



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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RECEIVED

APR 20 2016

FACILITY STANDARDS

April 8, 2016

Bridger Fly, Administrator  
Communicare, Inc #4 Leland  
40 West Franklin Road, Suite F  
Meridian, ID 83642

RE: Communicare, Inc #4 Leland, Provider #13G012

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure survey of Communicare, Inc #4 Leland, which was conducted on April 7, 2016.

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;

Bridger Fly, Administrator  
April 8, 2016  
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 **April 21, 2016**, 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](http://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 April 21, 2016. If a request for informal dispute resolution is received after April 21, 2016, 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: 04/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNICARE, INC #4 LELAND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4150 LELAND WAY BOISE, ID 83709</b>	
(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 4/4/16 - 4/7/16.  The surveyor conducting your survey was:  Jim Troutfetter, QIDP  Common abbreviations used in this report are:  AQIDP - Assistant Qualified Intellectual Disabilities Professional DCS - Direct Care Staff HRC - Human Rights Committee IPP - Individual Program Plan QIDP - Qualified Intellectual Disabilities Professional	W 000	<b>RECEIVED</b>  <b>APR 20 2016</b>  <b>FACILITY STANDARDS</b>	
W 159	483.430(a) QIDP  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the QIDP provided sufficient monitoring and oversight which impacted 1 of 4 individuals (Individual #2) residing at the facility. That failure resulted in a lack of sufficient QIDP monitoring and oversight being provided. The findings include:  Individual #2's IPP, dated 2/4/16, documented a 59 year old male whose diagnoses included severe intellectual disability and a seizure disorder.  His record contained Physician's Recap Orders,	W 159		W159

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]* Administrator 4/20/16

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 159	Continued From page 1 dated 11/6/15, that documented his neurologist had prescribed Depakote ER (an anticonvulsant drug) 1000 mg once in the morning.  His record also contained a Physician's Order Sheet and Progress Notes form, dated 1/13/16, which documented his psychiatric provider had changed the neurologist's order from once in the morning to once at bed time.  No information related to his neurologist being notified or consulted of the change could be found.  When asked on 4/7/16 at approximately 12:55 p.m., the QIDP supervisor stated she did not believe the neurologist was made aware of the change.	W 159	and QIDP for this location are now all aware of this expectation and this will be discussed with the psychiatric provider at the 05/16 psychiatric clinic.  Identifying Others Potentially Affected: We have reviewed the psychotropic medications of the other individual's living at this location and no one else has anticonvulsant medications prescribed both by a neurologist and a psychiatric provider so no one else at this location is affected.  System Changes: We will inservice all QIDPs and nursing staff on this issue at our 04/27/16 management staff meeting. We believe this was an oversight but will clarify expectations.		
W 262	The facility failed to ensure the QIDP sufficiently monitored Individual #2's medical interventions. <b>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE</b>  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.  This STANDARD is not met as evidenced by: 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 2 of 4 individuals (Individuals #1 and #3) whose restrictive interventions were reviewed. This resulted in a	W 262	Monitoring: QIDPs and LPN are expected to monitor any changes recommended by psychiatric providers related to anticonvulsant medications and the LPN will obtain authorization from neurologists in response to recommendations from psychiatric providers prior to changes in dosage and/or administration time. This process will be monitored by the RN Supervisor during her routine (no less than quarterly) review of medical records.  <u>W262</u>  Corrective Actions: CCI's expectations related to obtaining and processing informed consents is detailed in our QIDP Oversight and	06/07/16	

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W 262	<p>Continued From page 2</p> <p>lack of protection of individuals' rights through prior approvals of restrictive interventions. The findings include:</p> <p>1. Individual #1's IPP, dated 2/18/16, documented a 53 year old male whose diagnoses included borderline intellectual disability, major depressive disorder, and bipolar disorder.</p> <p>His record contained Physician's Recap Orders, dated 2/5/16, that documented he received Lamictal (an anticonvulsant drug) 200 mg twice a day and Prozac (an antidepressant drug) 10 mg once a day.</p> <p>His record also contained Psychoactive Medication Authorization and Informed Consent forms for Lamictal and Prozac that documented phone approval was obtained from the HRC on 8/27/15.</p> <p>However, the facility's HRC had not signed the the approvals until 4/6/16.</p> <p>2. Individual #3's IPP, dated 2/25/16, documented a 52 year old male whose diagnoses included severe intellectual disability, schizoaffective disorder and bipolar disorder.</p> <p>His record contained a Behavior Management Plan/Support (BMP) Authorization Informed Consent form that documented the HRC had given phone approval for the BMP on 2/17/15.</p> <p>However, the facility's HRC committee did not sign the approval until 4/5/16.</p> <p>When asked on 4/7/16 at approximately 11:00 a.m., the QIDP stated the delay in obtaining</p>	W 262	<p>Behavioral Intervention Services Oversight Manual. These expectations will be reviewed with the QIDP by the QIDP Supervisor so that expectations are clear.</p> <p>The QIDP uses a calendaring system in her computer. She will be calendaring the processing of annual consents in this system. New consents are most often needed after monthly psychiatric clinics. The QIDP Supervisor will continue to remind the QIDP and other team members that newly ordered psychiatric medications cannot be ordered and/or given until consent has been obtained from both Advocates and HRC members and will check on the status of this process during Trending &amp; Tracking (TT) meetings where the status of obtaining both verbal and written consents will be discussed and documented on the TT form.</p> <p>Identifying Others Potentially Affected: A Quality Assurance check of all informed consents will be completed 04/22/16 to determine if others are affected by this issue.</p> <p>System Changes: We view this as an implementation issues not a systems problem so no systems changes will be made other than those processing systems identified above.</p> <p>Monitoring: As stated previously, the QIDP Supervisor will check on the status of both renewing previous</p>		

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W 262	Continued From page 3 signed approval was an oversight.	W 262	consents and obtaining new consents during Trending & Tracking (TT) meetings where status will be discussed and documented on the TT form.		
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 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 consent on restrictive interventions. The findings include:  1. Individual #1's IPP, dated 2/18/16, documented a 53 year old male whose diagnoses included borderline intellectual disability, major depressive disorder, and bipolar disorder.  His record contained Physician's Recap Orders, dated 2/5/16, that documented he received Lamictal (an anticonvulsant drug) 200 mg twice a day and Prozac (an antidepressant drug) 10 mg once a day.  His record also contained Psychoactive Medication Authorization and Informed Consent	W 263	<u>W263</u>  Corrective Actions: CCI's expectations related to obtaining and processing informed consents is detailed in out QIDP Oversight and Behavioral Intervention Services Oversight Manual. These expectations will be reviewed with the QIDP by the QIDP Supervisor so that expectations are clear.  The QIDP uses a calendaring system in her computer. She will be calendaring the processing of annual consents in this system. New consents are most often needed after monthly psychiatric clinics. The QIDP Supervisor will continue to remind the QIDP and other team members that newly ordered psychiatric medications cannot be ordered and/or given until consent has been obtained from both Advocates and HRC members and will check on the status of this process during Trending & Tracking (TT) meetings where the status of obtaining both verbal and written consents will be discussed and documented on the TT form.  Identifying Others Potentially Affected: A Quality Assurance check of all	06/07/16	

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W 263	Continued From page 4 forms for Lamictal and Prozac that documented phone consent was obtained from the guardian on 8/27/15.  However, the Psychoactive Medication Authorization and Informed Consent forms for Lamictal and Prozac had not been signed by the guardian.  When asked on 4/7/16 at approximately 11:00 a.m. the QIDP stated the signed consents were not obtained due to an oversight.  The facility failed to to obtain written guardian consent for Individual #1's restrictive interventions.	W 263	informed consents will be completed 04/22/16 to determine if others are affected by this issue.  System Changes: We view this as an implementation issues not a systems problem so no systems changes will be made other that those processing systems identified above.  Monitoring: As stated previously, the QIDP Supervisor will check on the status of both renewing previous consents and obtaining new consents during Trending & Tracking (TT) meetings where status will be discussed and documented on the TT form.		
W 488	483.480(d)(4) DINING AREAS AND SERVICE  The facility must assure that each client eats in a manner consistent with his or her developmental level.  This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure each individual ate in a manner consistent with their developmental level which directly impacted 7 of 7 individuals (Individuals #1 - #7) who were observed during mealtime. This failure impacted individuals' ability to learn appropriate dining skills. The findings include:  1. An observation was conducted at the facility on 4/4/16 from 5:45 - 6:50 p.m. During that time, the evening meal was observed.  At 6:30 p.m., a DCS was noted to tell individuals	W 488	<u>W488</u>  Corrective Actions: Please note that no similar observations have occurred during several years of surveys. 1. We believe that this observation is a result of "performance anxiety" by staff who have not experienced a survey. 2. The AQIDP (House Manager) and QIDP met with staff on 04/14/16. When questioned, staff were able to describe what should occur during mealtime related to family style dining and had no specific explanation about what actually did occur. 3. The AQIDP has been doing routine mealtime observations as documented in that locations "Observation Binder" and had not observed similar occurrences.	06/07/16	

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W 488	<p>Continued From page 5</p> <p>the dinner was ready. She was then noted to measure the portion size of chicken, rice and beets and place them on plates. She was then noted to serve the individuals the plates of food at the tables where they were sitting.</p> <p>During an interview on 4/5/16 at 11:07 a.m., the AQIDP stated the individuals should have served themselves.</p> <p>The facility failed to ensure individuals were provided an opportunity to participate in independent dining skills.</p>	W 488	<p>4. Staff were re-trained on family-style dining on 04/14/16.</p> <p>5. At least three dinner observations will be conducted by management staff during the months of May, June and July to insure that family style dining is occurring as expected.</p> <p>Identifying Others Potentially Affected: We believe this was an isolated incident exacerbated by staff's "performance anxiety" during survey. We do not believe this is common practice or that one incident has resulted in any adverse effect on the individuals served at this location.</p> <p>System Changes: We view this as a staff training and implementation issue and therefore plan no systems changes.</p> <p>Monitoring: We already have a mealtime monitoring system. This will be focused on dinner meals for the next three months. The management team at this location will individually conduct then collectively review mealtime observations and will note needed interventions and staff training provided on observation forms. The RN Supervisor will review these observations during scheduled reviews. This process will continue until we have determined that this issue is resolved.</p>		

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 4/4/16 to 4/7/16.  The surveyor conducting your survey was:  Jim Troutfetter, QIDP	M 000	<p><b>RECEIVED</b> <b>APR 20 2016</b> <b>FACILITY STANDARDS</b></p>	
MM155	16.03.11300 Facility Staffing  The requirements of Sections 300 through 399 of these rules are modifications and additions to the requirements in 42 CFR 483.430 - 483.430(e)(4), Condition of Participation: Facility Staffing incorporated in Section 004 of these rules	MM155		06/07/16
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 W159.	MM159		06/07/16
MM176	16.03.11702.02(a) Submit Samples  Submit water samples to the local Public Health District Laboratory for bacteriological examination at least once every three (3) months; and	MM176		06/07/16

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Administrator*

*4/20/16*

Bureau of Facility Standards

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MM176	Continued From page 1  This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to have their water tested for bacteriological contamination at least every three months for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. This had the potential for contaminated water to cause illness. The findings include:  1. The facility's water sample documentation was reviewed and did not include documentation that a water sample had been submitted for bacteriological evaluation for the fourth quarter (November - December) of 2015.  During an interview on 4/7/16 at approximately 12:55 p.m. the AQIDP stated the water had not been tested during the fourth quarter due to an oversight.  The facility failed to ensure their water had been tested for bacteriological contamination during the fourth quarter of 2015.	MM176	Calendar. Additionally, CCI's Administrative Assistant who checks to ensure that monthly evacuation drills have been completed has added checking that water samples have been taken at CCI #4 to her monitoring system.	
MM366	16.03.11800 Dietetic Services  The requirements of Sections 800 through 899 of these rules are modifications and additions to the 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 W488.	MM366	<u>MM366</u>  Please refer to W488	06/07/16