



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

OEBRA 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

January 13, 2015

Cliff McAleer, Administrator
Milestone Decisions, Inc #3 Lexington
PO Box 10004
Moscow, ID 83843-0001

RE: Milestone Decisions, Inc #3 Lexington, Provider #13G044

Dear Mr. McAleer:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Milestone Decisions, Inc #3 Lexington, on January 8, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal 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;
5. The plan must include the title of the person responsible for implementing the acceptable plan of correction; and

Cliff McAleer, 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 **January 26, 2015**, 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 January 26, 2015. If a request for informal dispute resolution is received after January 26, 2015, 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, option 4.

Sincerely,



KAREN MARSHALL
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

KM/pmt
Enclosures

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2015
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NAME OF PROVIDER OR SUPPLIER MILESTONE DECISIONS, INC #3 LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2087 LEXINGTON AVENUE MOSCOW, ID 83843
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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
M 000	<p>16.03.11 Initial Comments</p> <p>The following deficiencies were cited during the annual licensing survey conducted from 1/6/15 - 1/8/15.</p> <p>The survey was conducted by:</p> <p>Karen Marshall, MS, RD, LD, Team Lead Patricia O'Hara, RN</p> <p>Common abbreviations used in this report are:</p> <p>QIDP - Qualified Intellectual Disabilities Professional</p>	M 000		
MM271	<p>16.03.11.100.04(b) Storage of Toxic Chemicals</p> <p>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 store all toxic chemicals under lock and key. This failure allowed the potential for accidental exposure to hazardous chemicals for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. The findings include:</p> <p>1. During an observation on 1/6/15 from 4:00 - 4:55 p.m., the following chemical was found to be unlocked in the medication room.</p> <p>- One 32-ounce container of 409 all-purpose cleaner. The label stated it causes moderate eye irritation, avoid contact with skin, eyes, and clothing, and to keep out of the reach of children.</p> <p>During the observation, the QIDP was interviewed and stated the 409 cleaner should not be kept in the medication room and should be kept in the</p>	MM271	<p style="font-size: 2em; text-align: center;">see attached</p> <p style="text-align: center;">RECEIVED JAN 23 2015 FACILITY STANDARDS</p>	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Cheryl McAleen

TITLE

Administrator

(X6) DATE

1-23-15

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2015
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MM271	<p>Continued From page 1</p> <p>caustic cupboard. The QIDP immediately secured the chemical in the caustic cupboard.</p> <p>The facility failed to ensure all chemicals were kept locked to avoid accidental exposure to individuals residing in the facility.</p>	MM271		

**Plan of Correction
#13G044**

MM271-- To insure all individuals in the home were protected from the potential of accidental exposure to toxic chemicals, the unlocked chemical was immediately secured in the locked caustic closet. Re-training of all staff occurred the week of the incident. A memo was posted in the communication log which all staff were required to read. The QIDP and the Direct Care Supervisor will monitor by conducting random inspections to insure all toxic chemicals are in the locked caustic closet. The QIDP will be responsible for implementing the plan of correction. The plan of correction was completed on 1-09-15.