



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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January 14, 2014

Bridger Fly, Administrator  
Communicare, Inc. #6 Weiser  
40 West Franklin Road, Suite F  
Meridian, ID 83642

RE: Communicare, Inc. #6 Weiser, Provider #13G027

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 #6 Weiser, on January 7, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar 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,
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

Bridger Fly, Administrator  
January 14, 2014  
Page 2 of 2

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 27, 2014**, 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](http://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 27, 2014. If a request for informal dispute resolution is received after January 27, 2014, 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: 01/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - BOTH BUILDINGS (BLDGS 1&amp;2)</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>COMMUNICARE, INC #6 WEISER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>180 EAST PARK ST WEISER, ID 83672</b>
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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	INITIAL COMMENTS  The facility consists of two single story residential buildings, Type V (000) construction and both are fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. It has a complete fire alarm/smoke detection system. The buildings were built/completed in 1984 and currently licensed for 15 ICF/MR beds. The survey was conducted in accordance with 42 CFR 483.470.  The following deficiencies were cited during the fire/life safety survey on January 7, 2014.  The annual life safety code survey was conducted by:  Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety and Construction Program	K 000		
K0120	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD  In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:  (a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.  (b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.  (c) It is an outside window or door operable from the inside without the use of tools, keys, or	K0120	CCI #6  K0120 Corrective Actions: The facility does provide a system for monitoring sidewalks and walkways. The system includes a "Preventative Maintenance Checklist" with a visual inspection of sidewalks and walkways. The "Preventative Maintenance Checklist" will be updated to include the language emergency pathway clear. The AQIDP who is responsible for monitoring this check list was trained on completing this inspection and making sure that all pathways are clear including those only used for emergency purposes.	1/27/2014

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JAN 27 2014  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>1/23/2014</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 <b>COMMUNICARE, INC #6 WEISER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>180 EAST PARK ST WEISER, ID 83672</b>		
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K0120	<p>Continued From page 1</p> <p>special effort that provides a clear opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>This Standard is not met as evidenced by: Based on observation, the facility failed to maintain exits free of obstructions. In the event of an emergency requiring evacuation, obstructions or impediments in the means of egress can</p>	K0120	<p>Identifying others potentially affected: All individuals at this location could be potentially affected by not having snow removed from the path of a emergency exit. This location has been retrained to make sure the issue of snow removal is addressed as necessary and reviewed monthly by the AQIDP and Administrator.</p> <p>System Changes: The system in place will efficiently monitor the emergency pathways being clear.</p> <p>Monitoring: The facility will be monitoring sidewalks being clear of snow and other possible obstructions by using the "Preventative Maintenance Checklist" as outlined above in the corrective actions section of this plan of correction (see Attachment A).</p>	

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K0120	<p>Continued From page 2</p> <p>create a time delay, create an unsafe egress path, or completely make the required exit unusable. This deficiency affected all staff and clients present on the day of the survey.</p> <p>Findings include:</p> <p>Observation on 01/07/14 between 10:00 a.m. and 12:00 p.m. revealed the west exit of building 160 discharged onto a walkway that was covered in approximately 1 - 2 inches of snow with no clear path leading to the public way. The exit was identified as a required emergency exit on the facility evacuation plan and was identified by an emergency exit sign. When questioned about the snow covered pathway, the Staff stated the facility never uses the west exit. The facility removed the snow from the pathway prior to the conclusion of the survey.</p> <p>The findings were acknowledged by the Administrator at the exit interview on 01/07/14.</p>	K0120		

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M 000	16.03.11 Initial Comments  The facility consists of two single story residential buildings, Type V (000) construction and both are fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. It has a complete fire alarm/smoke detection system. The buildings were built/completed in 1984 and currently licensed for 15 ICF/MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR).  The following deficiencies were cited during the fire/life safety survey on January 7, 2014.  The annual life safety code survey was conducted by:  Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety and Construction Program	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards  Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities.  This RULE: is not met as evidenced by: Refer to the following Federal "K" tag on the CMS - 2567:  K120 Obstructed exit discharge.	MM309	MM309 Please refer to K0120	1/27/2014

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

TITLE

(X6) DATE

*Administrator*

*1/23/2014*