



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 - 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 complaint survey of Seven Oaks Community Homes - Knapp West, 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  
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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 23, 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 June 23, 2014. If a request for informal dispute resolution is received after June 23, 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:  13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/05/2014
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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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W 000	INITIAL COMMENTS  The following deficiencies were cited during the complaint 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:  QIDP - Qualified Intellectual Disabilities Professional	W 000	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">JUL - 9 2014</p> <p style="text-align: center;"><b>FACILITY STANDARDS</b></p>	
W 382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING  The facility must keep all drugs and biologicals locked except when being prepared for administration.  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 4 of 4 individuals (Individuals #1 - #4) residing at the facility. This resulted in the potential for harm in the event individuals accessed and ingested a drug. The findings include:  1. An observation was conducted at the facility on 6/3/14 from 2:30 - 3:50 p.m. During that time, a medication cabinet was observed to be unlocked.  The cabinet contained medications for Individuals #1, #2, and #4, which included, but were not limited to, the following:	W 382		W382  It is the facility's intent to insure that all medications are locked when not in use. All staff are trained to never leave medication unattended and to make sure medications cabinets are locked. This training will be reviewed with all staff. In addition in order to insure that this is occurring consistently staff will be trained to routinely check the medication cabinets when ever they are in the room even if they are not going to need to access the cabinets. This will insure that medication cabinets remain locked at all times except when in use.  By Whom: QIDP, Home Supervisor Completion Date: June 30, 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Claude P. Pote</i>	TITLE <i>Program Director</i>	(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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEVEN OAKS COMMUNITY HOMES - KNAPP WEST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2898 KNAPP CIRCLE</b> <b>POST FALLS, ID 83854</b>		
(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	
W 382	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- Individual #1's lamotrigine tablets</li> <li>- Individual #1's zosinamide tablets</li> <li>- Individual #1's Levothyroxine tablets</li> <li>- Individual #2's Levothyroxine tablets</li> <li>- Individual #4's Baclofen tablets</li> </ul> <p>Additionally, the medication cabinet contained 2 locked boxes, one marked with Individual #3's name, and one marked as Individual #1's diastat rectal gel.</p> <p>The QIDP, who was present during the observation, stated the cabinet should have been locked. The QIDP locked the cabinet when informed it was unlocked.</p> <p>The facility failed to ensure all medications were maintained under locked conditions.</p>	W 382			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/05/2014
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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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(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
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M 000	16.03.11 Initial Comments  The following deficiencies were cited during the complaint 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	M 000		
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	

RECEIVED  
JUL - 9 2014  
FACILITY STANDARDS

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nancy Fisher</i>	TITLE <i>Program Director</i>	(X6) DATE 7-9-14
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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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June 10, 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:

On **June 5, 2014**, a complaint survey was conducted at Seven Oaks Community Homes - Knapp West. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00006473**

**Allegation #1:** Individuals' health care needs are not monitored or addressed.

**Findings #1:** An unannounced on-site complaint investigation was conducted from 6/2/14 - 6/5/14. During that time observations, review of the facility's illness and accident reports, record review, and staff interviews were conducted with the following results:

During the entrance conference on 6/2/14 at 9:00 a.m., the facility's illness and accident reports, from 1/1/14 - 6/2/14, were reviewed. The facility used these forms to record any accidents resulting in injury and any illnesses observed for individuals residing at the facility. The documentation showed appropriate care and monitoring for all injuries and illnesses.

For example, one individual had tripped and fallen at his day program. The documentation showed he was appropriately evaluated and monitored for injury. A second individual experienced a runny nose on two separate occasions. The documentation showed she received medical treatment appropriate to her symptoms.

Steve Silberberger, Administrator  
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Observations were conducted at the facility's day program on 6/2/14 from 11:20 a.m. - 12:10 p.m., and at the day program and facility on 6/3/14 from 2:30 - 3:50 p.m. During those times, no health care issues were observed and individuals were noted to receive care and treatment appropriate to their needs.

Record reviews were conducted and showed individuals were receiving monitoring and care of their identified health care needs. For example, 3 of the 4 individuals residing at the facility had identified seizure disorders. All 3 individuals had seizure protocols in place specific to their individualized seizure needs. Additionally, all 3 individuals had rescue drugs in place to address seizures of varying length and severity. Information related to the use of the drugs were included in the protocols.

An environmental review was conducted at the facility on 6/3/14 at 3:40 p.m. At that time, all 3 individuals' rescue seizure drugs were observed to be present, as were carrying pouches and ice packs to transport the drugs during community outings. Two direct care staff present during the environmental review both stated individuals' rescue drugs for seizures were carried with them on community outings, but the drugs were not carried during transportation from the facility to the day program due to the short duration of the trip. Both direct care staff stated if an individual required the use of the drug during transport, they would return to the facility or continue to the day program where the drugs were available, whichever was closest.

An environmental review was conducted at the day program on 6/4/14 at 1:15 p.m. At that time, all 3 individuals' rescue drugs were observed to be present, as were carrying pouches and ice packs to transport the drugs during community outings. The Supervisor of the day program stated the drugs were not transported between the day program and the facility due to the short duration of the trip and the ability of staff to either return to the day program or continue to the facility, whichever was closest.

During an interview on 6/5/14 from 9:35 a.m. - 12:00 p.m., the Qualified Intellectual Disabilities Professional (QIDP) stated seizure rescue drugs were carried on community outings but not during transport to and from the day program. The QIDP stated transportation between the facility and the day program lasted approximately 15 minutes. If an individual exhibited seizure activity during that time, staff went to the closest location (day program or facility) to obtain the appropriate rescue drug. The QIDP stated drugs used to be transported between the facility and day program, but due to the need for the drug to be refrigerated and the short duration of the trip, it was believed it was safer to maintain the drugs in a more controlled environment.

The records of the 3 individuals with seizure disorders were reviewed. All 3 records documented monitoring of seizure activity by appropriate medical personnel. Additionally, the records documented limited use of rescue drugs for seizure activity.

For example, 2 of the individuals had required the use of rescue drugs 1 time each over a 1 year period, and 1 individual had never required the use of the rescue drug. Further, neither of the 2 occasions where the rescue drug had been required were during transportation between the facility and the day program.

Also, all 3 individuals records documented visual physical examinations by nursing staff, as well as regular appointments with medical personnel. The documentation showed all medical concerns were being monitored. For example, all 3 individuals had fungal toenails. Documentation showed their feet were being routinely monitored and treated as needed.

It could not be determined that individuals' known health issues were not being treated or monitored. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

**Conclusion #1:** Unsubstantiated. Lack of sufficient evidence.

**Allegation #2:** Individuals' physical therapy needs are not addressed.

**Findings #2:** An unannounced on-site complaint investigation was conducted from 6/2/14 - 6/5/14. During that time observations, record review, and staff interviews were conducted with the following results:

Observations were conducted at day program on 6/2/14 from 11:20 a.m. - 12:10 p.m. and at the day program and facility on 6/3/14 from 2:30 - 3:50 p.m. During those times, individuals were observed to engage in physical activities in accordance with their abilities.

For example, 1 individual was noted to walk independently throughout the facility. A direct care staff maintained standby assistance in order to guide the individual as needed. A second individual was observed to walk holding a staff members hand and was observed to have AFOs (ankle-foot orthosis - a type of brace). A third individual was observed to use a walker and a gait belt with straps. The fourth individual residing at the facility utilized a wheelchair for mobility.

Three individuals' records were reviewed and showed the following:

- The record of the individual observed to walk independently included an assessment by the physical therapist, dated 4/2/13, addressing questioned need for specialized shoes and a gait belt. The physical therapist documented the individual did not require specialized shoes or the use of a gait belt.

Steve Silberberger, Administrator  
June 10, 2014  
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- The record of the second individual observed to walk holding the hand of the staff included an assessment by the physical therapist, dated 1/28/14, stating she utilized AFOs as observed, and included instructions for their use and care.

- The record of the third individual observed to walk with a walker and gait belt with handles included a physical therapy evaluation, dated 1/28/14, which addressed the walker and gait belt, including instructions for their use and care.

Additionally, all three individuals' records included generalized physical therapy programs related to range of motion.

The individuals' records documented appropriate evaluation of physical therapy needs, as well as interventions and programming to meet those needs.

During an interview on 6/5/14 from 9:35 a.m. - 12:00 p.m., the Qualified Intellectual Disability Professional (QIDP) stated individuals' physical therapy needs were monitored by the facility through program data, and reviewed by the physical therapist on a routine basis with adjustments to programs being made as recommended.

It could not be determined that individuals' physical therapy needs were not being addressed or monitored. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

**Conclusion #2:** Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



MICHAEL CASE  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

MC/pmt