



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

May 1, 2015

Cynthia Officer, Administrator  
Preferred Community Homes - Elk Run  
12553 W Explorer Dr Suite 190  
Boise, ID 83713

RE: Preferred Community Homes - Elk Run, Provider #13G041

Dear Ms. Officer:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Elk Run, which was conducted on April 28, 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

Cynthia Officer, Administrator

May 1, 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 **May 14, 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](http://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 May 14, 2015. If a request for informal dispute resolution is received after May 14, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/28/2015
NAME OF PROVIDER OR SUPPLIER  PREFERRED COMMUNITY HOMES - ELK RUN			STREET ADDRESS, CITY, STATE, ZIP CODE 2273 SOUTH GULL COVE PLACE 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) COMPLETION DATE
W 000	INITIAL COMMENTS  The following deficiencies were cited during the annual recertification survey conducted from 4/23/15 to 4/28/15.  The surveyor conducting your survey was:  Michael Case, LSW, QIDP, Team Lead  Common abbreviations used in this report are:  HRC - Human Rights Committee LPN - Licensed Practical Nurse PCLP - Person Centered Lifestyle Plan PSA - Prostate Specific Antigen QIDP - Qualified Intellectual Disabilities Professional	W 000		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure guardians were provided with comprehensive information necessary to make informed decisions for 2 of 3 individuals (Individuals #1 and #2) whose written informed consents were reviewed. This resulted in insufficient information being provided to guardians on which to base	W 124		

RECEIVED  
MAY 15 2015  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: B. Hansen TITLE: Program Manager (X8) DATE: 5.14.2015

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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W 124	<p>Continued From page 1</p> <p>consent decisions. The findings include:</p> <p>1. Individual #1 and Individual #2's written informed consents for psychotropic drugs were reviewed. The consents did not include comprehensive information related to risks of the drug use, as follows:</p> <p>a. Individual #1's 9/23/14 PCLP stated he was a 49 year old male whose diagnoses included moderate intellectual disability, major depressive disorder, and intermittent explosive disorder.</p> <p>Individual #1's physician's recap orders documented he received Depakote (an anticonvulsant drug) 1500 mg, Prozac (an antidepressant drug) 40 mg, and Zyprexa (an antipsychotic drug) 7.5 mg daily for maladaptive behaviors.</p> <p>Individual #1's written informed consent for Depakote, dated 3/17/15, stated the potential side effects were dizziness, rash, diarrhea, unsteadiness, weakness, vomiting, mood changes, and mental changes.</p> <p>The 2015 Nursing Drug Handbook included pancreatitis (inflammation of the pancreas), bone marrow suppression, hemorrhage, thrombocytopenia (low platelets), hepatotoxicity (liver damage), erythema multiform (inflammatory skin eruption), hypersensitivity reactions and Stevens-Johnson syndrome (a life-threatening skin disorder) as potential side effects, all of which were listed in black, italicized font, indicating "life-threatening reaction."</p> <p>Individual #1's written informed consent for Prozac, dated 3/17/15, stated the potential side</p>	W 124			

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W 124	<p>Continued From page 2</p> <p>effects were anxiety, decreased sexual desire, diarrhea, dizziness, dry mouth, loss of appetite, nausea, nervousness, stomach upset, and possible trouble sleeping.</p> <p>The 2015 Nursing Drug Handbook included suicidal behavior and respiratory distress as possible adverse reactions to Prozac.</p> <p>Individual #1's written informed consent for Zyprexa, dated 3/17/15, stated the potential side effects were dizziness, headache, change in vision, restlessness, change in balance, slurred speech, loss of memory, and nervousness.</p> <p>The 2015 Nursing Drug Handbook included neuroleptic malignant syndrome, suicide attempt, and leukopenia as potential side effects, all of which were listed in black, italicized font, indicating "life-threatening reaction."</p> <p>However, Individual #1's informed consents did not include information related to the potentially fatal side effects documented in the Nursing Drug Handbook.</p> <p>b. Individual #2's 2/20/15 PCLP stated he was a 62 year old male whose diagnoses included severe intellectual disability, behavior disorder, and anxiety disorder.</p> <p>Individual #2's physician's recap orders stated he received Zyprexa (an antipsychotic drug) 10 mg daily for maladaptive behaviors.</p> <p>Individual #2's written informed consent for Zyprexa, dated 4/21/14, stated the potential side effects were difficulty swallowing, restless or need to keep moving, dizziness, drowsiness, nausea,</p>	W 124			

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W 124	Continued From page 3 vomiting, weight change, and unusual tiredness.  The 2015 Nursing Drug Handbook included neuroleptic malignant syndrome, suicide attempt, and leukopenia, as potential side effects, all of which were listed in black, italicized font, indicating "life-threatening reaction."  However, Individual #2's informed consents did not include information related to the potentially fatal side effects documented in the Nursing Drug Handbook.  During an interview on 4/28/16 from 11:30 a.m. - 12:27 p.m., the QIDP stated no additional information had been provided to the guardians related to potential side effects or risks of the psychotropic drugs.	W 124		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  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.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure guardian consent was obtained prior to the implementation of restrictive interventions for 2 of 3 individuals (Individual #1 and #2) whose restrictive interventions were reviewed. This	W 263		

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W 263	<p>Continued From page 4</p> <p>resulted in a potential lack of protection of individuals' rights through prior approvals of restrictive interventions. The findings include:</p> <p>1. The facility's process for renewing written informed consent for restrictive interventions was reviewed. As implemented, the facility's procedure did not allow the HRC to ensure the guardian was continuing their consent prior to the HRC approving continuation of the restrictive intervention, as follows:</p> <p>a. Individual #1's 9/23/14 PCLP stated he was a 49 year old male whose diagnoses included moderate intellectual disability, major depressive disorder, and intermittent explosive disorder.</p> <p>Individual #1's record included written informed consents for Zyprexa (an antipsychotic drug), Prozac (an antidepressant drug), and Depakote (an anticonvulsant drug), all dated 3/17/15 and stated the drugs were utilized to address Individual #1's maladaptive behaviors.</p> <p>All three written informed consents were signed by the HRC on 3/18/15, but were not signed by the guardian until 4/13/15.</p> <p>b. Individual #2's 2/20/15 PCLP stated he was a 62 year old male whose diagnoses included severe intellectual disability, behavior disorder, and anxiety disorder.</p> <p>Individual #2's record included written informed consent for Zyprexa (an antipsychotic drug) dated 4/21/14 which stated the drug was utilized to address Individual #2's maladaptive behavior.</p> <p>The written informed consent was signed by the</p>	W 263			

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W 263	Continued From page 5 HRC on 4/22/14, but was not signed by the guardian until 6/7/14.  During an interview on 4/28/15 from 11:30 a.m. - 12:27 p.m., the QIDP stated written informed consents were time limited for 14 months, but renewed every 12 months. The QIDP stated he utilized the overlap time to send consents out, but did not ensure guarding consent was obtained prior to sending the renewal consent to the HRC for approval. When asked if the renewal procedure would allow the HRC to ensure the guardian was still consenting to the restrictive intervention prior to providing HRC approval, the QIDP stated it would not.  The facility failed to ensure the system for renewing written informed consent for restrictive interventions allowed the HRC to ensure guardian consent was obtained.	W 263		
W 322	483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure individuals were provided with general and preventative medical care for 1 of 3 individuals (Individual #1) whose medical records were reviewed. This resulted in an individual not receiving health care services in accordance with his needs. The findings include:  1. Individual #1's 9/23/14 PCLP stated he was a	W 322		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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W 322	<p>Continued From page 6</p> <p>49 year old male diagnoses included moderate intellectual disability, major depressive disorder, and intermittent explosive disorder.</p> <p>Individual #1's record included a laboratory report, dated 11/1/13, which stated his PSA level was 1.24 ng/mL (normal range for an individual under 55 years of age was 0.00 - 2.50 ng/mL).</p> <p>Individual #1's most current History and Physical, dated 5/7/14, stated "During the course of this visit the patient was educated and counseled about appropriate screenings and preventive services, and a written schedule and plan specifically for this patient was provided including...Prostate cancer screening."</p> <p>However, no additional information related to when screenings were to be completed, what treatment if any was to be provided, etc., could be located in Individual #1's record.</p> <p>A second laboratory report, dated 12/8/14, stated his PSA level was 2.68 ng/mL, a 1.44 ng/mL increase over a 13 month period, and 0.18 ng/mL over the normal range for Individual #1's age.</p> <p>However, there was no evidence the elevated PSA level had been reported to Individual #1's physician. Additionally, the record did not include documentation of a plan of care related to treatment or monitoring of Individual #1's increased PSA level.</p> <p>During an interview on 4/28/15 from 11:30 a.m. - 12:27 p.m., the LPN stated he was not aware if the physician had been made aware of the laboratory results, including the elevated PSA. The LPN stated the orders for the laboratory tests</p>	W 322			

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

PRINTED: 05/01/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  04/28/2015
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W 322	Continued From page 7 had come from the psychiatric nurse practitioner and did not think the PSA had been addressed.  The facility failed to ensure Individual #1's elevated PSA level was reported to his physician and assessed for appropriate intervention.	W 322			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/28/2015
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NAME OF PROVIDER OR SUPPLIER  PREFERRED COMMUNITY HOMES - ELK RUN	STREET ADDRESS, CITY, STATE, ZIP CODE 2273 SOUTH GULL COVE PLACE MERIDIAN, ID 83642
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M 000	16.03.11 Initial Comments  The following deficiencies were cited during the annual licensure survey conducted from 4/23/15 to 4/28/15.  The surveyor conducting your survey was:  Michael Case, LSW, QIDP, Team Lead	M 000		
MM164	16.03.11.075.04 Development of Plan of Care  To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment. This Rule is not met as evidenced by: Refer to W124.	MM164	 MAY 15 2015 	
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		
MM735	16.03.11.270.02 Health Services  The facility must provide a mechanism which assures that each resident's health problems are	MM735		

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 5-14-2015

Bureau of Facility Standards

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MM735	Continued From page 1  brought to the attention of a llcensed nurse or physician and that evaluation and follow-up occurs relative to these problems. In addition, services which assure that prescribed and planned health services, medications and diets are made available to each resident as ordered must be provided as follows: This Rule is not met as evidenced by: Refer to W322.	MM735		



May 5, 2015

Michael Case  
Health Facility Surveyor  
Non-Long Term Care  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009

RECEIVED

MAY 14 2015

FACILITY STANDARDS

RE: Elk Run, Provider #13G041

Dear Mr. Case:

Thank you for your considerateness during the recent annual recertification survey at the Elk Run home. Please see our responses below for each citation and please give us a call if you have any questions or concerns.

**W124 PROTECTION OF CLIENT RIGHTS**

1. Individual #1's written informed consents for Prozac and Zyprexa have been revised to include comprehensive information related to possible side effects. Individual #2's written informed consent for Zyprexa has been revised to include comprehensive information related to possible side effects.
2. The Interdisciplinary team is currently in the process of reviewing all of the written informed consents to verify that they contain comprehensive information so the client, parent (if the client is a minor) or legal guardian can be informed when making decisions. If any consent is identified as lacking comprehensive information, revisions will be made to the written informed consent and client, parent (if the client is a minor) or the legal guardian will be given the comprehensive information.
3. Currently the Human Rights Committee is utilizing a checklist to guide the discussion during HRC meetings. One of the topics on the checklist is verifying that the information that was given to the client, parent (if the client is a minor) or the legal guardian was comprehensive.
4. Aspire Human Services is currently performing chart reviews. One element of the chart reviews is verifying that written informed consents contain comprehensive information including detailed information related to side effects. Identified errors are reported to the Clinical Director and immediate corrective action is taken to correct consents that do not contain comprehensive information.
5. Person Responsible: Program Manager, Clinical Director, QIDP & LPN.
6. Completion Date: 5/31/15

**W263 PROGRAM MONITORING AND CHANGE**

1. The written informed consents for individual #1's Zyprexa and Depakote are scheduled to be reviewed by the Human Rights Committee during the monthly Human Rights Committee discussion in May 2015. The written informed consent for individual #2's Zyprexa is scheduled to be reviewed by the Human Rights Committee during the monthly Human Rights Committee discussion in May 2015. The Human Rights Committee will review the consents and verify that consent has been obtained from the client, parent (if the client is a guardian), or legal guardians.
2. The Interdisciplinary team is currently in the process of reviewing all of the written informed consents to verify that the Human Rights Committee verified that the client, parent (if the client is a minor) or the legal guardian consented to restrictive programming or medications prior to the Human Rights Committee giving approval. If it is identified that the Human Rights Committee failed to verify that the client, parent (if the client is a minor) or the legal guardian consented to a restrictive component prior to the Human Right Committee, the written informed consent will be taken to the Human Rights Committee meeting in May 2015 so the Committee can verify that the client, parent (if the client is a minor) or the legal guardian have consented to the procedures.
3. The current policy for the Human Rights Committee currently states that the committee will "insure that these programs are conducted only with written informed consent of the client, parents (if the client is a minor) or legal guardian". All QIDP's will be provided with training on the policy to assure that they understand the policy.
4. Aspire Human Services is currently performing chart reviews. One element of the chart reviews is verifying that all written informed consents are approved by the client, parent (if the client is a minor) or the legal guardian before they are taken to the Human Rights Committee for review. Identified errors are reported to the Clinical Director and immediate corrective action is taken to correct errors.
5. Person Responsible: Program Manager, Clinical Director, QIDP & LPN.
6. Completion Date: 5/31/15

**W322 PHYSICIAN SERVICES**

1. Individual #1's elevated PSA levels have been reported to his physician so they can be assessed for appropriate intervention.
2. All charts are currently being reviewed to verify that each individual is provided with appropriate general medical care including PSA levels. Any discrepancies are being reported to the physician so follow up can occur.
3. Currently Aspire Human Services has hired two additional facility nurses for the Boise area. The additional resources will allow the facility nurses to participate in medical appointments so medical care can be better coordinated.
4. Aspire Human Services is currently performing chart reviews. One element of the chart reviews is verifying that individuals are receiving appropriate general care including verifying that any discrepancies in lab work is reported to physicians. Identified errors are reported to the Clinical Director and immediate corrective action is taken to correct errors.
5. Person Responsible: Program Manager, Clinical Director, QIDP & LPN.
6. Completion Date: 5/31/15

**MM164**

Please see the response under W124 as it relates to the Development of Plan of Care.

**MM196**

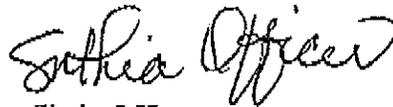
Please see the response under W263 as it relates to the Consent of Parent or Guardian.

**MM735**

Please see the response under W322 as it relates to the Health Services Provided.



Kristin Buchanan  
Program Manager



Cindy Officer  
Program Supervisor  
Administrator