



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS  
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January 14, 2014

Bridger Fly, Administrator  
Communicare, Inc. #4 Leland  
40 West Franklin Road, Suite F  
Meridian, ID 83642

RE: Communicare, Inc #4 Leland, Provider #13G012

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. #4 Leland, on January 7, 2014.

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>13G012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE STRUCTURE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>COMMUNICARE, INC #4 LELAND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4150 LELAND WAY BOISE, ID 83709</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 Type V (000) residential building built in 1980. It is fully sprinklered throughout with a complete fire alarm/smoke detection system. Currently the building is licensed for 7 beds. The survey was conducted under the Life Safety Code 2000 Edition, Existing Board and Care Occupancy, Impractical Evacuation Capability and IDAPA 16.03.11 Intermediate Care Facilities for People with Intellectual Disabilities.</p> <p>The facility was found to be in substantial compliance during the fire/life safety survey conducted between January 6-7, 2014.</p> <p>The annual life safety code survey was conducted by:</p> <p>Tom Mroz, CFI-II Health Facility Surveyor Facility Fire Safety and Construction Program</p>	M 000		

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

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

TITLE

(X6) DATE

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

Printed: 01/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE STRUCTURE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2014</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is a single story Type V (000) residential building built in 1980. It is fully sprinklered throughout with a complete fire alarm/smoke detection system. Currently the building is licensed for 7 beds. The survey was conducted under the Life Safety Code 2000 Edition, Existing Board and Care Occupancy, Impractical Evacuation Capability and 42 CFR 483.470.</p> <p>The facility was found to be in substantial compliance during the fire/life safety survey conducted between January 6-7, 2014.</p> <p>The annual life safety code survey was conducted by:</p> <p>Tom Mroz, CFI-II Health Facility Surveyor Facility Fire Safety and Construction Program</p>	K 000		

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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.