



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
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September 27, 2016

Richard Davis, Administrator
Boise Group Home #1 Pennfield
P.O. Box 4243
Boise, ID 83711

RE: Boise Group Home #1 Pennfield, Provider #13G017

Dear Mr. Davis:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Boise Group Home #1 Pennfield, on September 22, 2016.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction 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;

Richard Davis, Administrator
September 27, 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 **October 11, 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

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 9, 2016. If a request for informal dispute resolution is received after October 9, 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 the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,



NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 10/21/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/22/2016 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER BOISE GROUP HOME #1 PENNFIELD | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3855 PENNFIELD STREET BOISE, ID 83704 | | |
| (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 | <p>INITIAL COMMENTS</p> <p>Boise Group Home #1 Pennfield is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Individuals with Intellectual Disabilities for the annual recertification survey conducted from 9/19/2016 to 9/22/2016.</p> <p>The survey was conducted by:</p> <p>Nicole Wisenor, QIDP, Team Lead Melanie Shaw, QIDP</p> | W 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **10/18/2016**

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.

Bureau of Facility Standards

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|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G017 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 09/22/2016 |
|--|---|--|---|

NAME OF PROVIDER OR SUPPLIER
BOISE GROUP HOME #1 PENNFIELD

STREET ADDRESS, CITY, STATE, ZIP CODE
**3855 PENNFIELD STREET
BOISE, ID 83704**

| (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 deficiency was cited during the state licensure survey conducted from 9/19/16 to 9/22/16.

The surveyors conducting your survey were:

Nicole Wisenor, QIDP, Team Lead
Melanie Shaw, QIDP

MM215 16.03.11711.01 Good Repair

Each building used by the ICF/ID and its equipment must be in good repair.

This Rule is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure the facility was kept in good repair for 5 of 5 individuals (Individuals #1 - #5) residing at the facility. This resulted in the environment being kept in ill-repair. The findings include:

1. Environmental review was conducted at the facility on 9/20/16 at 10:09 a.m. During the review, the following was noted:

- In the kitchen, in front of the refrigerator, there were two holes in the vinyl flooring. One hole was approximately 2 inches by 2 inches in diameter. The second hole was approximately 1 inch in diameter.

- In Individual #2 and #4's bathroom, the vanity doors exhibited the finish being worn off exposing the bare wood, rendering it a porous uncleanable surface.

M 000

MM215

Corrective action:

Dresser, interior walls, floor molding, light cover, exposed wood will be repaired. The exhaust fan cover was repaired on the day noted by surveyor. Carpet in living room and family room is scheduled to be replaced in November.

Individuals affected:

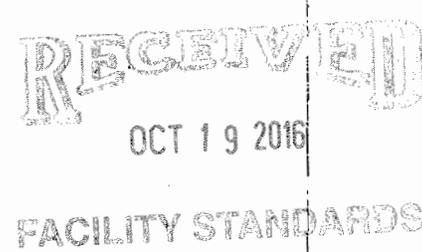
All occupants.

Systemic changes:

None

Monitor:

The manager uses a monthly check list



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

TITLE

(X6) DATE

[Signature]

Administrator

10/18/16

STATE FORM

6600

H98511

If continuation sheet 1 of 2

PAGE 01

BGH

2083761869

10/19/2016 15:35

STATUS Received

PAGES 2 DURATION 66

REMOTE CSID 2083761869

TIME RECEIVED October 19, 2016 3:31:03 PM MDT

** DHW INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER
BOISE GROUP HOME #1 PENNFIELD

STREET ADDRESS, CITY, STATE, ZIP CODE
**3855 PENNFIELD STREET
BOISE, ID 83704**

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|--------------------|--|---------------|---|--------------------|
| MM215 | <p>Continued From page 1</p> <ul style="list-style-type: none"> - Individual #1's bedroom dresser did not have back stops on the third drawer from the top. - The interior walls in the kitchen, the living room directly across from the kitchen, Individual #1's bedroom, and the area near the breakfast bar where a clipboard was kept exhibited multiple areas of chipped and missing paint. Wall corners at room entrance areas in the kitchen and the living room directly across the kitchen exhibited chipped and worn paint. - In the foyer, the floor molding on the right hand side had approximately a 7 inch by 1/4 inch piece of wood missing without paint. - The laundry room light was missing the light cover. In the bathroom located off of the laundry room, the light was missing the light cover, and the exhaust fan cover was hanging down with a piece of duct tape attached. Further, the bathroom vanity doors exhibited the finish being worn off exposing the bare wood, rendering it a porous uncleanable surface. <p>On 9/20/16 the Home Manager, who was present during the review, stated that the home was scheduled to be painted. She stated she was not sure of plans to repair the vinyl flooring.</p> <p>The facility failed to ensure the facility was kept in a safe manner and in good repair.</p> | MM215 | <p><i>to note repair need and monitor house keeping. Painting + floor covering is scheduled as needed after 5 years. More severe damage is priority.</i></p> <p><i>Person responsible: Home manager and Administrator</i></p> <p><i>Completion dates: Minor repairs 10/21/16 Vinyl Jan 31, 2017</i></p> | |