



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

November 24, 2015

Russell McCoy, Administrator
South Bannock Group Home
415 South Arthur
Pocatello, ID 83204-3317

RE: South Bannock Group Home, Provider #13G015

Dear Mr. McCoy:

This is to advise you of the findings of the Medicaid/Licensure survey of South Bannock Group Home, which was conducted on November 18, 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;

Russell McCoy, Administrator
November 24, 2015
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 **December 7, 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:

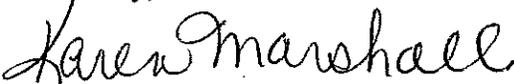
www.icfmr.dhw.idaho.gov

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 December 7, 2015. If a request for informal dispute resolution is received after December 7, 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
Health Facility Surveyor
Non-Long Term Care


NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

KM/pmt
Enclosures



Promoting Functional Independence Through Person Centered Services

December 1, 2015

Ms. Nicole Wisenor, Supervisor
Non-Long Term Care
Department of Health and Welfare
Division of Medicaid
Bureau of Facility Standards
P. O. Box 83720
Boise, ID 83720-0036

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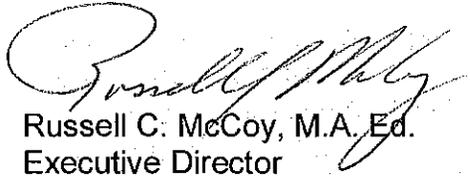
FACILITY STANDARDS

Dear Nicole:

Please find enclosed the completed *STATEMENT OF DEFICIENCIES / PLAN OF CORRECTION* for South Bannock Group Home from the survey completed November 18, 2015. On the Statement of Deficiencies / Plan of Correction, Form HCFA-2567, I have listed the necessary corrective actions.

I hope you find the Statement of Deficiencies / Plan of Correction acceptable. If there is any additional information you require or if you have any questions, please contact me at the address listed above.

Sincerely,



Russell C. McCoy, M.A. Ed.
Executive Director

Enclosures

Russell C McCoy, M.A. Executive Director • russellmccoy415@gmail.com

415 So. Arthur Avenue • Pocatello, Idaho 83204-3303 • Phone (208) 233-6833 • Fax (208) 233-6842 • www.developmentaloptions.com

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

PRINTED: 11/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2015
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NAME OF PROVIDER OR SUPPLIER SOUTH BANNOCK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3875 SOUTH BANNOCK HIGHWAY POCATELLO, ID 83201
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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	INITIAL COMMENTS The following deficiencies were cited during the recertification survey conducted from 11/16/15 to 11/18/15. The surveyors conducting your survey were: Karen Marshall, MS, RD, LD, Team Lead Trish O'Hara, RN Common abbreviations used in this report are: FDA - Food and Drug Administration MR - Mental Retardation OCD - Obsessive Compulsive Disorder	W 000		
W 367	483.460(k) DRUG ADMINISTRATION The facility must have an organized system for drug administration that identifies each drug up to the point of administration. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure an organized system was in place for medication identification up to the point of administration. This directly impacted 2 of 2 individuals (Individuals #3 and #4) whose medication administration was observed, and had the potential to impact all individuals residing in the facility. This resulted in the potential for incorrect medication being placed in blister packs by the pharmacy. The findings include: 1. A policy titled Guidelines for Drug Disposal, undated, stated "If a pill falls on the floor nursing will be notified. The pill will then be disposed of	W 367	W367 483.460(k) The Lead LPN immediately revised the procedure for a dropped pill. For Individual #4, Individual #3, and all other residents, the staff assigned will receive additional training in the new procedure used for self-administration of medication with specific emphasis on dropped pills and bubble pack use. Each person assigned to assist with self-administration of medication will be observed by a nurse or professional level supervisor at least once every six months to ensure the proper procedure is followed. Corrective Action Completion Date: November 17, 2015 Person Responsible: Christy Day, Lead Licensed Practical Nurse	

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 12/02/2015
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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 367	<p>Continued From page 1 following FDA guidelines."</p> <p>a. Individual #4 was a 37 year old female with diagnoses including mild MR, bipolar, and OCD.</p> <p>On 11/17/15 at 7:40 a.m. medication administration was observed for Individual #4. Nine pills were noted to be contained in one blister pack. Individual #4 was verbally prompted and physically assisted by staff to push the pills out of the blister pack into a medication cup held by the staff member. After this task, one pill was noted to be lying on the floor. Staff picked it up and threw it into the empty wastebasket in the medication room. Staff called the nurse and left a message for her to call the facility. Individual #4 then swallowed the remaining eight pills and left the room.</p> <p>When asked, at that time, staff said she did not know which one of Individual #4's pills had been dropped.</p> <p>Staff was asked what the facility's policy was for handling a dropped medication. She explained she had been trained to dispose of dropped medication in the trash can and call the nurse. She said she would then describe the dropped pill to the nurse, the nurse would call the pharmacy, and staff would take the blister pack to the pharmacy to have the dropped pill replaced. When asked, staff said the dropped pill was not retained for visualization by the nurse.</p> <p>b. Individual #3 was a 56 year old male with diagnoses including severe MR, Down Syndrome, and Alzheimers.</p> <p>On 11/17/15 at 8:05 a.m. medication</p>	W 367			

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W 367	Continued From page 2 administration was observed for Individual #3. Five pills were noted to be contained in one blister pack. Staff assisted Individual #3 to push the pills out of the blister pack into a medication cup held by the staff member. After this task, one pill was noted to be lying on the floor. Staff picked up the pill placing it in a medicine cup, and left another telephone message for the nurse to call the facility. When asked at that time, staff said she did not know which one of Individual #3's pills had been dropped but she would describe it to the nurse when she called back. In a telephone interview on 11/17/15 at 10:50 a.m., the nurse confirmed the process described by staff. She said the dropped pill was not visualized by nursing or by pharmacy. She confirmed both dropped medications for Individuals #3 and #4 had already been replaced and administered using the process. She said she talked to the pharmacy "all the time" but agreed she might not be able to accurately identify a pill by description if a different brand or generic medication was substituted. She said the facility probably should have a better system for replacing dropped medications.	W 367			
W 381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility did not provide a system to accurately identify medications for Individuals #3 and #4. The facility must store drugs under proper conditions of security.	W 381	W381 483.460(l)(1) The Lead LPN immediately revised the procedure for a dropped pill. For Individual #3 and all other residents, the staff assigned will receive additional training in the new procedure used for		

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W 381	<p>Continued From page 3</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 all drugs were disposed of in a secure manner for 8 of 8 individuals (#1 - #8) residing at the facility. This resulted in the potential for an individual to access and ingest an unsecured drug. The findings include:</p> <p>1. Individual #4 was a 37 year old female with diagnoses including mild MR, bipolar, and OCD.</p> <p>On 11/17/15 at 7:40 a.m. a medication administration was observed for Individual #4. Nine pills were noted to be contained in one blister pack. Individual #4 was verbally prompted and physically assisted by staff to push the pills out of the blister pack into a medication cup held by the staff member. After this task, one pill was noted to be lying on the floor. Staff picked it up and threw it into the empty wastebasket in the medication room. Staff called the nurse and left a message for her to call the facility. Individual #4 then swallowed the remaining eight pills and left the room.</p> <p>When asked, at that time, what the facility's policy was for handling a dropped medication. She explained she had been trained to dispose of dropped medication in the trash can and call the nurse.</p> <p>In an interview on 11/17/15 at 12:30 a.m., the nurse provided the facility policy for medication disposal. The policy, titled Guidelines for Drug Disposal, undated, stated medication should be disposed of by mixing them "with an undesirable substance, such as used coffee grounds or kitty litter..." in accordance with FDA guidelines.</p>	W 381	<p>self-administration of medication with specific emphasis on dropped pills and bubble pack use. Each person assigned to assist with self-administration of medication will be observed by a nurse or professional level supervisor at least once every six months to ensure the proper procedure is followed.</p> <p>Corrective Action Completion Date: November 17, 2015</p> <p>Person Responsible: Christy Day, Lead Licensed Practical Nurse</p>	

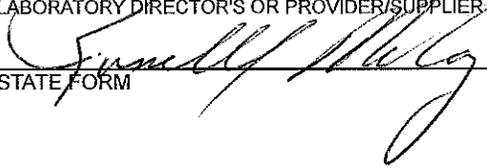
Bureau of Facility Standards

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M 000	16.03.11 Initial Comments The following deficiencies were cited during the state licensure survey conducted from 11/16/15 to 11/18/15. The surveyors conducting your survey were: Karen Marshall, MS, RD, LD, 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 W367 and W381.	MM166	MM166 16.03.11600 Refer to W367 and W381	

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 12/02/2015
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W 381	Continued From page 4 In a telephone interview on 11/17/15 at 10:50 a.m., the nurse said staff were to follow facility policy and dispose of dropped medications in "yucky" garbage so the medication would not be retrievable. She confirmed that disposal of Individual #4's pill in a clean wastebasket was not appropriate. The facility failed to ensure all drugs were disposed of in a secure manner.	W 381			