



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
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BUREAU OF FACILITY STANDARDS
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October 15, 2015

Rex Redden, Administrator
Idaho Falls Group Home #2 Wanda
P.O. Box 50457
Idaho Falls, ID 83405-0457

RE: Idaho Falls Group Home #2 Wanda; Provider #13G029

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure survey of Idaho Falls Group Home #2 Wanda, which was conducted on October 8, 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;

Rex Redden, Administrator
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Page 2 of 2

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 **October 28, 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 October 28, 2015. If a request for informal dispute resolution is received after October 28, 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,


JIM TROUTFETTER
Health Facility Surveyor
Non-Long Term Care


NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

JT/pmt
Enclosures

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

PRINTED: 10/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2015
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NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #2 WANDA	STREET ADDRESS, CITY, STATE, ZIP CODE 4360 WANDA STREET AMMON, ID 83406
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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	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the recertification survey conducted from 10/5/15 to 10/8/15.</p> <p>The surveyors conducting your survey were:</p> <p>Jim Troutfetter, QIDP, Team Lead Trish O'Hara, RN</p> <p>Common abbreviations used in this report are:</p> <p>AQIDP - Assistant Qualified Intellectual Disability Professional CFA - Comprehensive Functional Assessment IDT - Interdisciplinary Team IPP - Individual Program Plan SAM - Self Administration of Medication</p>	W 000		
W 363	<p>483.460(j)(2) DRUG REGIMEN REVIEW</p> <p>The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, it was determined the facility failed to ensure irregularities in an individual's drug regimen were reported to the prescribing physician and IDT for 1 of 4 individuals (Individual #4) who were observed taking medication. This resulted in the physician and IDT not being informed of an individual receiving medication combinations which resulted in increased risks to her physical health. The findings include:</p>	W 363	<p>W 363</p> <p>1. The calcium carbonate and Ferosul were placed on hold immediately after the interaction was brought to the attention of the facility. Nursing staff have been trained to review the Nursing Drug Handbook as well as access possible interactions from the pharmacy before a new medication is added to an individuals drug regimen.</p> <p>2. All individuals have the potential to be affected by this practice. Nursing staff have been trained to review the Nursing Drug Handbook as well as access possible interactions from the pharmacy before a new medication is added to an individuals drug regimen.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10/27/15
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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 363	<p>Continued From page 1</p> <p>1. Individual #4's IPP, dated 10/23/14, documented a 57 year old female whose diagnoses included profound intellectual disability.</p> <p>Individual #4's record contained a Physician's Order, dated 9/25/15, which documented she received calcium carbonate (a nutritional supplemental drug) 1000 mg at 7:30 a.m. and Ferosul (an iron supplement) 325 mg at 7:30 a.m.</p> <p>Her record also contained a Physician's Order, dated 10/3/15, which documented she was started on doxycycline (an antibiotic drug) 100 mg twice a day.</p> <p>During a medication administration observation on 10/6/15 from 7:31 - 8:00 a.m., Individual #4 was noted to receive doxycycline, calcium and iron that was mixed in sherbet.</p> <p>The Drug-drug Interactions section of the 2015 Nursing Drug Handbook stated ferrous sulfate and other iron products "May decrease antibiotic absorption. Give drug 2 hours before or 3 hours after iron." The same section also documented "Antacids and laxatives containing aluminum, magnesium, or calcium, antidiarrheals: May decrease antibiotic absorption. Give antibiotic 1 hour before or 2 hours after these drugs."</p> <p>During an interview on 10/6/15 from 9:55 - 10:22 a.m., the LPN stated the pharmacy that filled the doxycycline prescription did not include information related to drug-drug interactions.</p> <p>On 10/6/15 at 11:46 a.m., a pharmacist from the pharmacy that filled the prescription was interviewed and stated the doxycycline, iron and</p>	W 363	<p>W 363 cont'd</p> <p>3. The HCA and the LPN's will review all Physician's Orders and current medications for all individuals to ensure there are no interactions. If any interactions are found, the nursing staff have been trained to notify the physician immediately for further instruction on the interaction.</p> <p>4. Anytime a new medication is prescribed for an individual, the nursing staff will email the IDT about the medication and follow up with the team about any possible interactions that could occur with the medication to ensure that follow up on interactions were completed with the pharmacy</p> <p>5. The HCA, LPN's, Pharmacy, and IDT will be responsible for implementing this plan of correction.</p> <p>6. Target date for completion will be December 7, 2015.</p>	

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W 363	Continued From page 2 calcium should not have been given at the same time.	W 363		
W 371	<p>The facility failed to ensure the the physician and IDT were notified of Individual #4's drug-drug interactions.</p> <p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation, and staff interview, it was determined the facility failed to ensure 1 of 3 individuals (Individual #1) was instructed in skills leading to self-administration of medication and failed to ensure the same individual's functional level was maximized. This resulted in a lack of SAM skills attainment and did not reflect her current functional status. The findings include:</p> <p>Individual #1 was a 42 year old female whose diagnoses included severe mental retardation and anxiety disorder.</p> <p>Individual #1 was observed during her medication administration on 10/5/15 at 7:45 p.m. During the observation, staff crushed her medications and placed the medications in a small bowl of ice cream. Staff then fed Individual #1 her medications from a spoon.</p>	W 371	<p>W 371</p> <ol style="list-style-type: none"> The SAM program for the individual affected by this deficient practice will be revised to ensure specific instructions for how the individual takes her medication is implemented. Staff training will be conducted on the new program to ensure all staff are maximizing the individuals independence. All individuals have the potential to be affected by this practice. All SAM programs for all individuals in all facilities will be reviewed and revised as needed to ensure the programs state how each individual's medications are supposed to be taken, and to ensure that the programs maximize the individuals independence. The Home Supervisor, and QAM will provide on-going training while in the homes on SAM programs to ensure staff are running and documenting the programs correctly. The medication observations will be done weekly and will be documented on a medication observation form. The Home Supervisor and QAM will turn in weekly medication observation forms to the QIDP for review. If an issue has been found with an observation, the QIDP will go to the home and provide additional training to the staff member to ensure SAM programs are being ran correctly. 	

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W 371	<p>Continued From page 3</p> <p>a. Individual #1's SAM program showed several training steps for Individual #1 and instructions to staff for recording prompt levels for each step.</p> <p>Her SAM program did not contain instructions for crushing her medications, for placing the medications in ice cream, or for spoon feeding by staff.</p> <p>b. Further Individual #1's CFA, dated 6/18/15, stated she "has great eating skills... she will eat independently." Her IPP, dated 6/18/15, stated Individual #1 "eats and drinks independently."</p> <p>The observation on 10/5/15 at 7:45 p.m. did not reflect Individual #1's current skills and staff were not observed to provide her with the opportunity to maximize her independence.</p> <p>In an interview, on 10/7/15 at 11:00 a.m., the facility AQIDP said Individual #1's SAM program should have more specific instructions for staff.</p> <p>In the same interview, the facility supervisor said staff should have allowed Individual #1 to independently eat the ice cream/medication mixture.</p> <p>The facility failed to ensure Individual #1 was instructed in skills leading to self-administration of medication and was allowed the opportunity to exercise her independent eating skills during medication administration.</p>	W 371	<p>W 371 cont'd</p> <p>5. The Home Supervisor, QAM's, and QIDP will be responsible for implementing this plan of correction.</p> <p>6. Target date for completion will be December 7, 2015.</p>	
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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 licensure survey conducted from 10/5/15 - 10/8/15. The surveyors conducting your survey were: Jim Troutfetter, QIDP, Team Lead Trish O'Hara, RN	M 000		
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) (2), Condition of Participation: Health Care Services incorporated in Section 004 of these rules. This Rule is not met as evidenced by: Refer to W363 and W371.	MM166	MM166 Refer to W 363 and W 371	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Pex A Redder* TITLE: *Administrator* (X6) DATE: *10/27/15*