



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 10, 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 survey of Seven Oaks Community Homes - Elm, which was conducted on June 5, 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;
5. The plan must include the title of the person responsible for implementing the acceptable plan of correction; and

Steve Silberberger, Administrator
June 10, 2014
Page 2 of 2

6. Include dates when corrective action(s) will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance 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 **June 22, 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 June 22, 2014. If a request for informal dispute resolution is received after June 22, 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 us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MICHAEL CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/pmt
Enclosures

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

PRINTED: 06/09/2014
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2014
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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) COMPLETION DATE
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W 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey conducted from 6/2/14 - 6/5/14. The survey was conducted by: Michael Case, LSW, QIDP, Team Leader Karen Marshall, MS, RD, LD Common abbreviations used in this report are: IPP - Individualized Program Plan QIDP - Qualified Intellectual Disabilities Professional	W 000		
W 220	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure the comprehensive functional assessment included speech and language development for 1 of 3 individuals (Individual #2) whose speech and language needs were reviewed. This resulted in a lack of accurate assessment information being available upon which to base treatment need decisions. The findings include: 1. Individual #2's 3/27/14 IPP stated he was a 34 year old male whose diagnoses included moderate mental retardation, cerebral palsy, hemiplegia (paralysis) affecting the right side, seizure disorder, and intermittent explosive disorder.	W 220	W 220 It is the facilities intent to insure that accurate assessment information in all areas including speech and language development is available and included in each person's record. Each person's record has been reviewed to insure that all assessment information is current and accurate and a new speech assessment has been completed for the individual identified. All evaluations will be reviewed on at least an annual basis and updated as appropriate as part of each person's annual staffing. By Whom: QIDP, Home Supervisor Completion Date: June 30, 2014	

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Chude Pickett</i>	TITLE Program Director	(X6) DATE 7-9-14
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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 program participation.

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W 220	<p>Continued From page 1</p> <p>Observations were conducted at the facility on 6/2/14 from 3:30 - 4:20 p.m., and on 6/3/14 from 5:50 - 6:50 a.m. and 5:15 - 6:05 p.m. During those times, Individual #2 was noted to use verbal communication to express his wants and needs and to interact with other individuals and staff within the facility.</p> <p>Individual #2's IPP included objectives to increase conversation skills by engaging in a conversation, taking a minimum of five conversational turns and complete sentences, engaging in word games to use adjectives to describe objects, initiating conversations verbally, and holding his head up when speaking.</p> <p>However, Individual #2's Communication Evaluation Report, dated 4/24/12, stated Individual #2 "is essentially nonverbal. He has some consistent utterances. He does have a limited sign vocabulary but only consistently signs 'eat.'" [sic] The Report stated Individual #2 needed to use a communication book to express his wants and needs.</p> <p>During an interview on 6/5/14 from 9:35 a.m. - 12:00 p.m., the QIDP stated the Communication Evaluation Report was not accurate. The QIDP stated the information contained in the Report was reflective of another individual, not Individual #2.</p> <p>The facility failed to ensure Individual #2's record included information regarding his communication abilities and needs.</p>	W 220			
W 382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING	W 382			

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W 382	<p>Continued From page 2</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure all drugs and biologicals were maintained under locked conditions for 5 of 5 individuals (Individuals #1 - #5) residing at the facility. This resulted in the potential for harm in the event individuals accessed and ingested a drug. The findings include:</p> <p>1. An observation was conducted at the facility on 6/3/14 from 5:10 - 6:05 p.m. During that time, a medication cabinet was observed to be unlocked.</p> <p>Medications located in the cabinet included the following:</p> <ul style="list-style-type: none"> - 2 bottles of ibuprofen - 1 bottle of acetaminophen - 2 bottles of antacid - 2 bottles of Mucinex DM - 1 bottle of Equate tussin - 1 bottle of generic allergy pills - 2 bottles of Milk of Magnesia - 1 tube of triple antibiotic first aid ointment - 1 tube of Benadryl cream - 1 tube of hydrocortisone cream - 2 bottles of hydrogen peroxide - 2 bottles of rubbing alcohol <p>The Home Supervisor, who was present during the observation, stated the cabinet should have been locked. The Home Supervisor locked the cabinet when informed it was unlocked.</p>	W 382		

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Bureau of Facility Standards

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M 000	16.03.11 Initial Comments The following deficiencies were cited during the licensure survey conducted from 6/2/14 - 6/5/14. The survey was conducted by: Michael Case, LSW, QIDP, Team Leader Karen Marshall, MS, RD, LD Common abbreviations used in this report are: MSDS - Material Safety Data Sheet	M 000		
MM271	16.03.11.100.04(b) Storage of Toxic Chemicals All toxic chemicals must be properly labeled and stored under lock and key. This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure all toxic chemicals were kept locked for 5 of 5 individuals (Individuals #1 - #5) residing at the facility. This resulted in toxic chemicals being unlocked and accessible. The findings include: 1. An observation was conducted at the facility on 6/2/14 from 3:30 - 4:20 p.m. During that time, the cabinet in the laundry room used to store cleaning chemicals was found to be unlocked. The contents included the following: - One can of Easy-Off heavy duty oven cleaner - One spray bottle of Zep disinfectant - A gallon jug of Zep concentrated disinfectant - 2 cans of Comet cleanser with bleach The MSDS for Easy-Off oven cleaner stated it was harmful if swallowed and could cause burns to skin and eyes. The MSDS for Zep stated it was harmful or fatal if	MM271	MM271 Please refer to W382. The procedures described in that section to insure medication cabinets are locked will be implemented for cabinets with toxic chemicals. By Whom: QIDP, Home Supervisor Completion Date: June 30, 2014	

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FACILITY STANDARDS

Bureau of Facility Standards

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

TITLE

(X6) DATE

Claude Peter

Program Director

7-9-14

Bureau of Facility Standards

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MM271	Continued From page 1 swallowed, could cause burns to the skin and eyes, and could cause blindness. The MSDS for Comet cleanser stated to contact poison control if ingested. The Home Supervisor, who was present during the observation, stated the chemical cabinet should have been locked. Upon being notified of the unlocked chemicals, the Home Supervisor locked the cabinet. The facility failed to ensure all toxic chemicals were maintained under locked conditions.	MM271		
MM753	16.03.11.270.02(f)(i) Locked Area All medications in the facility must be kept in a locked area(s) except during those times when the resident is receiving the medication. This Rule is not met as evidenced by: Refer to W382.	MM753	MM753 Please refer to W382	
MM821	16.03.11.270.06(b)(1)(a) Evaluation and Screening Evaluation and screening of residents' speech and hearing functions This Rule is not met as evidenced by: Refer to W220.	MM821	MM821 Please refer to W220	