



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

March 12, 2015

Joe F. Rudd, Jr., Administrator
Marquis Care at Shaw Mountain
909 Reserve Street
Boise, ID 83712-6508

Provider #: 135090

Dear Mr. Rudd:

On **February 26, 2015**, a Complaint Investigation survey was conducted at Marquis Care at Shaw Mountain by the Idaho Department of Health and Welfare, Division of Licensing and Certification, Bureau of Facility Standards to determine if your facility was in compliance with state licensure and federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and/or Medicaid program participation requirements. **This survey found the most serious deficiency to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.**

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567 listing Medicare and/or Medicaid deficiencies and a similar State Form listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **NOTE:** The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). **Please provide ONLY ONE completion date for each federal and state tag in column (X5) Completion Date** to signify when you allege that each tag will be back in compliance. Waiver renewals may be requested on the Plan of Correction.

After each deficiency has been answered and dated, the administrator should sign both the Form CMS-2567 and State Form, Statement of Deficiencies and Plan of Correction in the spaces provided and return the originals to this office.

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Your Plan of Correction (PoC) for the deficiencies must be submitted by **March 21, 2015**. Failure to submit an acceptable PoC by **March 21, 2015**, may result in the imposition of civil monetary penalties by **April 13, 2015**.

The components of a Plan of Correction as required by CMS must:

- Address what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- Address how you will identify other residents who have the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- Address what measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;
- Indicate how the facility plans to monitor performance to ensure the corrective action(s) are effective and compliance is sustained; and
- Include dates when corrective action will be completed in column (X5).

If the facility has not been given an opportunity to correct, the facility must determine the date compliance will be achieved. If CMS has issued a letter giving notice of intent to implement a denial of payment for new Medicare/Medicaid admissions, consider the effective date of the remedy when determining your target date for achieving compliance.

- The administrator must sign and date the first page of both the federal survey report, Form CMS-2567 and the state licensure survey report, State Form.

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **April 2, 2015 (Opportunity to Correct)**. Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **April 2, 2015**. A change in the seriousness of the deficiencies on **April 2, 2015**, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **April 2, 2015** includes the following:

Denial of payment for new admissions effective **May 26, 2015**. [42 CFR §488.417(a)]

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If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **August 26, 2015**, if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, CMS will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, Option 2; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **February 26, 2015** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, 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 Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

go to the middle of the page to **Information Letters** section and click on **State** and select the following:

- BFS Letters (06/30/11)

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2001-10 Long Term Care Informal Dispute Resolution Process
2001-10 IDR Request Form

This request must be received by **March 21, 2015**. If your request for informal dispute resolution is received after **March 21, 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 the survey. If you have any questions, comments or concerns, please contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care at (208) 334-6626, Option 2.

Sincerely,

A handwritten signature in cursive script that reads "Nina Sanderson LSW".

NINA SANDERSON, L.S.W., Supervisor
Long Term Care

NS/dmj
Enclosures

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

PRINTED: 04/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/26/2015
NAME OF PROVIDER OR SUPPLIER MARQUIS CARE AT SHAW MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 909 RESERVE STREET BOISE, ID 83712		
(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	
F 000	INITIAL COMMENTS The following deficiency was cited during the complaint investigation survey of your facility. The surveyors conducting the survey were: Amy Barkley RN, BSN, Team Coordinator Jim Troutfetter, QIDP The survey team entered the facility on February 23, 2015 and exited on February 26, 2015.	F 000			
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of	F 157		4/2/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/19/2015

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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F 157	<p>Continued From page 1 this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, and staff interview, it was determined the facility failed to notify the resident's physician and family member when a resident had a choking incident requiring the use of the Heimlich maneuver. This was true for 1 of 8 (#8) sampled residents. This had the potential for harm when the resident's physician and family were not able to make decisions based on the resident's needs. Findings include:</p> <p>Resident #8 was admitted to the facility with multiple diagnoses which included asthma, cerebrovascular disease, esophageal reflux disease and generalized pain.</p> <p>Her record included a nursing progress note, dated 2/16/15, which documented Resident #8 had a choking incident requiring the use of the Heimlich maneuver.</p> <p>However, her nursing progress notes, dated 2/16/15 - 2/25/15, did not contain documentation of family notification.</p> <p>When asked on 2/26/15 at 7:00 p.m. if family notification of the incident had been made, the Director of Nursing Services (DNS) stated if notification had been made it would be documented in the nursing progress notes.</p>	F 157	<p>This plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited in the CMS 2567. However, the submission of this plan is not an admission that a deficiency exists. The Plan of Correction is prepared and executed solely because it is required by federal and state law. This response and Plan of Correction does not constitute an admission or agreement by the provider of the facts alleged or set forth in the statement of deficiencies.</p> <p>Survey Definitions: Daily as used in Monitors = Monday - Friday DNS = Director of Nursing Services RCM = Resident Care Manager IDT = Interdisciplinary Team</p> <p>F 157</p> <p>Corrective Action: 1. Responsible Party for Resident #8 has been notified of the incident referred to in 2567. 2. Physician for Resident #8 was notified of incident referred to in 2567 on 2/16/2015.</p>		

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F 157	Continued From page 2 The facility failed to ensure the family of Resident #8 was notified of a significant event.	F 157	<p>Identification: All residents are identified as potentially being affected by this deficiency.</p> <p>Systemic Changes: 1. IDT to review resident incidents daily, in facility 24 Hr. Report processes, to ensure compliance with notification requirement. 2. LN Staff in-serviced regarding compliance with regulation to inform Responsible Party and Physician of a resident when required.</p> <p>Monitor: 1. DNS to conduct audit of resident incidents. Audits to begin on 3/23/2015 and will continue at the following frequencies: " Weekly x four (4) weeks " Q two (2) weeks x four (4) weeks. " Monthly x three (3) months 2. Administrator to review audits and report findings to QA Committee.</p>		



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April 8, 2015

Joe F. Rudd, Jr., Administrator
Marquis Care at Shaw Mountain
909 Reserve Street
Boise, ID 83712-6508

Provider #: 135090

Dear Mr. Rudd:

On **February 26, 2015**, an unannounced on-site complaint survey was conducted at Marquis Care at Shaw Mountain. The complaint allegations, findings and conclusions are as follows:

Complaint #6811

ALLEGATION:

Residents' family members are not notified of significant events.

FINDINGS:

During the investigation, records reviews and interviews with facility staff were completed.

On February 24, 2015 at 2:41 p.m., a Licensed Nurse and the Director of Nursing Services both stated that the nurse providing care was responsible for notifying family members of significant events and was to document this contact in the nursing progress notes.

Records for eight residents were reviewed for the reporting of significant events with one record documenting a resident had an incident of choking on February 16, 2015, which required the use of the Heimlich maneuver.

Joe F. Rudd, Jr., Administrator
April 8, 2015
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However, her nursing progress notes, dated February 16, 2015 - February 25, 2015, did not contain documentation of family notification for the incident.

When asked on February 26, 2015 at 7:00 p.m., if family notification of the incident had been made, the Director of Nursing Services (DNS) stated if notification had been made it would be documented in the nursing progress notes.

The allegation was substantiated and deficient practice was cited at F157.

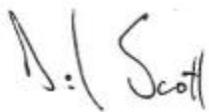
CONCLUSIONS:

Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the investigation, deficiencies were cited and included on the Statement of Deficiencies and Plan of Correction forms. No response is necessary to this findings letter, as it will be addressed in the provider's Plan of Correction.

If you have questions, comments or concerns regarding our investigation, please contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care at (208) 334-6626, Option 2. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

A handwritten signature in black ink that reads "D. Scott". The signature is written in a cursive style with a large initial "D" and a clear "Scott" following.

DAVID SCOTT, R.N., Supervisor
Long Term Care

DS/dmj