IDAHO DEPARTMENT OF HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

August 24, 2015

Valentina Reudter, Administrator
Belmont Care Center 5th Street
4806 Hawthorne Road
Chubbuck, ID 83202

RE: Belmont Care Center 5th Street, Provider #13G079

Dear Ms. Reudter:

This is to advise you of the findings of the Medicaid/Licensure survey of Belmont Care Center 5th Street, which was conducted on August 13, 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

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 **September 4, 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 September 4, 2015. If a request for informal dispute resolution is received after September 4, 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

KAREN MARSHALL
Health Facility Surveyor
Non-Long Term Care

Nicole Wisenor

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

KM/pmt
Enclosures

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

PRINTED: 08/21/2015
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
	13G079		08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER 5TH STREET	6150 SOUTH 5TH STREET POCATELLO, ID 83204

(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 8/10/15 to 8/13/15. The survey was conducted by: Karen Marshall, MS, RD, LD, Team Lead Jim Troutfetter, QIDP Common abbreviations used in this report are: ADHD - Attention Deficit Hyperactivity Disorder IPP - Individual Program Plan MAR - Medication Administration Record PRN - As Needed QIDP - Qualified Intellectual Disabilities Professional RN - Registered Nurse	W 000	per telecon with Program Manager on 9.8.15 at 2:20 pm See Attached Plan of Correction. KM RECEIVED SEP - 4 2015 FACILITY STANDARDS	
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, it was determined the facility failed to maintain a record keeping system that contained complete information for 3 of 4 individuals (Individuals #1, #3 and #4) residing at the facility. This resulted in a lack of documentation to ensure medications were administered in accordance with physician's orders. The findings include:	W 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Program Manager | (X6) DATE: 9/4/15

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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W 111	Continued From page 1 1. Individual #1's IPP, dated 4/1/15, documented a 27 year old male whose diagnoses included mild intellectual disability, ADHD, and bipolar disorder. Individual #1's 5/2015 - 7/2015 physician's orders and MARs were reviewed. The records did not include consistent, comprehensive information. Examples included, but were not limited to, the following: a. Individual #1's physician's orders from 5/2015 - 8/2015 documented he was to received X-Viate (an anti-fungal cream) 40% PRN. However, his MARs, dated 5/2015, 6/2015, stated "Apply to feet in the morning for fungus." During a follow up interview on 8/17/15 at 1:30 p.m., the RN stated the X-Viate was a PRN medication and Individual #1 would ask for it depending on how his feet felt. The facility failed to ensure Individual #1's MARs accurately reflected his physician's orders. b. Individual #1's physician's orders from 5/2015 - 8/2015 documented he was to receive Propranolol (a hypertensive drug) 20 mg twice a day. Individual #1's MARs did not include documentation that he had received Propranolol on the following dates: - 6/3/15 - 6/18/15 - 7/2/15 - 7/4/15 - 7/21/15	W 111		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER 5TH STREET	5150 SOUTH 5TH STREET POCATELLO, ID 83204

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W 111	Continued From page 2 - 7/24/15 - 7/26/15 - 7/29/15 c. Individual #1's physician's orders from 5/2015 - 8/2015 documented he received Melatonin (a supplemental drug) 3 mg at bed time. Individual #1's MARs did not include documentation that he had received Melatonin on the following dates: - 7/3/15 - 7/14/15 - 7/17/15 - 7/21/15 - 7/25/15 - 7/26/15 During an interview on 8/13/15 from 9:02 - 10:05 a.m., the RN stated the accuracy of MAR documentation needed to be worked on. The facility failed to ensure Individuals #1's records contained complete, comprehensive information. 2. Individual #4's IPP, dated 8/27/14, documented a 23 year old male whose diagnoses included mild intellectual disability. Individual #4's record contained a prescription, dated 6/29/15, for twenty (20) tablets of hydrocodone/acetaminophen (analgesic drugs) 5/325 mg, 1 - 2 tabs every 4 - 6 hours as needed for pain. His 6/2015 MAR documented hydrocodone/acetaminophen was administered on 6/28/15. However, his record did not explain how Individual #4 received the hydrocodone/acetaminophen prior to the	W 111		

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	13G079		08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER 5TH STREET	6150 SOUTH 5TH STREET POCATELLO, ID 83204

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W 111	Continued From page 3 prescription being written. Individual #4's 6/2015 MAR documented he received hydrocodone/acetaminophen on 6/29/15 and 6/30/15, for a total of 3 doses being administered in 6/2015, leaving 17 tablets. His 7/2015 MAR documented he received hydrocodone/acetaminophen as follows: - 7/1/15 twice - 7/2/15 - 7/3/15 twice - 7/4/15 twice - 7/6/15 A total of 8 doses were administered in 7/2015, leaving 9 tablets. During an interview on 8/13/15 from 9:02 - 10:05 a.m., the RN stated staff were required to call the RN prior to the administration of the hydrocodone/acetaminophen and the nurse would determine if Individual #4 required one or two tablets. The RN stated during one of the administrations, Individual #4 was given 2 tablets instead of one and that nursing had destroyed three tablets. However, Individual #4's MAR did not document if one or two tablets were administered, leaving no less than 5 tablets unaccounted for. When asked about the remaining 5 tablets, during an interview on 8/13/15 from 9:02 - 10:05 a.m., the RN stated, she was not sure, but believed it was a documentation error. The facility failed to ensure Individuals #4's record	W 111		

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W 111	Continued From page 4 contained complete information. 3. Individual #3's 4/10/15 IPP stated he was a 43 year old male whose diagnoses included mild intellectual disability. Individual #3's 4/2015 - 8/2015 physician's orders and MARs were reviewed. His physician order sheet contained an order for clotrimazole (Lotrisone) 1% cream, an anti-fungal medication, to be applied to both feet two times a day for athlete's foot. a. Individual #3's MARs were reviewed. He was to receive clotrimazole 1% cream daily at 8:00 a.m. and 8:00 p.m. His MARs included staff initials which were circled, indicating the medication was not administered. Examples included, but were not limited to, the following: - 4/10/15 - 4/17/15 at 8:00 a.m. - 4/10/15, 4/12/15, and 4/16/15 at 8:00 p.m. - 6/2/15, 6/17/15, and 6/18/15 at 8:00 a.m. - 6/18/15 and 6/19/15 at 8:00 p.m. - 7/3/15, at 8:00 a.m. - 8/12/15 at 8:00 a.m. Individual #3's MARs did not include documentation as to why the medication was not administered as ordered. b. Individual #3's MAR did not include initials for clotrimazole 1% cream administration on 7/18/15 at 8:00 p.m. and 8/9/15 at 8:00 a.m. No information was present explaining why the medication was not administered. c. During a drug pass observation on 8/11/15 from 7:08 to 7:15 a.m., Individual #3 applied	W 111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G079		08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER 5TH STREET	6150 SOUTH 5TH STREET POCATELLO, ID 83204

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W 111	Continued From page 5 clotrimazole 1% cream to one foot. He then requested assistance from a direct care staff to squeeze the remaining cream from the container, which was applied to his other foot. However, his MAR documented on 8/11/15 that the 8:00 a.m. dose of medication was not given. The back of the MAR documented "out." During an interview on 8/13/15 from 9:02 - 10:05 a.m., the RN stated the accuracy of MAR documentation needed to be worked on. The facility failed to ensure Individual #3's record included accurate, complete information.	W 111		
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, observation and staff interview, it was determined the facility failed to ensure restrictive interventions were implemented only with the written informed consent of the guardian for 1 of 4 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals on restrictive interventions. The findings include: 1. Individual #1's IPP, dated 4/1/15, documented a 27 year old male whose diagnoses included mild intellectual disability, ADHD, and bipolar	W 263		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER 5TH STREET	6150 SOUTH 5TH STREET POCATELLO, ID 83204

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W 263	Continued From page 6 disorder. His record contained consents for Lithium (an antimanic drug), Seroquel (an antipsychotic drug), Depakote (an anticonvulsant drug) and Naltrexone (an opioid cessation drug). All the consents documented phone consent was obtained on 10/21/14. However, no documentation of written consent could be found. When asked on 8/13/15 from 1:08 - 1:40 p.m., the QIDP stated they had not received written consent for the programs. The facility failed to ensure written consent were obtained for Individual #1.	W 263		
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to administer drugs as ordered by the physician for 1 of 4 individuals (Individual #3) whose medical records were reviewed. This resulted in an individual receiving medications inconsistent with physician orders. The findings include: 1. Individual #3's 4/10/15 IPP stated he was a 43 year old male whose diagnoses included mild intellectual disability.	W 368		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	13G079		08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT CARE CENTER 5TH STREET	6150 SOUTH 5TH STREET POCATELLO, ID 83204

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W 368	Continued From page 7 Individual #3's physician's orders from 4/2015 - 8/2015 included an order for clotrimazole (Lotrisone) 1% cream, an anti-fungal medication, to be applied to both feet two times a day for athlete's foot. Individual #3's MARs were reviewed. He was to receive clotrimazole 1% cream daily at 8:00 a.m. and 8:00 p.m. However, the back of the MARs documented that the medication was "out," resulting in Individual #3 not receiving the medication as ordered. Examples included, but were not limited to, the following: - 4/11/15, 4/13/15 and 4/15/15 at 8:00 p.m. - 6/12/15 at 8:00 a.m. - 6/16/15 and 6/17/15 at 8:00 p.m. - 7/5/15, 7/17/15, and 7/29/15 at 8:00 a.m. - 7/4/15 at 8:00 p.m. - 8/11/15 at 8:00 a.m. During an interview on 8/12/15 at 9:07 a.m., a nurse assistant stated staff were to inform nursing when medications needed to be reordered. The facility failed to ensure Individual #3's clotrimazole 1% cream was administered in accordance with physician orders.	W 368		

PRINTED: 08/21/2015
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	13G079		08/13/2015

NAME OF PROVIDER OR SUPPLIER: BELMONT CARE CENTER 5TH STREET

STREET ADDRESS, CITY, STATE, ZIP CODE: 6150 SOUTH 5TH STREET, POCATELLO, ID 83204

(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	16.03.11 Initial Comments The following deficiencies were cited during the licensure survey conducted from 8/10/15 to 8/13/15. The surveyors conducting your survey were: Karen Marshall, MS, RD, LD, Team Lead Jim Troutfetter, QIDP	M 000	RECEIVED SEP - 4 2015 FACILITY STANDARDS	
MM080	16.03.11100 Governing Body and Management The requirements of Sections 100 through 199 of these rules are modifications or additions to the requirements in 42 CFR 483.410 - 483.410(e), Condition of Participation: Governing Body and Management incorporated in Section 004 of these rules. This Rule is not met as evidenced by: Refer to W111.	MM080	RECEIVED SEP - 4 20[illegible] FACILITY STAN[illegible]	
MM159	16.03.11400 Active Treatment Services 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. This Rule is not met as evidenced by: Refer to W263.	MM159	per telecon with Program Manager on 9.8.15 at 2:20 pm See Attached Plan of Correction. KM	
MM166	16.03.11600 Health Care Services 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)	MM166		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Program Manager — (X6) DATE: 9/4/15

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	13G079		08/13/2015

NAME OF PROVIDER OR SUPPLIER
BELMONT CARE CENTER 5TH STREET

STREET ADDRESS, CITY, STATE, ZIP CODE
6150 SOUTH 5TH STREET
POCATELLO, ID 83204

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MM166	Continued From page 1 (2), Condition of Participation: Health Care Services incorporated in Section 004 of these rules. This Rule is not met as evidenced by: Refer to W368.	MM166		

RECEIVED
SEP - 4 2015
FACILITY STANDARDS

4806 Hawthorne Rd, Chubbuck, Idaho 83202 | Office – 208-238-5950 | Fax 208-238-5860

September 4, 2015

Karen Marshall
Health Facility Surveyor
Non-Long Term Care
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009

Dear Ms. Marshall,

I would like to thank you for a wonderful learning experience during the recent annual re-certification survey at 5th Street. Please see our responses below for each area of deficiency and please call me if you have any questions.

W111

- A training in-service was held on August 25th, 2015 to re-train staff members working at 5th Street on MARs data collection.
- All individuals residing in the home currently have accurate data collection in place for MARs.
- Aspire Human Services has recently implemented chart reviews for all homes. The chart reviews will include verifying client records are correctly maintained and ensuring medicaton records are consistent with physician orders.
- Aspire Human Services in Pocatello is creating a schedule for the completion of the chart reviews. After chart reviews are completed the Program Manager will coordinate the correction of any identified errors.
- Person Responsible: RN, Program Manager
- Completion Date: October 2, 2015

W263

- Written Informed Consents have been received from Individual #1 and his legal guardian.
- All individuals residing in the home currently have Written Informed Consents for restrictive components to programming.
- Aspire Human Services has recently implemented chart reviews for all the homes. One part of the chart reviews includes verifying current consents are maintained.
- Aspire Human Services in Pocatello is creating a schedule for the completion of the chart reviews. After chart reviews are completed the Program Manager will coordinate the correction of any identified errors.
- Person Responsible: QIDP, Program Manager
- Completion Date: October 9, 2015

W368

- A training in-service was held on August 25th, 2015 to re-train staff members working at 5th Street to review medication supplies.
- All individuals residing in the home currently have all of their medications as prescribed in their home.
- Aspire Human Services has recently implemented chart reviews for all the homes. One part of the chart reviews includes verifying all medications are available as prescribed by the physician.
- Aspire Human Services in Pocatello is creating a schedule for the completion of the chart reviews. After chart reviews are completed the Program Manager will coordinate the correction of any identified errors.
- Person Responsible: RN, Program Manager
- Completion Date: September 25, 2015

Sincerely,

Valentina Reudter
Program Manager

Aspire Human Services
3625 Vaughn Ave, Pocatello, Idaho 83201
O - 208-233-0016 ext #25 | C – 208-223-5863

4806 Hawthorne Rd, Chubbuck, Idaho 83202 | Office – 208-238-5950 | Fax 208-238-5860

September 4, 2015

Karen Marshall
Health Facility Surveyor
Non-Long Term Care
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009

Dear Ms. Marshall,

I would like to thank you for a wonderful learning experience during the recent annual re-certification survey at 5th Street. Please see our responses below for each area of deficiency and please call me if you have any questions.

MM080
Please see response to W111

MM159
Please see response to W263

MM166
Please see response to W368

Sincerely,

Valentina Reulter
Program Manager
Aspire Human Services
3625 Vaughn Ave, Pocatello, Idaho 83201
O - 208-233-0016 ext #25 | C – 208-223-5863