



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

July 9, 2014

Bridger Fly, Administrator  
Communicare, Inc #7 Cougar  
40 West Franklin Road, Suite F  
Meridian, ID 83642

RECEIVED  
JUL 21 2014  
FACILITY STANDARDS

RE: Communicare, Inc #7 Cougar, Provider #13G072

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure survey of Communicare, Inc #7 Cougar, which was conducted on July 2, 2014.

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

Bridger Fly, Administrator  
July 9, 2014  
Page 2 of 2

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 **July 22, 2014**, 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 July 22, 2014. If a request for informal dispute resolution is received after July 22, 2014, 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.

Sincerely,



KAREN MARSHALL  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

KM/pmt  
Enclosures

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

PRINTED: 07/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/02/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNICARE, INC #7 COUGAR	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 & 2907 COUGAR AVENUE NAMPA, ID 83686
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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

W 000:

The following deficiencies were cited during the recertification survey conducted from 6/30/14 to 7/2/14.

The surveyors conducting your survey were:

Karen Marshall, MS, RD, LD, Team Lead  
Michael Case, LSW, QIDP

Common abbreviations used in this report are:  
IPP - Individualized Program Plan  
MAR - Medication Administration Record  
QIDP - Qualified Intellectual Disabilities Professional

W 124 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS

W 124 W124

09/02/14

The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on which to base consent decisions for 2 of 4 individuals (Individuals #2 and #3) whose written informed consents were reviewed. This resulted in a lack of accurate information being provided to the individuals' parents/guardians regarding drugs used for behavioral control. The findings include:

PLEASE NOTE: The dentist who treats both of the individuals originally planned to provide necessary services under general anesthetic. Due to some issue related to doing this procedure in his office, he decided instead to use a pre-medication, ordered this medication through the pharmacy, and this was delivered to the facility. The management staff at this location thought this was a onetime procedure and did not connect this change by the dentist as prescription of a premedication. Therefore, specific consent was not obtained and this medication was not included on the medication reduction plan. In hindsight, the delivery of the medication should have triggered both the LPN and the QIDP to review this situation the QIDP to do the

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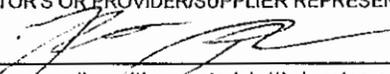
JUL 21 2014

FACILITY STANDARDS

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

TITLE

(X8) DATE



Administrator

7/21/14

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 124 Continued From page 1

1. a. Individual #2's 5/7/14 IPP stated he was a 38 year old male whose diagnoses included autism and psychomotor retardation.

His Physician's Order, dated 1/21/14, stated take 0.75 mg of Triazolam (a hypnotic drug) 1 hour prior to dental appointment.

Individual #2's January 2014 MAR documented he received 0.75 mg of Triazolam on 1/22/14.

Individual #2's record included an Informed Consent form, dated 5/12/14, for the use of general anesthesia to allow him to have his teeth cleaned. Under the "Possible Disadvantages Side Effects" section, the Informed Consent form stated "some individuals have adverse reactions to anesthesia (i.e. forgetfulness, loss of memory, etc.)." However, the consent did not include information related to Triazolam.

b. Individual #3's 5/28/13 IPP stated she was a 37 year old female whose diagnoses included anxiety, autism, and severe mental retardation.

Her Physician's Order, dated 1/21/14, stated take 0.75 mg of Triazolam (a hypnotic drug) 1 hour prior to dental appointment.

Individual #3's January 2014 MAR documented she received 0.75 mg of Triazolam on 1/28/14.

Individual #3's record included an Informed Consent form, dated 5/28/14, for the use of a general anesthesia to allow her to have her teeth cleaned. Under the "Possible Disadvantages Side Effects" section, the Informed Consent form stated "some individuals have adverse reactions

W 124: necessary consent procedure. In the eleven years this QIDP has been at this location, no similar situation has been identified.

Corrective Actions: Please refer to the attached page 24 from our QIDP Oversight Manual. The QIDP and LPN at this location will both be retrained on this issue.

Identifying Others Potentially Affected: We do not believe any other individuals living at this location were affected at this location but the QIDP will do a review of dental records and corrective action will be taken as needed.

System Changes: We do not believe this is a systems issue and therefore no systems changes are planned.

Monitoring: There is a section in our Nursing Summary related to the use of PRN medications. This section will be reviewed regularly by the RN Supervisor to insure compliance with expectations.

8.1.14 10:50AM  
Per telecom with Admin  
PRN consents will be  
obtained when Andas  
needed. km

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W 124 Continued From page 2  
to anesthesia (i.e. forgetfulness, loss of memory, etc.)" However, the consent did not include information related to Triazolam.

During an interview on 7/2/14 from 9:30 to 10:05 a.m., the QIDP stated he thought Individual #2's and #3's Informed Consents for general anesthesia were intended for the use of the Triazolam prior to and during dental appointments. The QIDP stated the Informed Consents for both individuals needed to be updated.

According to the 2014 Nursing Drug Handbook, adverse reactions to the use of Triazolam may include complex sleep-related behaviors, mental confusion, and physical and psychological dependence.

W 124

W 312 483.450(e)(2) DRUG USAGE

Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

This STANDARD is not met as evidenced by:  
Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' IPPs that were directed specifically towards the reduction of

W 312

W312 09/02/14

Corrective Actions: Please refer to the "PLEASE NOTE" comments listed under W124. As this medication was not viewed as a premed, information related to its use was not included in medication reduction plans. These plans will be updated to include this medication by the QIDP.

Identifying Others Potentially Affected:  
We do not believe any other individuals living at this location were affected at this location but the QIDP will do a review of dental records and

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W 312	<p>Continued From page 3</p> <p>and eventual elimination of the behaviors for which the drugs were employed for 2 of 4 individuals (Individuals #2 and #3) whose medication reduction plans were reviewed. This resulted in individuals receiving behavior modifying drugs without plans that identified the drugs usage and how they may change in relation to progress or regression. The findings include:</p> <p>1. a. Individual #2's 5/7/14 IPP stated he was a 38 year old male whose diagnoses included autism and psychomotor retardation.</p> <p>His Physician's Order, dated 1/21/14, stated take 0.75 mg of Triazolam (a hypnotic drug) 1 hour prior to dental appointments.</p> <p>Individual #2's January 2014 MAR documented he received 0.75 mg of Triazolam on 1/22/14.</p> <p>However, Individual #2's IPP did not include medication reduction criteria for the use of Triazolam.</p> <p>b. Individual #3's 5/28/13 IPP stated she was a 37 year old female whose diagnoses included anxiety, autism, and severe mental retardation.</p> <p>Her Physician's Order, dated 1/21/14, stated take 0.75 mg of Triazolam (a hypnotic drug) 1 hour prior to dental appointment.</p> <p>Individual #3's January 2014 MAR documented she received 0.75 mg of Triazolam on 1/28/14.</p> <p>However, Individual #3's IPP did not include medication reduction criteria for the use of Triazolam.</p>	W 312	<p>corrective action will be taken as needed.</p> <p>System Changes: We do not believe this is a systems issue and therefore no systems changes are planned.</p> <p>Monitoring: The QIDP Supervisor will review updated Medication Reduction Plans for these Individuals. Since we don't view this as a systems issue, no further monitoring is planned.</p>

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W 312	Continued From page 4  During an interview on 7/2/14 from 9:30 to 10:05 a.m., the QIDP stated Triazolam was used prior to and during dental appointments for sedation and was not included in Individual #2's and Individual #3's medication reduction plan.  The facility failed to ensure a medication reduction plan for Triazolam was in place for Individual #2 and Individual #3.	W 312		

Bureau of Facility Standards

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M 000	16.03.11 Initial Comments	M 000		
	<p>The following deficiencies were cited during the annual licensure survey conducted from 6/30/14 - 7/2/14.</p> <p>The survey was conducted by:</p> <p>Karen Marshall, MS, RD, LD, Team Leader Michael Case, LSW, QIDP</p> <p>Common abbreviations used in this report are:</p> <p>DCS - Direct Care Staff ILW - Instructional Lead Worker MSDS - Material Safety Data Sheets</p>		<p><b>RECEIVED</b></p> <p><b>JUL 21 2014</b></p> <p><b>FACILITY STANDARDS</b></p>	
MM164	16.03.11.075.04 Development of Plan of Care	MM164	MM164 Please refer to W124	09/02/14
	<p>To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment.</p> <p>This Rule is not met as evidenced by: Refer to W124.</p>			
MM271	16.03.11.100.04(b) Storage of Toxic Chemicals	MM271	MM271	09/02/14
	<p>All toxic chemicals must be properly labeled and stored under lock and key.</p> <p>This Rule is not met as evidenced by: Based on observation and staff interviews, it was</p>		<p>At the time of the survey it was difficult to note if the cupboards identified were locked or unlocked. To correct this issue these have</p>	

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

TITLE

(X6) DATE

*Administrator*

*07/21/2014*

Bureau of Facility Standards

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MM271 Continued From page 1

determined the facility failed to ensure all toxic chemicals were kept locked for 8 of 8 individuals (Individuals #1 - #8) residing at the facility. This resulted in toxic chemicals being unlocked and accessible. The findings include:

1. An observation was conducted at the facility on 6/30/14 from 6:10 to 7:05 p.m. During that time, the men's laundry room cabinet used to store cleaning chemicals was found to be unlocked. The contents included the following:

- A gallon of Betco AF315 disinfectant
- A quart spray bottle of Betco AF79 disinfectant
- A 22 ounce spray bottle of Resolve Spray and Wash

The MSDS for Betco AF315 Disinfectant stated it was severely irritating to the skin and eyes. There was a risk of serious eye damage and contained ingredients that may cause organ damage.

The MSDS for Betco AF79 disinfectant stated it was harmful if swallowed and may cause respiratory and skin inflammation.

The MSDS for Resolve Spray and Wash stated it was irritating to the eyes and sensitive skin.

During an interview on 6/30/14 at 6:22 p.m., the ILW said the chemical cabinet should not have been left unlocked.

2. An observation was conducted at the facility on 7/1/14 from 6:45 to 7:47 a.m. During that time, the women's laundry room chemical cabinet was found to be unlocked. The contents included the following:

- A gallon of Betco AF315 disinfectant

MM271

now been clearly marked to indicate the locked position. To monitor the cupboards the QIDP will check these at every subsequent visit for the next two months or until assured that proper locking procedures are occurring. During any extended leave by this QIDP, the AQIDP (House Supervisor) will become responsible for this monitoring activity.

Bureau of Facility Standards

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MM271: Continued From page 2

- A quart spray bottle of Betco AF79 disinfectant
- A 22 ounce spray bottle of Shout

The MSDS for Shout stated it was irritating to the eyes, skin, and to avoid contact with skin, eyes, and clothing.

Two DCS who were present during the observation said the cabinet should not be left unlocked.

The facility failed to ensure all toxic chemicals were maintained under locked conditions.

MM271

MM729 16.03.11.270.01(d) Treatment Plan Objectives

The individual treatment plan must state specific objectives to reach identified goals. The objectives must be:  
This Rule is not met as evidenced by:  
Refer to W312.

MM729

MM/29

Please refer to W312

09/02/14