



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

August 1, 2014

Rex Redden, Administrator
Idaho Falls Group Home #3 Periska
P.O. Box 50457
Idaho Falls, ID 83405-0457

RE: Idaho Falls Group Home #3 Periska, Provider #13G045

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure survey of Idaho Falls Group Home #3 Periska, which was conducted on July 24, 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

Rex Redden, Administrator
August 1, 2014
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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 **August 14, 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

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

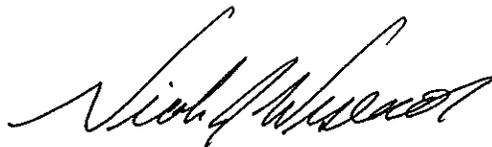
This request must be received by August 14, 2014. If a request for informal dispute resolution is received after August 14, 2014, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

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: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2014
NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #3 PERISKA			STREET ADDRESS, CITY, STATE, ZIP CODE 950 PERISKA WAY IDAHO FALLS, ID 83405	
(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 7/21/14 to 7/24/14. The survey was conducted by: Karen Marshall, MS, RD, LD, Team Lead Michael Case, LSW, QIDP Common abbreviations used in this report are: AQIDP - Assistant Qualified Intellectual Disabilities Professional HCA - Health Care Assistant ITTP - Interdisciplinary Treatment Team Plan Kcalorie - Kilocalorie/kcal QIDP - Qualified Intellectual Disabilities Professional RD - Registered Dietitian USDA - United States Department of Agriculture	W 000		
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure nursing reviews were completed on a quarterly basis for 1 of 3 individuals (Individual #3) whose medical records were reviewed. This resulted in the potential for medical problems to not be identified in a timely fashion. The findings	W 336	W 336 1. The facility had a change in the RN consultant position during the months of February and March, 2014. This is the time frame that the quarterly nursing assessment was missing from. The Medical Coordinator is tracking the due date of all quarterly assessments. The Medical Coordinator is now sending correspondence via text message to the RN consultant reminding her of the quarterly assessments that are due that month.	

RECEIVED

AUG 13 2014

FACILITY STANDARDS

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

TITLE

(X6) DATE

[Signature]

Administrator

8/11/14

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 336	Continued From page 1 include: 1. Individual #3's 6/19/14 ITTP documented a 47 year old female whose diagnoses included profound mental retardation, cognitive disorder, Rhetts's syndrome, scoliosis with Harrington Rods, spastic quadriplegia, osteoporosis, osteoarthritis, and hearing loss in her right ear. Individual #3's record documented quarterly nursing reviews were completed on 9/24/13, 12/16/13, and on 6/8/14. A completed review for the first quarter (January, February, March) of 2014 was not located in her record. During an interview on 7/24/14 from 11:00 - 11:25 a.m., the HCA stated the nursing review for the first quarter of 2014 was missed. The nurse was doing every other month and did not utilize the monthly schedule. The facility failed to ensure nursing reviews had been completed on a quarterly basis.	W 336	W 336 cont'd 2. All individuals have the potential to be affected by this practice. The Medical Coordinator will review the quarterly nursing assessment schedule with the RN consultant to ensure she is aware of when the assessments are due. 3. The RN consultant will submit completed quarterly nursing summaries to the Medical Coordinator once they are complete. The Medical Coordinator will check the nursing assessments against the schedule to ensure that all quarterly assessments that were due for the month were completed. 4. The QIDP will conduct quarterly chart reviews to ensure that all quarterly nursing assessments have been completed in the appropriate time frame. 5. Target date for completion will be September 30, 2014	
W 353	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed including radiographs when indicated and detection of manifestations of systemic disease. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure a periodic comprehensive dental evaluation was accomplished for 1 of 3 individuals (Individual #3)	W 353	W 353 1. A semi-annual dental exam scheduled for September, 2014 for the individual found to be affected by this deficient practice. Prior to the appointment, the treatment team will meet to discuss appropriate less restrictive interventions to try with the individual in order to attempt to obtain dental x-rays.	

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W 353	<p>Continued From page 2</p> <p>whose dental records were reviewed. This resulted in the potential for an individual's dental needs to be unidentified and untreated. The findings include:</p> <p>1. Individual #3's 6/19/14 ITTP documented a 47 year old female whose diagnoses included profound mental retardation and cognitive disorder.</p> <p>Individual #3's record documented dental visits on 3/3/14 and 8/26/13. However, an x-ray report was not in her record. The record did not contain a dental note indicating when the most recent x-rays were obtained.</p> <p>During an interview on 7/24/14 from 11:00 - 11:25 a.m., the HCA stated she would check to determine when Individual #3's last comprehensive dental evaluation with x-rays was completed. During a follow-up interview, on 7/24/14 at 3:00 p.m., the HCA stated the dentist had no record of x-rays for her.</p> <p>The facility failed to ensure a comprehensive dental examination had been obtained for Individual #3.</p>	W 353	<p>W 353 cont'd</p> <p>2. This has the potential to affect all residents in all the facilities. The Medical Coordinator will review all dental examination notes for the past year and will notify the QIDP of any issues or concerns that arise from any dental exams. If any issues or concerns are noted, the Treatment Team will meet to discuss alternative less restrictive methods that may be used in order to obtain a comprehensive dental examination. A follow-up dental examination will then be scheduled and the less restrictive methods will be attempted. If this is not successful then the Treatment Team will meet again to discuss the possibility of implementing a more restrictive procedure to ensure that comprehensive dental exams are completed for each individual.</p> <p>3. The QIDP will review and initial all dental examination notes once they have been obtained by the Medical Coordinator to ensure that a comprehensive dental examination has occurred for each individual.</p> <p>4. The QIDP and AQIDP's will review the clients charts quarterly to ensure that all clients have received comprehensive dental examinations.</p> <p>5. Target date for completion will be September 30, 2014.</p>	
W 466	<p>483.480(a)(6) FOOD AND NUTRITION SERVICES</p> <p>Unless otherwise specified by medical needs, the diet must be prepared at least in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, adjusted for age, sex, disability and activity.</p>	W 466		

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W 466	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews, it was determined the facility failed to ensure the menus, as written, maintained caloric balance and nutrient density for fruits and vegetables for 6 of 6 individuals (Individuals #1 - #6) who resided at the facility. This resulted in the potential for individuals' nutritional needs to not be met. The findings include:</p> <p>The individuals residing in the facility ranged in age from 25 to 52 years old.</p> <p>The 2010 Dietary Guidelines for Americans, a publication of the USDA and the U. S. Department of Health and Human Services, provides guidance to maintain caloric balance to achieve and sustain a healthy weight. Based on gender and age from 25 to 52 years old, the estimated daily caloric needs were 2,000 to 2,400. Based on 2,000 to 2,400 caloric needs per day, the recommended daily fruit intake should be 2 cups and the daily vegetable intake ranged from 2 1/2 to 3 cups.</p> <p>On 7/21/14 from 5:25 to 6:46 p.m., the dinner meal was observed. The foods served were 1 cup chicken soup, one dinner roll, and 1/2 cup green salad. Salad dressing, water, and juice were also served. The dinner menu was 1 cup soup of choice, one dinner roll, and 1/2 cup green salad. The salad dressing, water, and juice were not listed on the dinner menu.</p> <p>1. On 7/22/14 at 11:50 a.m., the facility's menus were reviewed. The Spring/Summer Week Four Menu was in place and used during the survey week. The menus were subsequently evaluated</p>	W 466	<p>W 466</p> <ol style="list-style-type: none"> The menus for the individuals found to have been affected by the deficient practice will be reviewed and revised to ensure that they maintain caloric balance and nutrient density for fruits and vegetables. All individuals have the potential to be affected by this practice. The menus in all facilities will be reviewed and revised to ensure that they maintain caloric balance and nutrient density for fruits and vegetables. The RD will review all revisions made to the menus and will ensure that the menus they maintain caloric balance and nutrient density for fruits and vegetables. Anytime there is a change in menus, the RD will review them before they are implemented to ensure they maintain caloric balance and nutrient density for fruits and vegetables. The RD will then sign off on the menus stating she has reviewed them and approved them for all facilities. Target date for completion will be September 30, 2014 		

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W 466	<p>Continued From page 4</p> <p>and the following was determined for total daily kcal provided, the daily kcal average, and the daily number of fruit and vegetable servings provided.</p> <p>Sunday: total kcal 1499, total fruit serving 1/2 cup, total vegetable serving 1/2 cup</p> <p>Monday: total kcal 1537, total fruit servings 2 cups, total vegetable servings 1/2 cup</p> <p>Tuesday: total kcal 1238, total fruit servings 1 cup, total vegetable servings 3/4 cup</p> <p>Wednesday: total kcal 1871, total fruit servings 2 cups, total vegetable servings 1 cup</p> <p>Thursday: total kcal 2075, total fruit servings 1/2 cup, total vegetable servings 1 1/2 cups</p> <p>Friday: total kcal 1573, total fruit servings 1/2 cup, total vegetable servings 1 1/2 cups</p> <p>Saturday: total kcal 1526, total fruit servings 1 1/2 cup, total vegetable servings 2 cups</p> <p>The Week Four daily total kcal ranged from 1238 to 2075. The Week Four daily kcal average for the week was 1609 kcal. The Week Four daily fruit servings ranged from 1/2 cup to 2 cups. The Week Four daily vegetable servings ranged from 1/2 cup to 2 cups.</p> <p>During an interview on 7/24/14 from 11:00 to 11:25 a.m., an AQIDP for a sister facility within the company stated she developed the menus based on what Individuals #1 - #6 would eat and she reviewed various regulations to ensure there was enough fish, protein, and fruit in the menus.</p>	W 466			

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W 466	Continued From page 5 The AQIDP said she then gave the menus to the RD for review. During an interview on 7/24/14 from 12:50 to 1:10 p.m., the facility's RD stated the facility provided her with the menus. She said she had concerns with the menus and was in the process of reviewing the menus to ensure the individuals received a variety of foods from all food groups including fruits and vegetables served at each meal.	W 466			
W 480	The facility failed to ensure the menus maintained caloric balance and nutrient density for fruits and vegetables. 483.480(c)(1)(iv) MENUS Menus must include the average portion sizes for menu items. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews, it was determined the facility failed to ensure the menus contained all portion sizes and foods, beverages, and condiments served at each meal for 6 of 6 individuals (Individuals #1 - #6) who resided at the facility. This resulted in the potential for individual nutritional needs to not be met. The findings include: According to the USDA, sample menus should include food items and portion sizes including beverages such as water, coffee, tea, juice, and milk, margarine or butter, and condiments such as mustard, ketchup, and salad dressing(s). 1. On 7/21/14 from 5:25 to 6:46 p.m., the dinner	W 480	W 480 1. The menus for the individuals found to have been affected by the deficient practice will be reviewed and revised to ensure that they include all food items and portion sizes including beverages, margarine or butter, and condiments. 2. All individuals have the potential to be affected by this practice. The menus in all facilities will be reviewed and revised to ensure that they include all food items and portion sizes including beverages, margarine or butter, and condiments. 3. The RD will review all revisions made to the menus and will ensure that they include all food items and portion sizes including beverages, margarine or butter, and condiments.		

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W 480	<p>Continued From page 6</p> <p>meal was observed. The foods served were 1 cup chicken soup, one dinner roll, and 1/2 cup green salad. Salad dressing, water, and juice were also served. The facility's dinner menu was 1 cup soup of choice, one dinner roll, and 1/2 cup green salad. The salad dressing, water, and juice were not listed on the dinner menu.</p> <p>However, on 7/22/14 at 11:50 a.m., the facility's menus were reviewed. The Spring/Summer Week Four Menu was in place and used during the survey week. The menus were subsequently evaluated. The menus did not include all food items and portions sizes served at each meal. Examples include, but were not limited to, the following:</p> <ul style="list-style-type: none"> - Sunday through Saturday for Breakfast, Lunch, and Dinner: Beverages, butter or margarine, and condiments were not included on the menus. - Tuesday: 10:30 a.m. snack was 5 crackers with cheese. The type crackers and the type and amount of cheese were not identified. - Thursday: 3:30 p.m. snack was 1/2 cup carrots with ranch. The amount of ranch (dressing) was not identified. - Dinner rolls were provided at various meals, however, as written, butter or margarine was not part of the menu. <p>During an interview on 7/24/14 from 11:00 to 11:25 a.m., an AQIDP for a sister facility within the company stated the menus were developed based on what Individuals #1- #6 would eat and she reviewed various regulations to ensure there was enough fish, protein, and fruit in the menus.</p>	W 480	<p>W 480 cont'd</p> <p>4. Anytime there is a change in menus, the RD will review them before they are implemented to ensure they include all food items and portion sizes including beverages, margarine or butter, and condiments. The RD will then sign off on the menus stating she has reviewed them and approved them for all facilities.</p> <p>5. Target date for completion will be September 30, 2014</p>		

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W 480	Continued From page 7 During an interview on 7/24/14 from 12:50 to 1:10 p.m., the facility's RD stated the facility provided her with the menus and she had concerns with the menus. She was reviewing the menus and the menus should include food items and portion sizes for butter or margarine, salad dressing(s), and beverages served at each meal or with a snack. The facility failed to ensure the facility menus included all food items and portions sizes including beverages, margarine or butter, and condiments.	W 480			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/24/2014
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M 000	16.03.11 Initial Comments The following deficiencies were cited during the annual licensing survey conducted from 7/21/14 to 7/24/14. The survey was conducted by: Karen Marshall, MS, RD, LD, Team Lead Michael Case, LSW, QIDP	M 000		
MM660	16.03.11.250.05 General Diets The general menu must provide for the food and nutritional needs of the resident in accordance with the Recommended Daily Allowances of the Food and Nutritional Board of the National Academy of Service. A daily guide must be based on the following allowances: This Rule is not met as evidenced by: Refer to W466.	MM660	MM660 Refer to W 466	
MM766	16.03.11.270.03(c)(iii) Periodic Reevaluation The periodic reevaluation of the type, extent, and quality of services and programming; and This Rule is not met as evidenced by: Refer to W336.	MM766	MM766 Refer to W 336	
MM781	16.03.11.270.04(a) Comprehensive Diagnostic Services There must be comprehensive diagnostic services for all residents which include: This Rule is not met as evidenced by: Refer to W353.	MM781	MM781 Refer W 353	

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AUG 13 2014
FACILITY STANDARDS

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dex A Redden</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8/11/14</i>
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