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 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

February 27, 2009

Kathy Prophet, Administrator
Preferred Community Homes—Bedford
7091 West Emerald Street
Boise, Idaho 83704

RE: Preferred Community Homes—Bedford, provider #13G039

Dear Ms. Prophet:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes—Bedford, on February 18, 2009.

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 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 **March 12, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety and Construction Program

TM/lj

Enclosures

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G039	A. BUILDING 02 B. WING	02/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - BEDFOR	398 EDGAR COURT MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
K 000	INITIAL COMMENTS The facility is a single story, residential type building. It is Type V(000) construction and is sprinklered throughout except in the garage and attic by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. The facility was built in January of 1996 and is licensed for 8 ICF/MR beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 18, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j). The Survey was conducted by: Tom Mroz Health Facility Surveyor Fire/Life Safety and Construction	K 000		
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one	K0152		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0152	Continued From page 1 drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. This Standard is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure evacuation drills were conducted quarterly for each shift for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the potential for the facility and staff not being able to determine individuals' responses or identify problem areas. The findings include: 1. During a review of the facility's evacuation drills on 2/18/09, the following was noted: - There was no evacuation drill completed during the third quarter (July, August, September) for the grave-yard shift (11:00 p.m. - 7:00 a.m.). - There was no evacuation drill completed during the third quarter for the P.M. shift (3:00 - 11:00 p.m.).	K0152		

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K0152	Continued From page 2 When asked during an interview on 2/18/09 at 10:53 a.m., the Home Manager stated the drills could not be found and she was unsure why they had not been completed. The facility failed to ensure evacuation drills were conducted at least quarterly on all shifts.	K0152		

Bureau of Facility Standards

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M 000	16.03.11 Inital Comments The facility is a single story, residential type building. It is Type V(000) construction and is sprinklered throughout except in the garage and attic by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. The facility was built in January of 1996 and is licensed for 8 ICF/MR beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 18, 2009. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, " Lodging and Rooming Houses " contained in Chapter 11, " Lodging and Rooming House Occupancies " and applicable provisions of Chapters 01 through 07, Chapter 17 and Appendices A and B of the Life Safety Code, Impractical Evacuation Capability in accordance with IDAPA 16.03.11. The annual fire/life safety survey was conducted by: Tom Mroz Health Facility Surveyor Fire/Life Safety & Construction Program	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards 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/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. K152 Evacuation Drills	MM309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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MM309	Continued From Page 1	MM309		

Printed: 02/23/2009
FORM APPROVED
OMB NO. 0938-0391

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one	K0152	K0 152 483.470(j)(1)(i) LIFE SAFETY CODE STANDARDS The facility will ensure that evacuation drills will be completed at least quarterly on all shifts for each shift of personnel. Staff training will be implemented on fire drills and the regulations that must be followed for this facility. A monthly review of evacuation drills will be completed by the AQMRP of the facility. Person Responsible: AQMRP, RSC Completion date: 3-23-09 Monitoring: Monthly	

RECEIVED
MAR 05 2009
FACILITY STANDARDS

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	Administrator	3-3-09

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