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—Mallard Landing
7091 West Emerald Street
Boise, Idaho 83704

RE: Preferred Community Homes—Mallard Landing, provider #13G032

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—Mallard Landing, on February 18, 2009.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

TOM MRØZ
Health Facility Surveyor
Facility Fire Safety and Construction Program

TM/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: 13G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 02/18/2009

NAME OF PROVIDER OR SUPPLIER
PREFERRED COMMUNITY HOMES - MALLAR

STREET ADDRESS, CITY, STATE, ZIP CODE
699 S. OTTER
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 currently licensed for 8 ICF/MR beds. The facility was found to be in substantial compliance with applicable fire/life safety requirements 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		

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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 02/18/2009
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD LA	STREET ADDRESS, CITY, STATE, ZIP CODE 699 S. OTTER MERIDIAN, ID 83642		

(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
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 currently licensed for 8 ICF/MR beds. The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on February 18, 2009. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with IDAPA 16.03.11 The Survey was conducted by: Tom Mroz Health Facility Surveyor Fire/Life Safety and Construction	M 000		

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