IDAHO DEPARTMENT OF HEALTH & WELFARE

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

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DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
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November 12, 2015

Bridger Fly, Administrator
Communicare, Inc #5 Kuna
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #5 Kuna, Provider #13G021

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure survey of Communicare, Inc #5 Kuna, which was conducted on November 4, 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 **November 25, 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 November 25, 2015. If a request for informal dispute resolution is received after November 25, 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 Tuttle FOR
TRISH O'HARA
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt
Enclosures

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

PRINTED: 11/12/2015
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
	13G021		11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNICARE, INC #5 KUNA	750 SWAN FALLS ROAD KUNA, ID 83634

(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 recertification survey conducted from 11/2/15 to 11/4/15.. The surveyors conducting your survey were: Trish O'Hara, RN, Team Lead Jim Troutfetter, QIDP Common abbreviations used in this report are: AQIDP - Assistant Qualified Intellectual Disability Professional CFA - Comprehensive Functional Assessment DCS - Direct Care Staff IPP - Individual Program Plan ml - milliliter RN - Registered Nurse	W 000	RECEIVED NOV 25 2015 FACILITY STANDARDS	
W 137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, it was determined the facility failed to ensure individual rights were upheld for 1 of 3 individuals (Individual #1) who required staff assistance in acquiring personal possessions. This resulted in an individual not having access to her personal possessions. The findings include: Individual #1's IPP, dated 4/9/15, identified her as	W 137	W137 Corrective Actions: A number of different staff could have and should have responded to these requests. We believe that performance anxiety was a factor as staff were focused on making sure the medication pass was done correctly. All staff at this location are currently in the process of reading and passing the associated tests for our recently updated "Client Rights & Responsibilities and Client Protections" module. There is discussion in this module about personal possessions. In addition, this specific situation and how it	01/04/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/24/15

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 137	Continued From page 1 a 52 year old female with diagnoses including spastic quadriplegia and cerebral palsy. Her CFA, dated 4/9/15, said she "can choose her own clothes but needs help getting them." Individual #1 was observed to be in the medication area of the home from 7:40 - 8:20 a.m. on 11/3/15. Two staff had a discussion at 7:40 a.m. about the medication area being cold, and the thermostat was increased. Individual #1 was observed to be wearing a short sleeved, light weight blouse. While she was in the medication area she requested that staff get her sweater 5 times. Her sweater was not provided by staff during the 40 minutes she was in the medication area. In an interview on 11/4/15 at 10:00 a.m., the AQIDP said Individual #1 should have been provided with her sweater when she requested it. The facility failed to ensure Individual #1's right to the use of personal possessions was upheld.	W 137	should have been handled will be further discussed at the 12/15 staff meeting. The Medication Administration Protocol for this location will be updated to specify that it is the responsibility of the Medication Assistant to notify other staff of requests for temperature modifications as expressed during the Medication Pass process so that requests can be responded to in a timely manner. Identifying Others Potentially Affected: All others living at this location are potentially affected. System Changes: All current staff are being retrained on this issue of client rights and protections. Additionally, this module is now the first training module new employees will be required to complete. The Medication Protocol will be updated. The "Passing Oral Medications" Observation form has been updated with instructions on reviewing/using the "Medication Administration Protocol" during this process. A memo (see Attachment A) has been distributed relating to this issue. Monitoring: The management team at this location and the RN Supervisor will both review "Passing Oral Medications" observation forms on a monthly basis and will take any necessary corrective action.	
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by:	W 249		

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W 249	Continued From page 2 Based on observation, record review and staff interview, it was determined the facility failed to ensure individuals received training and services consistent with with their individualized strengths and needs for 2 of 3 individuals (Individuals #1 and #4) whose programs were reviewed. This resulted in a lack of adaptive equipment and training opportunities being utilized. The findings include: 1. Individual #1's IPP, dated 4/9/15, identified her as a 52 year old female with diagnoses including spastic quadriplegia and cerebral palsy. Her CFA, dated 4/9/15, said "she does use a elongated straw or bubble cup to drink...Adaptives are ongoing." On 11/2/15 at 4:15 p.m., Individual #1 was observed drinking milk through an elongated straw at snack time. On 11/3/15 at 8:00 a.m., Individual #1 was observed taking her morning medications. These medications included 7.5 ml of liquid Potassium Chloride which was mixed in approximately 6 ounces of water in a regular glass. Staff then held the glass and poured the liquid into Individual #1's mouth with a paper towel held beneath the glass to catch spills. In an interview on 11/4/15 at 10:00 a.m., the AQIDP confirmed Individual #1 was capable of drinking liquids using an elongated straw or bubble cup and should have been provided with the adaptive equipment during medication administration. The facility failed to ensure Individual #1's	W 249	W249 Corrective Actions: Information about the use of adaptive equipment during medication administration activities is included in this location's Medication Administration Protocol. We view the issues noted as staff training issues. The "Passing Oral Medications" observation form has been updated with instructions on reviewing/using the "Medication Administration Protocol" during this process. A memo (see Attachment A) has been distributed relating to this issue. The AQIDP and LPN at this location will meet with Medication Assistants at least once per month (generally immediately after a scheduled staff meeting) to discuss observation concerns, to provide on-going training, and to get input from Medication Assistant related to issues they might be experiencing. Identifying Others Potentially Affected: All others living at this location are potentially affected. System Changes: Please refer to Corrective Actions. Monitoring: The management team at this location and the RN Supervisor will both review "Passing Oral Medications" observation forms on a monthly basis and will take any necessary corrective action.	01/04/16

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W 249	Continued From page 3 program plan was consistently implemented in all relevant settings 2. Individual #4's IPP, dated 4/16/15, documented a 52 year old male whose diagnoses included profound intellectual disability. His record contained a Physician's Order Sheet and Progress Note, dated 6/10/15, which documented he received depakene (an anticonvulsant drug) 250/5 ml three times a day. During an observation on 11/2/15 from 4:52 - 4:55 p.m., The DCS passing the medication was noted to pour the medication into a medication cup. He then prompted Individual #4 with verbal and touch cues. Individual #4 did not respond to the cues and the DCS was noted to administer the medication with no assistance from Individual #4. When asked why the medication was administered without Individual #4's assistance, the DCS stated he "spaced it." The facility failed to ensure Individual #4's participation was elicited necessary to maximize his developmental potential.	W 249		
W 474	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, it was determined the facility failed to ensure each individual's diet order was followed as prescribed for 1 of 3 individuals (Individual #3) who records were reviewed. This resulted in the	W 474	W474 Corrective Actions: This issue was discussed by the AQIDP with the consulting dietician who said that a speech therapist should make the determination about the size of food to be presented. The QIDP will contact the consulting speech therapist to clarify this situation and her recommendations will then be documented in individualized data-	01/04/16

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W 474	Continued From page 4 potential for an individual to experience swallowing difficulties and possible aspiration. The findings include: 1. Individual #3's IPP, dated 4/9/15, documented a 50 year old male whose diagnoses included moderate intellectual disability. His CFA, dated 4/9/15, documented his food needed to be cut into one-quarter inch size pieces. However, during an observation on 11/2/15 from 5:40 - 6:50 p.m., staff was noted to cut up a slice of Individual #3's pizza into pieces that ranged from approximately one inch by one inch to approximately one inch by two inches. When the DCS assisting Individual #3 was asked about the the size the pizza need to be cut into, she did not know. During an interview on 11/4/15 at 10:15 a.m., the AQIDP, stated Individual # 3's pizza should have been cut into one-quarter inch size pieces. The facility failed to ensure Individual #3 received an appropriate dietary texture.	W 474	based dining programs, in the Comprehensive Functional Assessment part of the IPP, and on "Special Diet Instructions". Staff will then be retrained about food preparations related to size and the AQIDP and ILWs will provide instruction as they observe mealtimes both on a formal and informal basis. Identifying Others Potentially Affected: All others living at this location are potentially affected. The speech therapist will be requested to assess all individuals at this location related to the sizes of food to be made available. System Changes: Please refer to Corrective Actions. Monitoring: The management team at this location and the RN Supervisor will both review "Meal Time" observation forms on a monthly basis and will take any necessary corrective action.	

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 11/2/15 - 11/4/15. The surveyors conducting your survey were: Trish O'Hara, RN, Team Lead Jim Troutfetter, QIDP	M 000	RECEIVED NOV 25 2015 FACILITY STANDARDS	
MM134	16.03.11200 Client Protections The requirements of Sections 200 through 299 of these rules are modifications and additions to the requirements in 42 CFR 483.420 - 483.420(d)(4), Condition of Participation: Client Protections incorporated in Section 004 of these rules. This Rule is not met as evidenced by: Refer to W137.	MM134	MM134 Please refer to W137	01/04/16
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 W249.	MM159	MM159 Please refer to W249	01/04/16
MM366	16.03.11800 Dietetic Services The requirements of Sections 800 through 899 of these rules are modifications and additions to the	MM366	MM366 Please refer to W474	01/04/16

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/24/15

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MM366	Continued From page 1 requirements of 42 CFR 483.480 - 483.480(d)(5), Condition of Participation: Dietetic Services incorporated in Section 004 of these rules. This Rule is not met as evidenced by: Refer to W474.	MM366		