes such as using 5/8" 4' x 8' fire retardant treated lumber for wall areas are submitted to DHW Facility Fire Safety & Construction Program.	
K0046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that exposed wiring of electrical installations were covered and safe in accordance with NFPA 70. Failure to cover exposed wiring of electrical installations could result in electrocution and/or fires by arcing. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 9 ICF/ID beds and had a census of 9 on the day of the survey.	K0046	<u>K0046</u> Corrective Actions: It should be noted that several of the following addressed issues are recurring issues which are taken care of regularly. This facility is a home to individuals with fairly significant maladaptive behaviors. Shortly after replacement damage is often done again. The following issues will be repaired: 1) The north wall of the east bedroom electrical outlet cover will be replaced.	09/30/16

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K0046	<p>Continued From page 2</p> <p>Findings include:</p> <p>1) During the facility tour conducted on July 18, 2016 from approximately 11:00 AM to 12:30 PM, observation of the north wall of the east bedroom revealed the electrical outlet did not have an outlet cover. When asked, the Maintenance Manager stated the client who occupied the room had damaged the outlet from a behavioral episode.</p> <p>2) During the facility tour conducted on July 18, 2016 from approximately 11:00 AM to 12:30 PM, observation of the office located in the garage area of the east side of the duplex revealed the light fixture above the desk was using a non-grounded fixture/plug converter for the switch.</p> <p>3) During the facility tour conducted on July 18, 2016 from approximately 11:00 AM to 12:30 PM, observation of the living room revealed the television/entertainment center section was using a relocatable power tap that was then plugged into a 6-2 multiple plug adapter.</p> <p>Actual NFPA standards and IDAPA rules:</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>Finding 1</p> <p>NFPA 70 110.27 Guarding of Live Parts. (A) Live Parts Guarded Against Accidental</p>	K0046	<p>2) The garage area of the east side of the duplex light fixture above the desk will be replaced with appropriate fixture.</p> <p>3) The television/entertainment center section power tap will be replaced with appropriate equipment.</p> <p>Identifying Others Potentially Affected: All clients could potentially have been affected.</p> <p>System Changes: Please refer to Corrective Actions.</p> <p>Monitoring: House supervisor will be monitoring the facility for these types of issues that are not in compliance as part of the preventative maintenance checklist already in place at this location. Additional training on issues to identify has been completed with the house supervisor in place at this location.</p>	

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K0046	<p>Continued From page 3</p> <p>Contact. Except as elsewhere required or permitted by this Code, live parts of electrical equipment operating at 50 volts or more shall be guarded against accidental contact by approved enclosures or by any of the following means:</p> <p>(1) By location in a room, vault, or similar enclosure that is accessible only to qualified persons.</p> <p>(2) By suitable permanent, substantial partitions or screens arranged so that only qualified persons have access to the space within reach of the live parts. Any openings in such partitions or screens shall be sized and located so that persons are not likely to come into accidental contact with the live parts or to bring conducting objects into contact with them.</p> <p>(3) By location on a suitable balcony, gallery, or platform elevated and arranged so as to exclude unqualified persons.</p> <p>(4) By elevation of 2.5 m (8 ft) or more above the floor or other working surface.</p> <p>Finding 2 IDAPA 16.03.11.712.07</p> <p>07. Lighting. Each ICF/ID must meet the following lighting requirements: b. With the exception of emergency egress lighting, all artificial lighting must be controllable by switches.</p> <p>Finding 3</p> <p>NFPA 70 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure</p>	K0046		

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K0046	Continued From page 4 (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.8. (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings (6) Where installed in raceways, except as otherwise permitted in this Code	K0046		
K0056	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 2: Not applicable Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard	K0056	<u>K0056</u> Corrective Actions: The facility uses a Preventative Maintenance Checklist (PMC) (See Attachment A) to inspect various issues on a routine basis. This form has been modified to include a visual inspection of fire system sprinklers to make sure they are not compromised. This will be completed monthly by the home supervisor. The annual inspection will continue to be completed as part of the regular contracted services for this facility. Currently Viking Sprinklers is providing this service. Viking is scheduled for 8/5/2016 to come out and replace the following sprinkler pendants: 1) Pendant in ceiling of East bathroom 2) Pendant in ceiling of hall outside of East bathroom 3) Pendant in ceiling above kitchen sink	09/30/16

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K0056	<p>Continued From page 5</p> <p>for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material</p>	K0056	<p>Identifying Others Potentially Affected: All clients could potentially have been affected.</p> <p>System Changes: Please refer to Corrective Actions.</p> <p>Monitoring: House supervisor will be monitoring the facility for these types of issues that are not in compliance as part of the preventative maintenance checklist already in place at this location with the addition included in bold in Attachment A.</p>	

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K0056	<p>Continued From page 6 providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p>	K0056		

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K0056	Continued From page 7 Exception No. 4: Not Applicable. Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that automatic fire suppression system sprinkler pendants were maintained free of corrosion in accordance with NFPA 25. Failure to keep sprinkler pendants free of corrosion could result in a lack of system performance during a fire event. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 9 ICF/ID beds and had a census of 9 on the day of the survey. Findings include: During the facility tour conducted on July 18, 2016 from approximately 11:00 AM to 12:30 PM, observation of the fire suppression system pendants revealed the following sprinkler pendants were corroded: Pendant in ceiling of East bathroom Pendant in ceiling of hall outside of East	K0056		

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K0056	Continued From page 8 bathroom Pendant in ceiling above kitchen sink When asked, staff indicated they were not aware of the corroded condition of the sprinkler pendants. Actual NFPA standard: 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2 Inspection. 2-2.1 Sprinklers. 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.	K0056		
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -	K0152	<u>K0152</u> Corrective Actions: Monthly evacuation drills are scheduled on CCI's Annual Calendar related to shift	09/30/16

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K0152	<p>Continued From page 9</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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. This Standard is not met as evidenced by: Based on record review and interview, the facility failed to conduct evacuation drills for each shift each quarter in accordance with CFR-42-483.470(i). Failure to conduct emergency evacuation drills quarterly for each shift could limit staff response during an emergency. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 9 ICF/ID beds and had a census of 9 on the day of the survey.</p> <p>Findings include:</p> <p>During review of the facility evacuation drill records conducted on July 18, 2016 from approximately 12:00 PM to 12:30 PM, records</p>	K0152	<p>and time. The secretary checks monthly to insure that scheduled evacuation drills in all CCI locations are completed. The failure to complete this one evacuation drill appears to be an implementation error. If further scheduling errors occur related to evacuation drills occur, disciplinary action will be implemented.</p> <p>Identifying Others Potentially Affected: All individuals living at this location are potentially affected.</p> <p>System Changes: We feel this was an implementation not a systems error. See "Corrective Actions"</p> <p>Monitoring: The secretary will continue to monitor that evacuation drills have occurred and will inform the Administrator of any drills that do not occur by the third week of the month so that corrective actions can be taken.</p>	

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

Printed: 07/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2016
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #9 MAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 876 EAST MAIN JEROME, ID 83338		
(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
K0152	Continued From page 10 provided did not indicate a drill was conducted for the day shift of the second quarter of 2016. When informed of the missing drill, staff present stated she was aware of the missing drill. Actual CFR standard: CFR-42-483.470(i) i) Standard: Evacuation drills. (1) The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to- (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility ' s fire protection features; and (iii) Evaluate the effectiveness of emergency and disaster plans and procedures.	K0152		

PRINTED: 10/06/2016
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2016
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NAME OF PROVIDER OR SUPPLIER
COMMUNICARE, INC #8 MAIN

STREET ADDRESS, CITY, STATE, ZIP CODE
**876 EAST MAIN
JEROME, ID 83338**

(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) duplex, sprinklered throughout by a modified 13 D extinguishment system. It is protected by a complete fire alarm/smoke detection system. It was built in 1986 and completed in January of 1988. It is currently licensed for 9 ICF/ID beds. The following deficiencies were found during the annual Fire/Life Safety survey conducted on July 18, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j) and IDAPA 16.03.11, Intermediate Care Facilities for People with Intellectual Disabilities. The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction	M 000		
MM322	16.03.11740 Fire, Life Safety - 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. This Rule is not met as evidenced by: Please refer to "K" tags on CMS 2567: K-016 Interior finishes K-046 Safe electrical installations	MM322		

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FACILITY STANDARDS

Please refer to the Federal CMS 2567.

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE
08/05/16

stz for Bridger Fly 10.6.16

2016/10/06 13:00:29 5 /5

PRINTED: 10/06/2016
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - ENTIRE STRUCTURE B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2016	
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #9 MAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 876 EAST MAIN JEROME, ID 83338		
(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
MM322	Continued From page 1 K-056 Sprinkler maintenance K-152 Evacuation Drills	MM322		