



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 29, 2014

Charles Lloyd, Jr., Administrator
Mountain View Center for Geriatric Psychiatry
500 Polk Street East
Kimberly, ID 83341

Dear Mr. Lloyd:

On October 6, 2014, a complaint investigation and follow-up survey at Mountain View Center for Geriatric Psychiatry identified deficient practices at CFR 482.13, Condition of Participation of Patient's Rights, which placed the health and safety of patients in immediate jeopardy of serious harm, impairment, or death. A follow-up survey completed October 27, 2014, found corrective actions taken by the facility sufficient to abate the immediate jeopardy.

Removal of the immediate jeopardy is documented on the enclosed CMS-2567 Form. The form is for your records only and no further action on your part is necessary.

If you have questions regarding the letter or enclosed document, please contact me at (208) 334-6626 option 4.

Sincerely,

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

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

PRINTED: 10/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/27/2014
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW CENTER FOR GERIATRIC PSYCHIATRY			STREET ADDRESS, CITY, STATE, ZIP CODE 600 POLK STREET EAST KIMBERLY, ID 83341		
(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>INITIAL COMMENTS</p> <p>An unannounced visit was made to the hospital on 10/27/14. Patients were observed. Staff were interviewed. Medical records and hospital policies were reviewed.</p> <p>Following the determination, on 10/06/14, that patients were in jeopardy because the hospital failed to ensure care was provided in a safe setting, the hospital implemented a ban on admissions until the immediate jeopardy had been abated. No new patients were admitted after 10/06/14.</p> <p>The hospital had conducted comprehensive assessments on current patients. The hospital had developed comprehensive care plans for current patients. The hospital had developed new patient care policies and procedures and trained staff in their use. The hospital had conducted reviews of medications and informed patients and/or their representatives about medications prior to implementation.</p> <p>The abatement plan stated home medications would no longer be discontinued on admission. The abatement plan stated the hospital would implement a period of observation in order to establish each patient's behavior and functional status base line.</p> <p>It was determined the immediate jeopardy findings from the 10/06/14 survey had been abated.</p> <p>Surveyors conducting the follow up were: Gary Guiles, RN, HFS, Team Leader Nancy Bax, RN, HFS</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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