



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
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Boise, Idaho 83720-0009
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October 28, 2016

Bridger Fly, Administrator
Communicare, Inc #9 Main
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #9 Main, Provider #13G059

Dear Mr. Fly:

This is to advise you of the findings of the complaint survey of Communicare, Inc #9 Main, which was conducted on October 26, 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
October 28, 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 **November 10, 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 November 10, 2016. If a request for informal dispute resolution is received after November 10, 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: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2016
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #9 MAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 876 EAST MAIN JEROME, ID 83338	
(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 deficiency was cited during the complaint survey conducted from 10/24/16 to 10/26/16. The surveyors conducting your survey were: Karen Marshall, MS, RD, LD, Team Lead Melanie Shaw, BA, QIDP Common abbreviations used in this report are: IPP - Individual Program Plan LPN - Licensed Practical Nurse PRN - As needed QIDP - Qualified Intellectual Disabilities Professional	W 000	RECEIVED NOV 08 2016 FACILITY STANDARDS	
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to maintain a record keeping system that contained complete information for 2 of 9 individuals (Individuals #3 and #6) residing at the facility. This resulted in a lack of comprehensive, consistent information being available. The findings include: 1. The facility's Assistance With Oral Medication training module, dated 7/2016, stated under the "PRN (as needed) Medications" section that "the results of the use of any PRN must be	W 111	<u>W111</u> Corrective Actions: We have had a bit of staff turnover at this location over the past year. We provide initial training to new staff completed as part of the orientation process by the LPN which includes medical documentation. Our system is designed to have the AQIDP (house manager). Instructional Leadworker (ILW), and QIDP periodically check entries into all logs. Due to some AQIDP performance issues which were being formally addressed by the QIDP and Administrator, the resignation of one ILW, maternity leave by another ILW and extended absence of the AQIDP for medical reasons the log review system has not been implemented as expected. The	12/26/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 11/7/16

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 111	<p>Continued From page 1</p> <p>documented on the Medical Observation Log after one hour."</p> <p>Individual #3's and #6's medication administration sheets and Medical Observation Logs, dated 7/1/16 - 10/23/16, were reviewed. The individuals' medication sheets documented they received PRN medications. However, neither the medication sheet or the Medical Observation Logs documented the results of the use of the PRN medications as follows:</p> <p>a. Individual #3's undated Physician's Recap Orders contained a PRN order, dated 7/8/15, for acetaminophen (a pain reliever and fever reducer) 650 mg every 4 hours for pain and/or a temperature above 100.5 degrees Fahrenheit (F) and a PRN order, dated 7/8/15, for Ibuprofen (a non-steroidal anti-inflammatory drug) 600 mg every 6 hours for indications or reports of pain.</p> <p>The results of the use of his Ibuprofen were not documented for 5 of 6 administrations in 7/2016 and for 2 of 2 administrations in 10/2016. The results of the use of his Tylenol were not documented for 2 of 2 administrations in 8/2016 and for 1 of 1 administration in 9/2016.</p> <p>b. Individual #6's undated Physician's Recap Orders contained a PRN order, dated 2/15/15, for acetaminophen 650 mg every 4 hours for pain and/or a temperature above 100.5 degrees F.</p> <p>The results of the use of his acetaminophen were not documented for 4 of 4 administrations in 10/2016.</p> <p>When asked during an interview on 10/26/16 from 9:35 - 9:40 a.m., the LPN stated the staff</p>	W 111	<p>previous AQIDP has now resigned and a new AQIDP (who has been working as an ILW) has been hired as of 11/16/16, and the ILW on maternity leave has now returned to work. The QIDP Supervisor and RN will meet with these employees and the LPN 11/09/16 and will re-inservice them on the importance of and process of reviewing log entries and taking action if there is not sufficient information.</p> <p>Additionally, we are adding medical documentation instructions which includes PRN administration to each individual's Medical Observation Log section of their data notebooks.(See Attachment A)..</p> <p>Identifying Others Potentially Affected: All individuals at this location are potentially affected.</p> <p>System Changes: Please refer to "Corrective Action".</p> <p>Monitoring: The RN Supervisor will review at least one individual's chart each month to determine if management staff are checking content and taking action as needed in addition to the system described above.</p>		

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W 111	Continued From page 2 should have followed the instructions in the Assistance With Oral Medication training module and determined the effectiveness of the PRN medications given to each individual. The facility failed to ensure Individual #3's and Individual #6's record contained comprehensive information.	W 111		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2016
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M 000 16.03.11 Initial Comments

The following deficiency was cited during the complaint survey conducted from 10/24/16 - 10/26/16.

The surveyors conducting your survey were:

Karen Marshall, MS, RD, LD, Team Lead
Melanie Shaw, BA, QIDP

M 000

RECEIVED
NOV 08 2016
FACILITY STANDARDS

MM080 16.03.11100 Governing Body and Management

MM080

The requirements of Sections 100 through 199 of these rules are modifications or additions to the requirements in 42 CFR 483.410 - 483.410(e), Condition of Participation: Governing Body and Management incorporated in Section 004 of these rules.

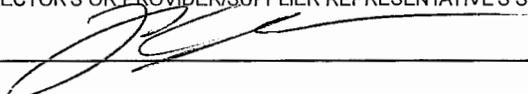
MM080

Please refer to W111

12/26/16

This Rule is not met as evidenced by:
Refer to W111.

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



TITLE

Administrator

(X6) DATE

11/7/16



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October 28, 2016

Bridger Fly, Administrator
Communicare, Inc #9 Main
40 West Franklin Road, Suite F
Meridian, ID 83642

Provider #13G059

Dear Mr. Fly:

An unannounced on-site complaint investigation was conducted from October 24, 2016 to October 26, 2016 at Communicare, Inc #9 Main. The complaint allegation, findings, and conclusions are as follows:

Complaint #ID00007393

Allegation: The facility does not provide dental services resulting in individuals experiencing toothache pain.

Findings: During the compliant investigation, records were reviewed and observations and interviews were conducted with the following results:

The facility's incident and accident reports and abuse investigations, dated 7/1/16 - 10/23/16, were reviewed. All reports and investigations were noted to be thoroughly investigated. There were no allegations that any individual had been abused, mistreated, or medically neglected by any of the staff.

Observations were conducted at the facility on 10/24/16 from 4:18 - 5:11 p.m., on 10/25/16 from 9:15 - 9:55 a.m. and 10:45 - 11:37 a.m.

During all observations, individuals were not observed to exhibit signs and symptoms of pain. Staff were observed to provide day treatment services, monitored the individuals and provided interventions according to the individuals' needs. During one observation, an individual was vocalizing and when the staff asked the individual what was wrong the individual indicated he was tired. The individual was assisted to his room. At that time, one of the staff stated the individual had a full, fun day at school and was probably tired.

Ten direct care staff were interviewed. All the staff stated that the individuals' medical needs, including dental services, were scheduled appropriately and their needs were being met. The staff stated that when an individual exhibited signs and symptoms of pain, they called the facility's Licensed Practical Nurse (LPN) for directions to give the individual an as needed medication for pain. One of the staff stated that earlier in the month an individual had fallen while in the bathroom. The staff contacted the LPN for directions to give the individual as needed pain medication after the fall in the bathroom. Two staff stated there was one individual who was being monitored for headaches and the staff would give the individual an as needed medication after contacting the LPN for instructions of what to do for the individual's headache.

The facility's Licensed Practical Nurse (LPN) and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. Both stated the facility was in the process of scheduling dental services through an ambulatory surgical center (ASC) for all of the individuals who resided in the facility. Both stated the use of the ASC was to ensure that none of the individuals would receive unnecessary IV (intravenous) sedation while at their dental appointments. The facility had determined that their previous dental service provider's practice of IV sedation whether the individuals needed it or not was not in the best interest of the individuals.

The medical records of 6 individuals were reviewed for dental services. One individual's record documented that the LPN had been in contact with the ASC and the individual was scheduled for a dental appointment on 11/2/16 due to the individual being monitored for possible tooth pain. However, the individual's Medical Observation Logs did not document the individual was experiencing on-going oral pain.

The facility's Assistance With Oral Medication training module, dated 7/2016, stated under the "PRN (as needed) Medications" section that "the results of the use of any PRN must be documented on the Medical Observation Log after one hour."

Six of the 9 individuals' medication administration sheets and Medical Observation Logs, dated 7/1/16 - 10/23/16 were reviewed.

Two individuals' medication sheets documented they received PRN medications. However, neither the medication sheet or the Medical Observation Logs documented the results of the use of their PRN medications.

Bridger Fly, Administrator
October 28, 2016
Page 3 of 3

When asked during an interview on 10/26/16 from 9:35 - 9:40 a.m., the LPN stated the staff should have followed the instructions in the Assistance With Oral Medication training module and determined the effectiveness of the PRN medications given to each individual. It could not be determined that the facility failed to provide dental services which resulted in individuals experiencing toothache pain. Therefore, due to a lack of sufficient evidence, the allegation was unsubstantiated. However, the staff did not monitor the results of as needed medications and a deficient practice was identified and cited at W111.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary.

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