



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 11, 2014

Richard Davis, Administrator  
Boise Group Home #8 Delmar 2  
P.O. Box 4243  
Boise, ID 83711

RE: Boise Group Home #8 Delmar 2, Provider #13G069

Dear Mr. Davis:

This is to advise you of the findings of the complaint survey of Boise Group Home #8 Delmar 2, which was conducted on July 9, 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

Richard Davis, Administrator  
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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 24, 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 24, 2014. If a request for informal dispute resolution is received after July 24, 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,



ASHLEY HENSCHIED  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

AH/pmt  
Enclosures

September 4, 2014

Ashley Henscheid  
Health Facility Surveyor  
Non-Long Term Care  
Bureau of Facility Standards  
3232 Elder Street  
PO Box 83720  
Boise, Idaho 83720

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SEP 04 2014

FACILITY STANDARDS

Ashley:

Per your request for additional information regarding corrective action at the Delmar 2 home and follow up conversations with you and Nicole:

1. The facility has reviewed consents for other individuals in the home to ensure that they are complete and provide sufficient information related to alternative procedures available so that guardians can make informed decisions regarding proposed procedures.
2. Specifically for individual 1, the consent at issue is no longer relevant as the facility has continued to work with the guardian to arrange for alternative services to meet this individual's needs. In the future if there are issues related refusing service completely the results/impact of failing to provide service for the individual will be included for the guardian as well as information related to the regulatory requirements for the organization to provide treatment.
3. As previously described in the plan of correction, for all consents in the future, the facility will modify the information included on the consent forms as needed to include information related to alternatives when available and consequences or anticipated outcomes if a particular treatment is declined.
4. All consents will be reviewed by the Program Director and the Social Worker as they are initially obtained and annually, if appropriate, prior to renewal.

Please contact me if you have further questions.

  
Claude Pickett  
Program Director  
Boise Group Homes

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

PRINTED: 07/11/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/09/2014
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NAME OF PROVIDER OR SUPPLIER  BOISE GROUP HOME #8 DELMAR 2	STREET ADDRESS, CITY, STATE, ZIP CODE 12495 WEST DELMAR STREET BOISE, ID 83713
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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)	(X6) COMPLETION DATE
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W 000	INITIAL COMMENTS  The following deficiency was cited during the complaint survey conducted from 7/8/14 to 7/9/14.  The survey was conducted by: Ashley Henscheld, QIDP, Team Leader Karen Marshall, MS, RD, LD Jim Troutfetter, QIDP Michael Case, LSW, QIDP  Common abbreviations used in this report are: IPP - Individual Program Plan	W 000		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS  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 guardians on which to base consent decisions for 1 of 1 individual (Individual #1) reviewed, who was in need of restrictive interventions for dental examinations. This resulted in a lack of information being provided to the individual's guardian regarding restrictive intervention options. The findings include:  1. Individual #1's IPP, dated 1/17/14, documented	W 124	W124  It is the facility's intent to insure that each individual and/or his/her guardian is provided complete and appropriate information regarding alternative courses of care or treatment and their consequences. The facility works to maintain good communication and attempts to provide information both verbally and in writing however the complete extent of that information is not always fully documented. The facility will modify the information included on the consent forms to included information related to alternatives when available and consequences or anticipated outcomes if a particular treatment is declined.  By Whom: Program Director, Social Worker, Director of Nursing Completion Date: August 1, 2014	

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AUG - 9 2014  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David Roberts</i>	TITLE Program Director	(X8) DATE 8-9-14
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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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/09/2014
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NAME OF PROVIDER OR SUPPLIER  BOISE GROUP HOME #8 DELMAR 2	STREET ADDRESS, CITY, STATE, ZIP CODE 12496 WEST DELMAR STREET BOISE, ID 83713
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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) COMPLETE DATE
M 000	16.03.11 Initial Comments  The following deficiency was cited during the complaint survey conducted from 7/8/14 to 7/9/14.  The survey was conducted by: Ashley Henscheld, QIDP, Team Leader Karen Marshall, MS, RD, LD Jim Troutfetter, QIDP Michael Case, LSW, QIDP	M 000	RECEIVED AUG - 9 2014 FACILITY STANDARDS	
MM164	16.03.11.075.04 Development of Plan of Care  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. This Rule is not met as evidenced by: Refer to W124.	MM164	MM164 Please refer to W124	

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

*Claude Prober*

TITLE

*Program Analyst*

(X6) DATE

*8-9-14*



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July 11, 2014

Richard Davis, Administrator  
Boise Group Home #8 Delmar 2  
P.O. Box 4243  
Boise, ID 83711

Provider #13G069

Dear Mr. Davis:

On **July 9, 2014**, a complaint survey was conducted at Boise Group Home #8 Delmar 2. The complaint allegation, findings and conclusion are as follows:

**Complaint #ID00006530**

**Allegation:** Individuals are not provided with necessary professional dental services or alternatives to restrictive dental procedures.

**Findings:** An unannounced on-site investigation was conducted from 7/8/14 to 7/9/14. During that time, record review and interviews with facility staff were completed with the following results:

Three individuals were selected for review. Dental Service notes for each individual were reviewed. The notes provided evidence that one individual had not received dental services from 6/3/11 to 3/31/14. The facility nurse was interviewed on 7/9/14 from 9:38 to 9:48 a.m. and verified the individual had not received dental services from 6/3/11 to 3/31/14.

The individual's record included a Nursing Progress Notes entry, dated 3/31/14, which documented the dentist was able to perform a small amount of cleaning and a brief exam. The entry documented the individual had 2 cavities and an appointment had been scheduled for 4/22/14 to obtain x-rays, clean his teeth, and possibly fill the cavities. The entry further documented a papoose board, an anxiolytic drug, and a mouth prop would be used.

A second Nursing Progress Notes entry, dated 4/1/14, documented the individual's guardian had been contacted, informed of the planned procedure, and requested the Consent for Treatment be mailed to her. However, a subsequent Nursing Progress Notes entry, dated 4/16/14, documented the individual's guardian had withdrawn her consent for the use of the anxiolytic drug and papoose board during dental procedures and the appointment was canceled. The entry further documented the guardian wanted the individual's dental work completed under general anesthesia and the individual's family "will set it all up."

Richard Davis, Administrator  
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The individual's Consent for Treatment for the use of an anxiolytic drug and papoose board, signed by the guardian on 4/4/14, was reviewed. It documented consent could be withdrawn at any time, but the consent did not include information related to possible consequences of refusal of treatment or alternatives to the proposed treatment.

During the entrance conference on 7/8/14 from 12:45 - 1:40 p.m., the Social Worker stated she was responsible for facility consents. When asked on 7/9/14 from 10:35 - 10:50 a.m., the Social Worker stated alternatives to treatment and consequences of refusal were not included in the consent or discussed with the individual's guardian as the guardian was originally in agreement with the team related to the interventions.

In sum, it was determined one individual had not received routine annual dental services. The issue had been identified and resolved and the individual was examined by a dentist on 3/31/14. However, the individual's guardian was not provided with information related to treatment alternatives or possible consequences of refusal of treatment.

Therefore, the allegation was substantiated and the facility was cited at W124 for lack of information being provided to the individual's guardian regarding refusal of restrictive intervention options.

**Conclusion:** Substantiated. Federal and State deficiencies related to the allegation are cited.

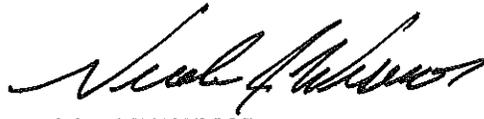
Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



ASHLEY HENSCHIED  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

AH/pmt