



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

January 21, 2015

RECEIVED

Michael Day, Administrator
Independent Living Services Milclay
P.O. Box 6395
Boise, ID 83711

FEB - 2 2015

FACILITY STANDARDS

RE: Independent Living Services Milclay, Provider #13G011

Dear Mr. Day:

This is to advise you of the findings of the Medicaid/Licensure survey of Independent Living Services Milclay, which was conducted on January 15, 2015.

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

Michael Day, Administrator
January 21, 2015
Page 2 of 2

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 **February 3, 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 February 3, 2015. If a request for informal dispute resolution is received after February 3, 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,



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: 01/20/2015
FORM APPROVED
OMB NO. 0938-0391

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 01/15/2015
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING SERVICES MILCLAY	STREET ADDRESS, CITY, STATE, ZIP CODE 10528 MILCLAY STREET BOISE, ID 83704
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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 recertification survey conducted from 1/13/15 to 1/15/15. The surveyors conducting your survey were: Michael Case, LSW, QIDP, Team Lead Karen Marshall, MS, RD, LD Common abbreviations used in this report are: HRC - Human Rights Committee ITTP - Interdisciplinary Treatment Team Plan LPN - Licensed Practical Nurse	W 000		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the human rights committee for 1 of 3 individuals (Individual #1) whose records were reviewed. This resulted in a lack of protection of an individual's rights through prior approval of a restrictive intervention. The findings include: 1. Individual #1's 2/20/14 ITTP stated she was a 20 year old female with diagnoses including	W 262	① HRC APPROVAL FOR USE OF TRALAM DURING DENTAL PROCEDURES FOR INDIVIDUAL #1 WILL BE OBTAINED BY 3/3/15 BY PROGRAM ADMINISTRATOR ② ALL INDIVIDUAL RECORDS WILL BE REVIEWED TO IDENTIFY INDIVIDUALS RECEIVING MEDICATION TO MODIFY BEHAVIOR DURING DENTAL & OTHER DIFFICULT MEDICAL APPOINTMENTS BY 2/27/15 BY PROGRAM ADMINISTRATOR HRC APPROVAL TO ADMINISTER MEDICATION WILL BE SECURED FOR INDIVIDUALS IDENTIFIED BY 3/2/15 BY PROG. ADMINISTRATOR	

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shirley Malou</i>	TITLE ADMINISTRATOR	(X6) DATE 1/30/15
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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.

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W 262	Continued From page 1 moderate intellectual disability and autism. Individual #1's record was reviewed and documented the following notes related to dental appointments. - 4/29/14, Triazolam (a hypnotic drug) 0.50 mg administered at the care facility at 7:00 a.m. and the dentist administered Triazolam 0.75 mg at 8:23 a.m. The note also documented "...unable to floss teeth, [Individual #1] started to get anxious and started to yell/scream a little..." - 6/5/14, Triazolam 0.50 mg administered by nurses at home at 7:30 a.m. and the dentist administered Triazolam 1.0 mg at 8:50 a.m. -11/3/14, Triazolam 0.50 mg administered by care givers at 9:00 a.m. and the dentist administered Triazolam 0.50 mg after the cleaning procedure began. The note also documented "...started to get anxious and would sit up when trying to floss..." Individual #1's record did not include HRC approval for the use of Triazolam. During an interview on 1/15/15 at 1:15 p.m., the LPN stated the facility had not obtained HRC approval for the use of Triazolam for Individual #1. The facility failed to ensure HRC approval was obtained prior to the use of Triazolam for Individual #1.	W 262	③ ALL INDIVIDUALS WILL BE REVIEWED FOR HRC APPROVAL AT TIME OF ANNUAL MTP MEETING AND AGAIN WHEN ALL INDIVIDUAL CHARTS ARE REVIEWED FOR COMPLETENESS ALONG WITH CURRENT HRC APPROVALS AND MONITORINGS BY PROGRAM ADMINISTRATOR		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE	W 263	① PARENTAL CONSENT WILL BE SECURED FOR INDIVIDUAL #1 FOR USE OF MEDICATION ALONG WITH		

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W 263	<p>Continued From page 2</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure client consent was obtained prior to the implementation of a restrictive intervention for 1 of 3 individuals (Individual #1) whose records were reviewed. This resulted in a lack of protection of an individual's rights through prior approval of a restrictive intervention. The findings include:</p> <p>1. Individual #1's 2/20/14 ITTP stated she was a 20 year old female with diagnoses including moderate intellectual disability and autism.</p> <p>Individual #1's record was reviewed and documented the following notes related to dental appointments.</p> <p>- 4/29/14, Triazolam (a hypnotic drug) 0.50 mg administered at the care facility at 7:00 a.m. and the dentist administered Triazolam 0.75 mg at 8:23 a.m. The note also documented "...unable to floss teeth, [Individual #1] started to get anxious and started to yell/scream a little..."</p> <p>- 6/5/14, Triazolam 0.50 mg administered by nurses at home at 7:30 a.m. and the dentist administered Triazolam 1.0 mg at 8:50 a.m.</p> <p>- 11/3/14, Triazolam 0.50 mg administered by care givers at 9:00 a.m. and the dentist administered Triazolam 0.50 mg after the cleaning procedure began. The note also documented "...started to</p>	W 263	<p>ACKNOWLEDGEMENT OF MEDICATION SIDE EFFECTS BY 2/27/15 BY PROGRAM ADMINISTRATOR,</p> <p>② ALL INDIVIDUALS IDENTIFIED IN REVIEW PROCESS WILL ALSO OBTAIN PARENTAL CONSENT AND ACKNOWLEDGE SIDE EFFECTS BY 3/20/15 BY PROGRAM ADMINISTRATOR</p> <p>③ PARENTAL CONSENT WILL BE MONITORED ANNUALLY THROUGH ITTP OF INDIVIDUALS AND AGAIN THROUGH CHART REVIEW BY PROGRAM ADMINISTRATOR</p>	

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W 263	Continued From page 3 get anxious and would sit up when trying to floss..." Individual #1's record did not include a client consent for the use of Triazolam. During an interview on 1/15/15 at 1:15 p.m., the LPN stated the facility had not obtained a consent for the use of Triazolam for Individual #1. The facility failed to ensure a client consent was obtained prior to the use of Triazolam for Individual #1.	W 263		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individual's ITPPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 1 of 2 individuals (Individual #1) whose medication reduction plans were reviewed. This resulted in an individual receiving behavior modifying drugs without a plan that identified the drug's usage and how the drug may change in relation to progress or regression. The findings include:	W 312	① "DRUG REDUCTION" FOR INDIVIDUAL #1 WILL BE OBTAINED BY 2/20/15 BY PROGRAM ADMINISTRATOR ② "DRUG REDUCTION" FOR INDIVIDUALS IDENTIFIED THROUGH REVIEW WILL BE OBTAINED BY 3/20/15 BY PROGRAM ADMINISTRATOR ③ DRUG REDUCTION FOR INDIVIDUALS ARE MONITORED THROUGH THE SAME HRC & ITPP PROCESS ANNUALLY AND AGAIN THROUGH CHART REVIEWS COMPLETED BY PROGRAM ADMINISTRATOR	

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W 312	<p>Continued From page 4</p> <p>1. Individual #1's 2/20/14 ITTP stated she was a 20 year old female with diagnoses including moderate intellectual disability and autism.</p> <p>Individual #1's record was reviewed and documented the following notes related to dental appointments.</p> <p>- 4/29/14, Triazolam (a hypnotic drug) 0.50 mg administered at the care facility at 7:00 a.m. and the dentist administered Triazolam 0.75 mg at 8:23 a.m. The note also documented ..."unable to floss teeth, [Individual #1] started to get anxious and started to yell/scream a little..."</p> <p>- 6/5/14, Triazolam 0.50 mg administered by nurses at home at 7:30 a.m. and the dentist administered Triazolam 1.0 mg at 8:50 a.m.</p> <p>-11/3/14, Triazolam 0.50 mg administered by care givers at 9:00 a.m. and the dentist administered Triazolam 0.50 mg after the cleaning procedure began. The note also documented "...started to get anxious and would sit up when trying to floss..."</p> <p>However, Individual #1's medical record did not include medication reduction criteria for the use of Triazolam.</p> <p>During an interview on 1/15/15 at 1:15 p.m., the LPN stated that Triazolam was used prior to and during dental appointments for sedation and a medication reduction plan was not in place for Individual #1.</p> <p>The facility failed to ensure a medication reduction plan for Triazolam was in place for Individual #1.</p>	W 312		

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Bureau of Facility Standards

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M 000	16.03.11 Initial Comments The following deficiencies were cited during the annual licensing survey conducted from 1/13/15 to 1/15/15. The survey was conducted by: Michael Case, LSW, QIDP, Team Lead Karen Marshall, MS, RD, LD	M 000		
MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194	See plan of correction from the federal tag	
MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196	" "	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197	" "	

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FEB - 2 2015
FACILITY STANDARDS

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Suzanne Walker</i>	TITLE Administrator	(X6) DATE 1/30/15
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