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

July 17, 2015

Bridger Fly, Administrator
Communicare, Inc #7 Cougar
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #7 Cougar, Provider #13G072

Dear Mr. Fly:

On July 15, 2015, a follow-up of your facility was conducted to verify corrections of deficiencies noted during the survey of 06/02/2015.

We were able to determine that the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) Conditions of Participation of **Governing Body and Management (42 CFR 483.410), Client Protections (42 CFR 483.420), Active Treatment Services (42 CFR 483.440) and Health Care Services (42 CFR 483.460)** are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed, along with a full ICF/ID license. This license is effective July 6, 2015 through December 31, 2015.

Also 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

6. Include date 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 **July 30, 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 July 30, 2015. If a request for informal dispute resolution is received after July 30, 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 we can be of any help to you, please feel free to call us at (208) 334-6626, option 4.

Sincerely,

ASHLEY HENSCHEID
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

AH/pmt
Enclosures

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

PRINTED: 07/16/2015
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 |
|---|---|---|---|
| | 13G072 | | R 07/15/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMMUNICARE, INC #7 COUGAR | 2903 & 2907 COUGAR AVENUE<br>NAMPA, ID 83686 |

| (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<br><br>The following deficiencies were cited during the follow-up survey conducted from 7/13/15 to 7/15/15.<br><br>The surveyors conducting your survey were:<br><br>Ashley Henscheid, QIDP, Team Lead<br>Jim Troutfetter, QIDP<br><br>Common abbreviations used in this report are:<br><br>DC - Discontinue<br>HRC - Human Rights Committee<br>IPP - Individualized Program Plan<br>LPN - Licensed Practical Nurse<br>MAR - Medication Administration Record<br>QIDP - Qualified Intellectual Disabilities Professional<br>RN - Registered Nurse | {W 000} | RECEIVED<br>JUL 22 2015<br>FACILITY STANDARDS | |
| W 262 | 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>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 HRC for 1 of 4 individuals (Individual #4) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior | W 262 | W262<br><br>Corrective Actions: We have adjusted our consent process to obtain consents for 15 months rather than 12 months to insure that there is no interruption in this process. (Attachment A).<br><br>Identifying Others Potentially Affected: We do not believe any other individuals living at this location were affected and have now changed our procedure as described above.<br><br>System Changes: See "Corrective Actions" | 08/15/15 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/22/15

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<br>approval of restrictive interventions. The findings include:<br><br>1. Individual #4's IPP, updated 6/24/15, documented a 30 year old male whose diagnoses included profound intellectual disability. Individual #4's record contained consents for the following:<br><br>- Klonopin (an anticonvulsant drug), dated 5/1/15,<br><br>- Seroquel (an antipsychotic drug), dated 5/1/15,<br><br>- The use of a safety harness to keep Individual #4 in his wheelchair, dated 5/1/15,<br><br>- Individual #4's Behavior Management Plan, dated 5/1/15,<br><br>- A low fat, low cholesterol, low oxalate (a molecule which can cause lower calcium levels) diet, dated 5/1/15, and<br><br>- Involvement in water activities, dated 5/1/15.<br><br>Each of the consents documented HRC approved the interventions via telephone on 6/15/15.<br><br>Consents for the previous year were reviewed, and documented HRC approval was in effect from 5/31/14 to 5/31/15.<br><br>HRC approval for Individual #4's restrictive interventions from the date the previous year's approval expired (5/31/15) until the date new approval was obtained (6/15/15) could not be found. | W 262 | Monitoring: The QIDP Supervisor will be attending Trending & Tracking meetings at this location and will check records to make sure that annual consents are in individuals records before the expiration date of the previous consent. | |
| | During an interview on 7/15/15 at approximately 9:10 a.m., the QIDP stated he would look for | | | |

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| W 262 | Continued From page 2<br>evidence that verbal consent was obtained in a timely manner.<br><br>As of 7/16/15, no additional information had been submitted.<br><br>The facility failed to ensure HRC approval was obtained for Individual #4's restrictive interventions before prior approval expired. | W 262 | | |
| W 392 | 483.460(m)(3) DRUG LABELING<br><br>Drugs and biologicals packaged in containers designated for a particular client must be immediately removed from the client's current medication supply if discontinued by the physician.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and staff interview, it was determined the facility failed to ensure that discontinued medications were removed from the medication supply for 1 of 4 individuals (Individual #4) whose medical record were reviewed. This resulted in an individual receiving a drug not currently ordered. The findings include:<br><br>1. Individual #4's IPP, updated 6/24/15, documented a 30 year old male whose diagnoses included profound intellectual disability.<br><br>Individual #4's record included a Physician's Order Sheet and Progress Notes entry, dated 6/1/15, which documented "DC Klonipin [sic] [an anticonvulsant drug]."<br><br>Individual #4's MAR, dated 6/2015, was reviewed. The MAR included an entry for Klonopin which | W 392 | W392<br><br>Corrective Actions: This did occur as reported. As of 06/16/15 an LPN is assigned to this home. The "Passing Medications" section of the Nursing Services Manual has been updated to reflect expectations related to this issue. (Attachment B). Nurses will be inservices as to this clarification at an August 2015 meeting.<br><br>Identifying Others Potentially Affected: All other individuals at this location are potentially affected by this issue.<br><br>System Changes: See "Corrective Actions"<br><br>Monitoring: Any future incident of this nature will be reported on a "Medication Incident Report" which will be reviewed by the RN Supervisor. If she is involved in any future such incidents, this report will be reviewed by the Administrator for corrective and possible disciplinary action. | 08/15/15 |

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| W 392 | Continued From page 3 documented "Take 1/2 tablet by mouth twice daily routinely for mood."<br><br>The MAR included staff initials for both the AM and PM doses on 6/1, 6/2, 6/3 and 6/4. Additionally, the AM dose was initialed for on 6/5. A handwritten note from the RN, dated 6/5/15, documented the medication was discontinued.<br><br>During an interview on 7/14/15 from 1:13 - 1:19 p.m., the RN stated Individual #4's Klonopin was administered from 6/1 through 6/5. The RN stated the house was without an LPN and 6/5/15 was the first day she was able to visit the facility and remove the medication.<br><br>The facility failed to ensure Individual #4's Klonopin was removed from the medication supply when it was discontinued. | W 392 | | |

PRINTED: 07/16/2015
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STREET ADDRESS, CITY, STATE, ZIP CODE: 2903 & 2907 COUGAR AVENUE NAMPA, ID 83686

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| M 000 | 16.03.11 Initial Comments<br><br>The following deficiencies were cited during the follow-up survey conducted from 7/13/15 to 7/15/15.<br><br>The surveyors conducting your survey were:<br><br>Ashley Henscheid, QIDP, Team Lead<br>Jim Troutfetter, QIDP | M 000 | | |
| MM159 | 16.03.11400 Active Treatment Services<br><br>The requirements of Sections 400 through 499 of these rules are modifications and additions to the requirements in 42 CFR 483.440 - 483.440(f)(4), Condition of Participation: Active Treatment Services incorporated in Section 004 of these rules.<br><br>This Rule is not met as evidenced by:<br>Refer to W262. | MM159 | MM159<br><br>Please refer to W262 | 08/15/15 |
| MM166 | 16.03.11600 Health Care Services<br><br>The requirements of Sections 600 through 699 of these rules are for modifications and additions to the requirements in 42 CFR 483.460 - 483.460(n)(2), Condition of Participation: Health Care Services incorporated in Section 004 of these rules.<br><br>This Rule is not met as evidenced by:<br>Refer to W392. | MM166 | MM166<br><br>Please refer to W392<br><br>RECEIVED<br>JUL 22 2015<br>FACILITY STANDARDS | 08/15/15 |

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/22/15