



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-- Knapp West
3940 West 5th Avenue #C
Post Falls, ID 83854

RE: Seven Oaks Community Homes - Knapp West, Provider #13G068

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 - Knapp West, 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

FILE COPY

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

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. 0938-039

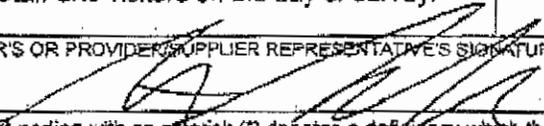
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2014
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NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE 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) COMPLETION DATE
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K 000	INITIAL COMMENTS The facility is a single story residential type building with Type V (000) construction. It was built in December of 2005. It is fully sprinklered with quick response heads. It has a complete fire alarm/smoke detection system. Currently it is licensed for five ICF/ID beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on April 14, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 32, New Residential Board and Care Occupancies, and in accordance with 42 CFR, 483.470 (j). The Survey was conducted by: Sam Burbank Health Facility Surveyor Dan Holbrook Health Facility Surveyor Mark P Grimes Health Facility Supervisor.	K 000		
K 130	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview it was found that the facility failed to ensure that relocatable power taps were not used as the substitution for the fixed wiring of the structure in accordance with NFPA 70; the National Electrical Code, 1999 edition. Utilizing a relocatable power tap as a substitution for the fixed wiring of a structure increases the potential of an electrical fire in the facility. The facility had a census of 4 clients on the date of the survey. This deficiency affected all clients, staff and visitors on the day of survey.	K 130		

RECEIVED
MAY 14 2014
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/23/14
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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 her 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: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2014
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854	
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K 130	Continued From page 1 Findings include: During a tour of the facility on April 14, 2014 at approximately 12:50 PM, it was observed that the washing machine was plugged into a relocatable power tap and not directly into the fixed wiring of the structure. It was further observed that the facilities time clock and DVR equipment were also plugged into this relocatable power tap. During the exit conference, the administrator acknowledged this finding. Actual NFPA standard: Extension cords; 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 (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 Relocatable Power Taps: NFPA 70, 110.3 Examination, Identification, Installation, and Use of Equipment	K 130	K130 The facility will assure that extension cords and relocatable power taps be used following the NFPA standards. Examination, identification, installation, and use of equipment shall be installed and used in accordance with any instructions included in the listing or labeling. Monthly inspections will be completed by the Administrator or designated maintenance person and the inspections will be documented and kept on record at the facilities main office for review. The washing-machines power cord was relocated from the power tap to a fixed outlet in the structure on 4/15/14. Completion: 4/15/14 By Whom: Administrator	

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2014
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854	
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K 130	<p>Continued From page 2</p> <p>(A) Examination. In judging equipment, considerations such as the following shall be evaluated:</p> <p>(1) Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling.</p> <p>(2) Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided</p> <p>(3) Wire-bending and connection space</p> <p>(4) Electrical insulation</p> <p>(5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service</p> <p>(6) Arcing effects</p> <p>(7) Classification by type, size, voltage, current capacity, and specific use</p> <p>(8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment</p> <p>(B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.</p> <p>Also refer to UL 1363</p>	K 130		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(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 - KNAPP V	STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story residential type building with Type V (000) construction. It was built in December of 2005. It is fully sprinklered with quick response heads. It has a complete fire alarm/smoke detection system. Currently it is licensed for five ICF/ID beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on April 14, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 32, New Residential Board and Care Occupancies, and in accordance with 42 CFR, 483.470 (j) and IDAPA 16.03.11, rules governing Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p> <p>The Survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Dan Holbrook Health Facility Surveyor Mark P Grimes Health Facility Surveyor Supervisor.</p>	M 000		
MM346	<p>16.03.11.110.06(g) In-House Check</p> <p>The facility must establish routine in-house test and check procedures covering alarm systems, extinguishment systems, and essential electrical systems.</p> <p>This Rule is not met as evidenced by: Based on operational testing and interview the facility failed to maintain the emergency lighting. Failure to maintain the emergency lighting could prevent a safe exit for all clients, staff and visitor in the event of a fire. The facility had a census of 4 on the date of the survey. This deficient practice affected all clients, staff and visitors on the day of the survey.</p>	MM346		

RECEIVED
MAY 14 2014
FACILITY STANDARDS

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

TITLE

(X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(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 - KNAPP V

STREET ADDRESS, CITY, STATE, ZIP CODE
2898 KNAPP CIRCLE
POST FALLS, ID 83854

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MM346	<p>Continued From page 1</p> <p>Findings include:</p> <p>During the facility tour conducted on April 14, 2014 at approximately 12:50 PM, the emergency lighting of the facility failed to illuminate when tested. This condition was demonstrated to the administrator during the course of the survey. This condition was acknowledged by the administrator at approximately 4:40 PM during the exit conference.</p> <p>Actual NFPA standard: NFPA 101.7.9.3</p> <p>7.9.3 Periodic Testing of Emergency Lighting Equipment A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.</p>	MM346	<p>MM346 - Knapp</p> <p>The facility will assure the emergency lighting in the facility is well maintained and operational. The battery powered lighting system will be fully operational for a minimum of 1 1/2 hours. The facility has established a routine in-house test and check procedure covering the alarm systems, extinguishment systems, and essential electrical systems. A functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds and annually for 1 1/2 hours. Equipment shall be fully operational for the duration of the test. The thirty day interval testing will be completed by the Administrator or designated maintenance person for the facility. Also, annual testing will be completed by an alarm service professional. Written inspections will be kept on record by the administrator of the facility at the Seven Oaks main office for review. Completion 4/29/14 By Whom: Administrator</p>	