



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 21, 2013

Ms. Tracey Sessions, Administrator  
State Hospital South  
700 East Alice Street  
Blackfoot, ID 83221

RE: State Hospital South, Provider #134010

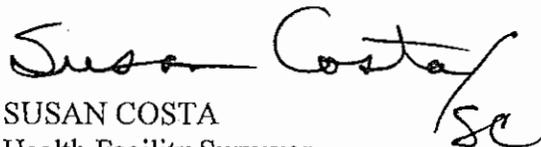
Dear Ms. Sessions:

This is to advise you of the findings of the Medicare survey of State Hospital South, which was conducted on August 14, 2013.

Enclosed is your copy of the Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no deficiencies were noted at the time of the survey. This form is for your records only and need not be returned.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



SUSAN COSTA  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

SC/pt  
Enclosures

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

PRINTED: 08/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  134010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/14/2013
NAME OF PROVIDER OR SUPPLIER  STATE HOSPITAL SOUTH			STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST ALICE STREET BLACKFOOT, ID 83221		
(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	
A 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint investigation survey was completed at your facility 8/13/13 through 8/14/13. Surveyors conducting the survey were:</p> <p>Susan Costa, RN, HFS Donald Sylvester, RN, HFS</p> <p>A complaint survey was conducted to evaluate compliance with the Conditions of Participation of Patient Rights and Nursing Services. No deficiencies were identified in these areas.</p>	A 000			

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

TITLE

(X6) DATE

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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Ms. Tracey Sessions, Administrator  
State Hospital South  
700 East Alice Street  
Blackfoot, ID 83221

RE: State Hospital South, Provider #134010

Dear Ms. Sessions:

On **August 14, 2013**, a complaint survey was conducted at State Hospital South. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00006107**

**Allegation #1:** The facility did not allow patients to use their personal medical devices.

**Findings #1:** An unannounced, on-site complaint survey was conducted from 8/13/13 to 8/14/13. Clinical records, facility policies and complaint and grievance logs were reviewed and staff and patients were interviewed.

Ten patient records were reviewed. One record documented a patient used a CPAP device at night. Nine records indicated patients had diabetes, eight of which required insulin injections.

Five patients were interviewed privately. Four patients reported they were satisfied with the nursing and medical care provided by the facility. One patient stated she was upset that she was not able to use her insulin pump. She stated she had used an insulin pump before her admission, and the facility had not allowed her to use it. She stated she had diabetes for approximately 30 years and knew how to control her blood sugars. She stated she had used an insulin pump with good results for 10 years. The patient claimed the facility would not allow her to use her insulin pump and her blood sugar was not being controlled, resulting in very high and very low readings.

She stated she had gone to the Emergency Room at a local hospital multiple times because her diabetes was not managed properly.

The same patient's medical record documented 4 off-site visits to an acute medical facility. The medical record indicated one visit had been on the day of admission to the facility after obtaining a blood sugar result of 34. The record indicated the patient had returned to the facility later that day. On a different occasion, the patient had what appeared to be a seizure and was taken to the ER where she was evaluated and found to have a low sodium level. Upon return to the facility, her anti-psychotic medications were changed, and the patient's plan of care indicated her fluid intake would be restricted and monitored by the staff. The 2 remaining off-site visits to an acute medical facility were for ordered tests related to the possible seizure she had experienced.

The patient's medical record documented blood sugar levels were ordered 4 times daily. The record documented dietary interventions of nutritional counseling, monitoring of intake, and nursing staff reviewing with the patient the carbohydrates consumed at each meal. The medical record also contained documentation of the patient storing sugar packets and other foods in her room, which was not allowed.

The Nurse Manager and Charge Nurse were interviewed on 8/14/13 at 10:30 AM. When questioned about patient's use of their own medical equipment, they stated some medical equipment may pose a safety issue for that patient. The Nurse Manager stated the treatment team would assess the patient's needs and approve what was appropriate for each patient. The Charge Nurse stated the facility did not have a policy related to the use of insulin pumps, but she had not seen one in use during her 14 years at the facility. She added the insulin pump would be dangerous for most of the patients in their facility, as they would have control of dosing their own insulin. The Charge Nurse and Nurse Manager stated they could not think of a patient who had requested to use their own insulin pump. The Charge Nurse stated if requested, she would have the patient speak with the medical clinic physician and they would make the decision.

During an interview on 8/14/13 at 11:00 AM, the Medical Clinic Physician's Assistant, described patient's personal medical equipment such as wound vac's, CPAP, and insulin pumps were reviewed before use by the treatment team. She stated "Medical equipment such as insulin pumps would probably be removed for patient safety, the patient could over medicate quite easily." In addition, when questioned about the patient who was interviewed and wanted to use her insulin pump, she stated "The insulin pump was not used by the facility where she was transferred from." In addition, she stated "I do not know of a facility that would allow a psychiatric patient to use an insulin pump." The Physician's Assistant stated if a patient used an insulin pump, the patient would have the option to self-administer dosages and the facility would not know. In addition, the Physician's Assistant stated the patient had told her she would probably not go back to using the insulin pump after her discharge. She stated the patient was

Ms. Tracey Sessions, Administrator  
August 21, 2013  
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non-compliant with her diet, and if she was more compliant, her blood sugar levels would be more stable. She described in detail how the patient was not able to correctly calculate insulin dosages related to her carbohydrate consumption.

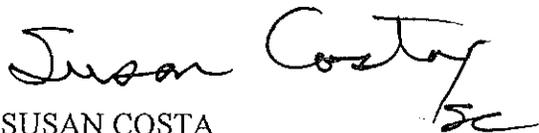
It could not be determined the facility failed to allow patients' use of their personal medical devices. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

**Conclusion #1:** Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

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