



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

April 24, 2014

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

RE: Seven Oaks Community Homes - Pinnacle, Provider #13G075

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 - Pinnacle, 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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2014
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NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - PINNACLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3908 NORTH PINNACLE 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	<p>INITIAL COMMENTS</p> <p>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.</p> <p>The following deficiencies were cited during the annual Life Safety survey conducted on April 14, 2014. The facility was surveyed under the LIFE SAFETY CODE, 200 edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Dan Holbrook Fire Health Facility Surveyor Sam Burbank Fire Health Facility Surveyor Mark Grimes Supervisor Facility Fire Safety and Construction</p>	K 000		
K0018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p>	K0018	<p>The facility will assure that all doors in the facility will be provided with latches or other mechanisms suitable for keeping the doors closed. Monthly inspections will be completed by the Administrator or designated maintenance person for the facility to check all doors to see if they will close easily and latch. Any problems will be repaired immediately and noted on the monthly house inspection form for the facility and kept at the main office for review.</p> <p>Completion 4/15/14 By Whom: Administrator</p>	

RECEIVED
 MAY 14 2014
 FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>ADMIN</i>	(X6) DATE 4/25/14
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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 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 participation.

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2014
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K0018	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by. Based upon observation and operational testing, the facility failed to ensure client doors latched. This deficient practice potentially affected all residents, failure to provide a positive latching door would potentially allow smoke and fire products to enter the bedroom. The facility had a census of five the day of the survey.</p> <p>Finding include</p> <p>Observation and testing on April 14, 2014 revealed the bedroom door first on the right from the front door did not positively latch. Building Administrator acknowledged the finding during the exit conference.</p> <p>Actual Code Reference</p> <p>NFPA 101, Life Safety Code 2000 edition</p> <p>32.2.3.6.3 Doors shall be provided with latches or other mechanisms suitable for keeping the doors closed. No doors shall be arranged to prevent the occupant from closing the door.</p>	K0018		
K0050	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>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</p>	K0050		

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K0050	<p>Continued From page 2</p> <p>483.470 Subpart L</p> <p>This Standard is not met as evidenced by: Based on observation, the facility failed to provide emergency plan training. This deficient practice affects all clients, staff, and visitors. 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 2:30 PM the facility was deficient in its record of fire drills. No records of fire drills were recorded in the April - June quarter of 2013. Building Administrator acknowledged the finding and stated he would fax the records to our office when found.</p> <p>Actual Reference</p> <p>NFPA 101 Life Safety Code, 2000 edition</p> <p>33.7.2 Resident Training.</p> <p>All residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire. This training shall include actions to be taken if the primary escape route is blocked. If the resident is given rehabilitation or habilitation training, training in fire prevention and the actions to be taken in the event of a fire shall be a part of the training program. Residents shall be trained to assist each other in case of fire to the extent that their physical and mental abilities permit them to do so without additional personal risk.</p>	K0050	<p>The facility will assure that the proper number of Fire drills will be ran each Quarter for each shift and documented properly. Emergency Egress and Relocation Drills shall be conducted not less than six times per year on a bi-monthly basis, with not less than two drills conducted during the night when residents are sleeping. The Administrator / Office Manager will keep the fire drills on file at the main office for review. The main office had a 4/13/13, 5/5/13, and a 6/11/13 fire drill for the Pinnacle facility on file. The administrator and/or Office Manager will check on a monthly basis to see that the fire drills are kept up to date and documented properly for review at the main office. Completion 4/15/14 By Whom: Administrator Steve</p>	
K0144	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>All facilities are protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.2, 32.2.3.5.1. Quick response or residential sprinklers are provided.</p>	K0144		

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K0144	<p>Continued From page 3</p> <p>Exception No. 1: In conversions, sprinklers are not required in small board and care homes with a rating of prompt evacuation capability and serving eight or fewer residents.</p> <p>Exception No. 2: Standard response sprinklers are permitted for use in hazardous areas in accordance with 32.2.3.2.</p> <p>This Standard is not met as evidenced by: Based on observation and interview, the facility failed provide ready access to components of water-based fire protection systems that require inspection, testing, or maintenance. This deficient practice affects all residents, visitors, and staff. The facility had a census of five on the day of survey.</p> <p>Findings include</p> <p>1. During the Fire & Life Safety survey on April 14, 2014 the riser room was found to be used as a storage room for materials related to building construction or maintenance. Boxes and paint 5 buckets were arranged so one could not access controls. The Building Administrator acknowledged the finding.</p> <p>2. During the Fire & Life Safety survey on April 14, 2014 the riser room sprinkler head was found to be receding into the attic space. This finding was discussed during the survey and the Building Administrator acknowledged the finding.</p>	K0144	<p>K0144</p> <p>1. The facility will assure to provide ready access to components of water-based fire protection systems that require testing, inspection, or maintenance. The Administrator or designated maintenance person will inspect the fire protection components (riser rooms) each month. He or she will make sure that the components have easy access and will correct any problems seen immediately and document any problems seen on the monthly maintenance checklist for review. The home Manager will be informed by the Administrator for Staff training purposes if problems are identified.</p> <p>2. The facility: refer to the reply to corrective action plan MM344</p> <p>Completion 4/15/14 By Whom: Administrator</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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OMB NO. 0938-039

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K0144	<p>Continued From page 4 Actual code reference is as follows:</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 Edition,</p> <p>1. Chapter 1-4.1* The owner or occupant shall provide ready accessibility to components of water-based fire protection systems that require inspection, testing, or maintenance.</p> <p>2. 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.</p>	K0144		

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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 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.</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>	M 000		
MM344	<p>16.03.11.110.06(e) Automatic Sprinkler Systems</p> <p>Automatic sprinkler systems, if installed, must be serviced at least annually by an authorized servicing agency. Servicing must be in accordance with the applicable NFPA Standard 13a (1978 edition), "Care and Maintenance of Sprinkler Systems."</p> <p>This RULE is not met as evidenced by: Based on observation it was determined the facility was not maintaining the fire sprinkler system. This deficient practice puts all of the clients, visitors, and staff at risk of exposure to the products of smoke and fire. The facility had a census of five on the date of survey.</p> <p>Findings include</p> <p>Observation on April 14, 2014 revealed the riser</p>	MM344	<p>MM344 Refer to above MM344 To be completed by 5/15/14 By Whom: Inland Empire Plumbing</p>	

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MAY 14 2014
FACILITY STANDARDS

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

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

TITLE

(X8) DATE

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MM344	<p>Continued From Page 1</p> <p>room sprinkler head was found to be receding into the attic space. Building Administrator acknowledged the finding during the tour.</p> <p>Actual code reference:</p> <p>IDAPA 16.03.11</p> <p>06. Maintenance of Equipment. The facility must establish routine test, check, and maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems. The following rules apply to all ICF/ID facilities:</p>	MM344		

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