



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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April 24, 2014

Steve Silberberger, Administrator  
Seven Oaks Community Homes - Elm  
3940 West 5th Avenue #C  
Post Falls, ID 83854

RE: Seven Oaks Community Homes-- Elm, Provider #13G025

Dear Mr. Silberberger:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Seven Oaks Community Homes-- Elm, on April 14, 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

Steve Silberberger, Administrator  
April 24, 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 **May 7, 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 May 7, 2014. If a request for informal dispute resolution is received after May 7, 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: 04/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

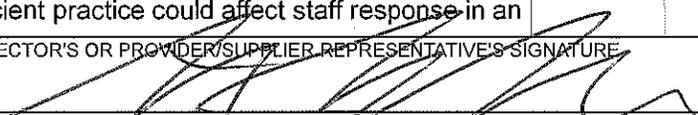
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>SEVEN OAKS COMMUNITY HOMES - ELM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>630 NORTH ELM STREET POST FALLS, ID 83854</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 is a single story residential building with Type V (000) construction. It was built in June of 2007. It is fully sprinklered with quick response heads. It has complete fire alarm/smoke detection system. Currently it is licensed for six ICF/ID beds.  The facility was found to be in substantial compliance with applicable life safety requirements during the annual Life Safety survey conducted on April 14, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).  The Survey was conducted by:  Dan Holbrook Health Facility Surveyor Sam Burbank Health Facility Surveyor Mark Grimes Supervisor Facility Fire Safety and Construction	K 000		
K0050	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD  All residents capable of assisting in their evacuation are trained in the proper actions to take in the event of a fire. 33.7.2  Fire exit drills are conducted twelve times per year, quarterly on each shift. Drills involve actual evacuation to a selected assembly point and provide experience in exiting through all exits. Exits not used in any fire drill are not credited in meeting the requirements of the code. 42 CFR 483.470 Subpart L This Standard is not met as evidenced by: Based on record review, the facility failed to conduct one drill per shift per quarter. This deficient practice could affect staff response in an	K0050		

**RECEIVED**  
**MAY - 5 2014**  
**FACILITY STANDARDS**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>4/29/14 ADMIN</b>	(X6) DATE
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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

Printed: 04/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G025	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED  04/14/2014
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NAME OF PROVIDER OR SUPPLIER  SEVEN OAKS COMMUNITY HOMES - ELM	STREET ADDRESS, CITY, STATE, ZIP CODE 630 NORTH ELM STREET POST FALLS, ID 83854
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K0050	<p>Continued From page 1 emergency. The facility had a census of five the day of the survey.</p> <p>Findings include</p> <p>During record review on April 14, 2014 between the hours of 0830 AM and 11:30 AM the facility failed to provide complete records. No records of fire drills were recorded in the 2nd quarter of 2013. Building Administrator acknowledged the finding.</p> <p>Actual Reference</p> <p>NFPA 101 Life Safety Code, 2000 edition</p> <p>32.7.3 Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted not less than six times per year on a bimonthly basis, with not less than two drills conducted during the night when residents are sleeping. The drills shall be permitted to be announced in advance to the residents. The drills shall involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits and means of escape required by the Code. Exits and means of escape not used in any drill shall not be credited in meeting the requirements of this Code for board and care facilities.</p> <p>Exception No. 1: Actual exiting from windows shall not be required to comply with 32.7.3; opening the window and signaling for help shall be an acceptable alternative.</p> <p>Exception No. 2: If the board and care facility has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be</p>	K0050	<p>K0050</p> <p>On April 14, 2014 the facility failed to provide complete records of fire drills for the Elm Street facility for the 2<sup>nd</sup> quarter of 2013.</p> <p>The fire drills in question were located and were noted as follows: completed 4/21/13 weekend, 5/22/13 and 6/18/13 on file at the main office. Faxed to your office. In the future the facility will assure the fire drills are available for review at the main office.</p> <p style="text-align: right;"><b>RECEIVED</b> MAY 14 2014 FACILITY STANDARDS</p> <p style="text-align: right;"><i>[Signature]</i> 4/23/14</p>	5/14/2014 <i>[Signature]</i>

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G025	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED  04/14/2014
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NAME OF PROVIDER OR SUPPLIER <b>SEVEN OAKS COMMUNITY HOMES - ELM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>630 NORTH ELM STREET POST FALLS, ID 83854</b>
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K0050	Continued From page 2 required to actively participate in the drill. Section 18.7 shall apply in such instances.	K0050		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - ENTIRE BUILDING  B. WING: _____	(X3) DATE SURVEY COMPLETED  04/14/2014
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NAME OF PROVIDER OR SUPPLIER  SEVEN OAKS COMMUNITY HOMES - ELM	STREET ADDRESS, CITY, STATE, ZIP CODE 630 NORTH ELM STREET POST FALLS, ID 83854
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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) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story residential building with Type V (000) construction. It was built in May of 2004. It is fully sprinklered with quick response heads. It has complete fire alarm/smoke detection system. Currently it is licensed for six ICF/ID beds.</p> <p>The following deficiencies were cited during the annual Life Safety survey conducted on April 14, 2014. The facility was surveyed under the IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities.</p> <p>The Survey was conducted by:</p> <p>Dan Holbrook, Health Facility Surveyor Sam Burbank, Health Facility Surveyor Mark Grimes, supervisor Facility Fire Safety and Construction</p> <p>Facility Fire Safety and Construction</p>	M 000	<p>Please refer to the Plan of Correction for tag K050</p>	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>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.</p> <p>This Rule is not met as evidenced by: Refer to deficiencies on CMS 2567.</p> <p>K050 Fire Drills</p>	MM309		5/14/14

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 4/24/14