IDAHO DEPARTMENT OF HEALTH & WELFARE

JAMES E. RISCH – 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

July 26, 2006

H. Michael Day Ph.D.
P.O. Box 6395
Boise, ID 83707

FILE COPY

RE: Independent Living Services (Milclay)

Dear Dr. Day,

This is to advise you of the findings of the Medicaid/Licensure survey of Independent Living Services (Milclay), which was concluded on July 12, 2006.

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

Also enclosed is a Statement of Deficiencies/Plan of Correction 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 August 8, 2006, 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,

LOIS HOLLINGSWORTH, R.N.
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Supervisor
Non-Long Term Care

SC/mlw

Enclosures

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

PRINTED: 07/18/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13G011		07/12/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING SERVICES (MILCLAY)	10528 MILCLAY ST BOISE, ID 83704

(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
W 000	INITIAL COMMENTS Independent Living Services Milclay is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation. The survey was conducted by: Lois Hollingsworth, RN/HFS	W 000		

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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.

7/26/06

PRINTED: 07/18/2006
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13G011		07/12/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING SERVICES (MILCLAY)	10528 MILCLAY ST BOISE, ID 83704

(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) COMPLETE DATE
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the building was in good repair and kept clean and sanitary for 5 of 5 individuals (Individuals #1 - #5) residing in the facility. The findings include: During environmental observation on 7/12/06, from 10:15 a.m. - 11:00 a.m., the following issues were noted. 1. The wallboard to the right of the toilet in the bathroom off the laundry room was coming loose from the mop board. 2. The floor to the left of the dryer and to the right of the washer was in need of cleaning due to a build-up of dust and dirt. 3. The laundry room floor was in need of sweeping. 4. The closet in the laundry room needed to be swept. 5. The metal rims around the burners of the stove were in need of cleaning due to a build-up of food and grease. 6. The coffee pot needed to be dusted, as well	MM380	RECEIVED JUL 27 2006 FACILITY STANDARDS WILL REPAIR BY 9/15/06 MIKE DAY WILL CLEAN BY 9/15/06 SUSAN NIELSEN " " " " WILL REPAIR BY 9/15/06 MIKE DAY " "	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: BUREAU CHIEF OF INSPECTION | (X6) DATE: 7/26/06

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 07/12/2006
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES (MILCLAY)	STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY ST BOISE, ID 83704		

(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) COMPLETE DATE
MM380	Continued From page 1	MM380		
	as the small lamp on the kitchen counter and the stove vent hood.			
	7. The refrigerator needed to be wiped up out due to a build-up of food debris.		WILL CLEAN BY 9/15/06 SUSAN NIELSON*	
	8. The wicker chest in the sitting area had frayed areas which were in need of repair/trimming.		WILL REPAIR BY 9/15/06 JOHN DAY*	
	9. The living room needed to be dusted - for example, the plant stand and lamp shades.		WILL DUST BY 9/15/06 SUSAN NIELSON*	
	10. Window tracks through out the house were in need of cleaning due to a build-up of dirt, grime, and mold.		WILL CLEAN BY 9/15/06 SUSAN NIELSON*	
	11. The window screen in Individual #2's and #3's bedroom was torn. The wallpaper on the inside edges of the window was coming loose.		WILL REPAIR BY 9/15/06 MIKE DAY*	
	12. The woodwork edging next to the floor throughout the facility was in need of cleaning due to a build-up of dust and dirt.		WILL CLEAN BY 9/15/06 SUSAN NIELSON*	
	13. The right-hand closet door handle was missing in Individual #1's and #4's bedroom.		WILL REPAIR BY 9/15/06 MIKE DAY*	
	14. The picnic table table and benches on the patio were in need of re-staining due to flaking.		WILL REPAIR BY 9/15/06 MIKE DAY*	
	15. The garbage cans in the garage, which contained garbage, were missing lids.		WILL ~~BY~~ REPLACE BY 9/15/06 MIKE DAY*	
			* WILL PROVIDE MONTHLY OF ~~MAINTENANCE~~ MAINTENANCE REVIEW CHECKLIST	

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