



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

November 12, 2014

Megan Thomas
Preferred Community Homes - Mallard
12553 W Explorer Dr Suite 190
Boise, ID 83713

RE: Preferred Community Homes - Mallard, Provider #13G032

Dear Ms. Thomas:

On November 4, 2014, a follow-up visit of your facility, Preferred Community Homes - Mallard, was conducted to verify corrections of deficiencies noted during the survey of August 14, 2014.

We were able to determine that the Condition of Participation of **Conditions of Participation of Governing Body and Management (42 CFR 483.410)**, **Active Treatment Services (42 CFR 483.440)**, **Client Behavior and Facility Practices (42 CFR 483.450)**, **Health Care Services (42 CFR 483.460)**, and **Dietetic Services (42 CFR 483.480)** are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed, along with a full ICF/ID license. This license is effective November 4, 2014 through December 31, 2014.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,

MICHAEL CASE
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/pmt
Enclosures



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November 12, 2014

Megan Thomas, Administrator
Preferred Community Homes - Mallard
12553 W Explorer Dr Suite 190
Boise, ID 83713

RE: Preferred Community Homes - Mallard, Provider #13G032

Dear Ms. Thomas:

On November 4, 2014, a follow-up of your facility was conducted to verify corrections of deficiencies noted during the survey of August 14, 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

Megan Thomas, Administrator
November 12, 2014
Page 2 of 2

6. Include date 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 **November 25, 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.iefmr.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 November 25, 2014. If a request for informal dispute resolution is received after November 25, 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 we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,



MICHAEL CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

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Enclosures

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

PRINTED: 11/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/04/2014
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD	STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER MERIDIAN, ID 83642
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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}	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the follow-up survey conducted from 11/3/14 - 11/4/14.</p> <p>The survey was conducted by:</p> <p>Michael Case, LSW, QIDP, Team Lead Karen Marshall, MS, RD, LD</p> <p>Common abbreviations used in this report are: ABC - Antecedent, Behavior, Consequence IPP - Individual Program Plan QHS - At bedtime QIDP - Qualified Intellectual Disabilities Professional SIB - Self Injurious Behavior</p>	{W 000}		
{W 104}	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility's governing body failed to provide sufficient monitoring and oversight that identified and resolved systematic problems. This failure directly impacted 1 of 4 individuals (Individual #1) reviewed, and had the potential to impact all individuals (Individuals #1 - #7) residing at the facility. This failure resulted in the governing body providing insufficient direction and control over the facility necessary to ensure individuals' needs were met. The findings include:</p>	{W 104}		<p style="text-align: right;">RECEIVED NOV 25 2014 FACILITY STANDARDS</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Program Manager (X6) DATE 11/21/14

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 104}	<p>Continued From page 1</p> <p>1. The facility was previously cited at W104 during the annual recertification survey, dated 8/14/14 for failure to provide sufficient monitoring and oversight necessary to identify and resolve problems of a systematic nature.</p> <p>The facility submitted a Credible Allegation of Compliance, dated 10/21/14, which alleged compliance with W104. The Credible Allegation of Compliance stated the facility would ensure the governing body would ensure sufficient monitoring and oversight that "identifies and resolves systematic problems."</p> <p>However, a follow up survey was conducted from 11/3/14 to 11/4/14. At that time, the facility's Credible Allegation of Compliance was not comprehensively implemented and continued non-compliance was identified, as follows:</p> <p>a. During the facility's 8/14/14 recertification survey, the facility was cited at W312 for failure to ensure behavior modifying drugs were used only as a comprehensive part of individuals' IPPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed. The facility had previously been cited at W312 during an annual recertification survey, dated 10/3/13, and an annual recertification survey, dated 8/24/12.</p> <p>The facility submitted a Credible Allegation of Compliance, dated 10/21/14, which stated the facility "will ensure any drugs used for control of inappropriate behavior is used only as an integral part of the individuals [sic] program plan that is directed specifically towards the reduction of an [sic] eventual elimination of the behaviors for which the drugs are employed." The facility</p>	{W 104}			

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{W 104}	<p>Continued From page 2 alleged compliance as of 10/27/14.</p> <p>However, Individual #1's record was reviewed and documented Risperdal (an antipsychotic drug) had been reduced on 9/2/14. Documentation of additional interventions being implemented to ensure the medication reduction was successfully implemented could not be found in his record. Individual #1's Risperdal was increased to the previous dose on 10/1/14 and the facility documented the reduction attempt failed.</p> <p>During an interview on 11/4/14 from 2:43 to 3:20 p.m., the QIDP stated no additional supports or interventions were implemented to assist Individual #1 through the medication reduction.</p> <p>The governing body failed to ensure the Credible Allegation of Compliance was implemented in order to achieve and sustain regulatory compliance.</p> <p>b. During the facility's 10/21/14 recertification survey, the facility was cited at W313 for failure to ensure the severity of an individual's maladaptive behavior outweighed the potential risk of behavior modifying drugs.</p> <p>The facility submitted a Credible Allegation of Compliance, dated 10/21/14, which stated the facility "will ensure drugs used for control of inappropriate behavior are not used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs." The facility alleged compliance as of 10/27/14.</p> <p>Individual #1's record was reviewed and</p>	{W 104}			

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{W 104}	Continued From page 3 documented Risperdal (an antipsychotic drug) had been reduced on 9/2/14. On 9/12/14, Individual #1 engaged in SIB resulting in a small abrasion to the top of his left ear. His record documented no additional SIB past the incident on 9/12/14. Individual #1's Risperdal was increased to the previous dose on 10/1/14, 29 days after the reduction took place, and 18 days after the one day SIB was exhibited. However, Individual #1's record did not document the severity of his SIB outweighed the potential side effects of the Risperdal. During an interview on 11/4/14 from 2:43 to 3:20 p.m., the QIPD stated there was no documentation which demonstrated that Individual #1's SIB outweighed the potential negative side effects of his Risperdal. The governing body failed to ensure the Credible Allegation of Compliance was implemented in order to achieve and sustain regulatory compliance.	{W 104}		
W 278	483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it	W 278		

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W 278	<p>Continued From page 4</p> <p>was determined the facility failed to ensure an individual's record included evidence of least restrictive or more positive techniques being utilized prior to the use of more restrictive techniques for 1 of 4 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in the potential for an individual to be subjected to restrictive interventions unnecessarily. The findings include:</p> <p>1. Individual #1's IPP, dated 10/3/14, stated he was a 53 year old male whose diagnoses included autistic disorder and severe intellectual disability.</p> <p>Individual #1's Physician's Order, dated 7/2014, documented he received Risperdal (an antipsychotic drug) 2 mg in the morning and 3 mg at bedtime.</p> <p>His Psychiatric Update, dated 9/25/14, documented Individual #1's "behaviors have spiked over timeframe of d/c [discontinue] of IBU/Tylenol [Ibuprofen and Tylenol] & Risperdal dose reduction in the last month: 3 SIB vs [versus] essentially none over the last yr [year]. Return Risperdal to 3 mg at bedtime."</p> <p>Individual #1's ABC Behavior Logs from 9/1/14 to 10/4/14 were reviewed and documented one report, dated 9/12/14, which stated Individual #1 had "hit his ear x3." A description of the injury was not present on the ABC Behavior Logs.</p> <p>During a telephone interview on 11/10/14 at 1:20 p.m., the Program Supervisor stated Individual #1 hit his left ear 3 times. She stated when Individual #1 hit his head during SIB, he would also rub. The Program Supervisor stated the</p>	W 278		

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W 278	<p>Continued From page 5</p> <p>wound did not bleed, and was like an abrasion the size of the end of a pinkie finger on the top of Individual #1's ear lobe.</p> <p>When asked for documentation of the injury, the facility submitted an Incident/Accident Report. The report stated Individual #1 was upset and hit his left ear causing sores. The Nursing Instructions section of the report stated staff were to clean the area with soap and water and treat with antibiotic cream for two days. However, the report was dated 10/12/14 at 12:00 p.m. and did not correspond with the date of 9/12/14 at 12:00 p.m. as documented by Individual #1's ABC Behavior Log. The date on the Incident/Accident Report appeared to have been altered.</p> <p>During a telephone interview on 11/10/14 at 4:16 p.m., the Program Director stated the incident had occurred on 9/12/14 and someone had altered the date to 10/12/14. The Program Director stated the alteration of the documentation was under investigation.</p> <p>Individual #1's documented SIB occurred on one day, 9/12/14, and resulted in minor injury to his left ear that required soap and water to clean and antibiotic ointment for two days to treat. No additional information related to SIB was present.</p> <p>Individual #1's 9/2014 medication administration record documented his Risperdal dosage was reduced from 3 mg to 2 mg at bedtime on 9/2/14, and increased from 2 mg to 3 mg at bedtime on 10/1/14.</p> <p>However, Individual #1's record did not include documentation that less restrictive interventions were implemented and found to be ineffective</p>	W 278		

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W 278	Continued From page 6 prior to increasing the Risperdal dose back to 3 mg on 10/1/14.	W 278		
{W 312}	<p>During an interview on 11/4/14 from 2:43 to 3:20 p.m., the QIDP stated they had implemented Individual #1's leisure program, but that no other less restrictive interventions related to his SIB had been implemented prior to increasing his Risperdal.</p> <p>The facility failed to ensure less restrictive interventions had been systematically tried and proven to be ineffective prior to increasing Individual #1's Risperdal.</p> <p>483.450(e)(2) DRUG USAGE</p> <p>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.</p> <p>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 an individual's IPP that was directed specifically towards the reduction and eventual elimination of the behaviors for which the drugs were employed for 1 of 3 individuals (Individual #1) whose behavior modifying drugs were reviewed. This resulted in an individual receiving behavior modifying drugs without the implementation of a plan related to how the drugs may be changed in relation to progress or regression. The findings include:</p>	{W 312}		

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{W 312}	Continued From page 7 1. Individual #1's IPP, dated 10/3/14, stated he was a 53 year old male whose diagnoses included autistic disorder and severe intellectual disability. Individual #1's Physician's Order, dated 7/2014, documented he received Risperdal (an antipsychotic drug) 2 mg in the morning and 3 mg at bedtime. Individual #1's medication reduction plan, dated 10/2014, documented he received Risperdal (an antipsychotic drug) for SIB (defined as hitting his head against walls or doors, hitting/slapping his head hard enough to leave a red mark or hard enough that the general public would perceive it as painful, biting his fingers, poking his chest, repetitively hitting his shin with the other heel, or hitting his arm on an object, causing visible injury). The medication reduction stated "[Individual #1's] Risperdal was reduced to 2 mg QHS 8/14. He began to engage in self-abuse and did cause injury to himself. It was increased back to 3 mg QHS. The team is considering this a failed medication challenge." Individual #1's ABC Behavior Logs from 9/1/14 to 10/4/14 were reviewed and documented one report, dated 9/12/14, which stated Individual #1 had "hit his ear x3." A description of the injury was not present on the ABC Behavior Logs. During a telephone interview on 11/10/14 at 1:20 p.m., the Program Supervisor stated Individual #1 hit his left ear 3 times. She stated when Individual #1 hit his head during SIB, he would	{W 312}			

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{W 312}	<p>Continued From page 8</p> <p>also rub. The Program Supervisor stated the wound did not bleed, and was like an abrasion the size of the end of a pinkie finger on the top of Individual #1's ear lobe.</p> <p>When asked for documentation of the injury, the facility submitted an Incident/Accident Report. The report stated Individual #1 was upset and hit his left ear causing sores. The Nursing Instructions section of the report stated staff were to clean the area with soap and water and treat with antibiotic cream for two days. However, the report was dated 10/12/14 at 12:00 p.m. and did not correspond with the date of 9/12/14 at 12:00 p.m. as documented by Individual #1's ABC Behavior Log. The date on the Incident/Accident Report appeared to have been altered.</p> <p>During a telephone interview on 11/10/14 at 4:16 p.m., the Program Director stated the incident had occurred on 9/12/14 and someone had altered the date to 10/12/14. The Program Director stated the alteration of the documentation was under investigation.</p> <p>Individual #1's documented SIB occurred on one day, 9/12/14, and resulted in minor injury to his left ear that required soap and water to clean and antibiotic ointment for two days to treat. No additional information related to SIB was present.</p> <p>Individual #1's 9/2014 medication administration record documented his Risperdal dosage was decreased to 2 mg at bedtime on 9/2/14 and increased to 3 mg at bedtime on 10/1/14.</p> <p>However, the record did not contain information as to how the facility prepared Individual #1 for the medication reduction, or what supports were</p>	{W 312}			

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{W 312}	Continued From page 9 implemented to address potential behavioral spikes.	{W 312}		
{W 313}	<p>During an interview on 11/4/14 from 2:43 to 3:20 p.m., the QIDP stated no additional supports or interventions were implemented to assist Individual #1 through the medication reduction.</p> <p>The facility failed to implement sufficient interventions to ensure the medication reduction was successfully implemented.</p> <p>483.450(e)(3) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.</p> <p>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 not used until the severity of the behavior was shown to outweigh the potentially harmful risks of the drugs for 1 of 3 individuals (Individual #1) whose behavior modifying drugs were reviewed. This resulted in an individual receiving behavior modifying drugs without the necessary justification. The findings include:</p> <p>1. Individual #1's IPP, dated 10/3/14, stated he was a 53 year old male whose diagnoses included autism and severe intellectual disability.</p> <p>Individual #1's Physician's Order, dated 7/2014, documented he received Risperdal (an antipsychotic drug) 2 mg in the morning and 3 mg</p>	{W 313}		

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

PRINTED: 11/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/04/2014
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD			STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER MERIDIAN, ID 83642		
(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 313}	<p>Continued From page 10 at bedtime for SIB.</p> <p>Individual #1's Behavioral Assessment, dated 10/2/14, documented he engaged in SIB defined as hitting his head against walls or doors, hitting/slapping his head hard enough to leave a red mark or hard enough that the general public would perceive it as painful, biting his fingers, poking his chest, repetitively hitting his shin with the other heel, or hitting his arm on an object, causing visible injury.</p> <p>Individual #1's medication reduction plan, dated 10/2014, stated "[Individual #1's] Risperdal was reduced to 2 mg QHS 8/14. He began to engage in self-abuse and did cause injury to himself. It was increased back to 3 mg QHS. The team is considering this a failed medication challenge."</p> <p>Individual #1's 9/2014 medication administration record documented his Risperdal dosage was reduced to 2 mg at bedtime on 9/2/14 and increased to 3 mg at bedtime on 10/1/14.</p> <p>Individual #1's ABC Behavior Logs from 9/1/14 to 10/4/14 were reviewed and documented one report, dated 9/12/14, which stated Individual #1 had "hit his ear x3." A description of the injury was not present on the ABC Behavior Logs.</p> <p>During a telephone interview on 11/10/14 at 1:20 p.m., the Program Supervisor stated Individual #1 hit his left ear 3 times. She stated when Individual #1 hit his head during SIB, he would also rub. The Program Supervisor stated the wound did not bleed, and was like an abrasion the size of the end of a pinkie finger on the top of Individual #1's ear lobe.</p>	{W 313}			

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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD			STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER MERIDIAN, ID 83642	
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{W 313}	<p>Continued From page 11</p> <p>When asked for documentation of the injury, the facility submitted an Incident/Accident Report. The report stated Individual #1 was upset and hit his left ear causing sores. The Nursing Instructions section of the report stated staff were to clean the area with soap and water and treat with antibiotic cream for two days. However, the report was dated 10/12/14 at 12:00 p.m. and did not correspond with the date of 9/12/14 at 12:00 p.m. as documented by Individual #1's ABC Behavior Log. The date on the Incident/Accident Report appeared to have been altered.</p> <p>During a telephone interview on 11/10/14 at 4:16 p.m., the Program Director stated the incident had occurred on 9/12/14 and someone had altered the date to 10/12/14. The Program Director stated the alteration of the documentation was under investigation.</p> <p>Individual #1's documented SIB occurred on one day, 9/12/14. However, no additional documentation related to SIB for the month of September could be found.</p> <p>The Nursing 2015 Drug Handbook stated the potential side effects of Risperdal included, but were not limited to, akathisia (restlessness), somnolence (drowsiness), dystonia (sustained muscle contractures), parkinsonism (a neurological syndrome characterized by tremors), neuroleptic malignant syndrome (a rare but potentially life threatening reaction to neuroleptic drugs), suicide attempt, dizziness, hallucination, mania, impaired concentration, abnormal thinking and dreaming, hypoesthesia (a loss of sensitivity), fatigue, depression, nervousness, tachycardia (excessive heart rate), orthostatic hypotension (sudden drop in blood pressure), peripheral</p>	{W 313}		

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{W 313}	<p>Continued From page 12</p> <p>edema (fluid retention in feet and legs), syncope (fainting), hypertension (high blood pressure), abnormal vision, vomiting, anorexia, hyperglycemia (high blood sugar), and rash.</p> <p>Individual #1's record did not provide documented evidence that the risks of his SIB outweighed the potential side effects of the antipsychotic drug.</p> <p>During an interview on 11/4/14 from 2:43 to 3:20 p.m., the QIDP stated there was no documentation which demonstrated that Individual #1's SIB outweighed the potential negative side effects of his Risperdal.</p> <p>The facility failed to ensure Individual #1's Risperdal was not used until the severity of the behavior was shown to outweigh the associated risks of the drug.</p>	{W 313}			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/04/2014
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARI	STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER MERIDIAN, ID 83642
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{M 000}	16.03.11 Initial Comments The following deficiencies were cited during the follow-up survey conducted from 11/3/14 - 11/4/14. The survey was conducted by: Michael Case, LSW, QIDP, Team Lead Karen Marshall, MS, RD, LD	{M 000}		
{MM191}	16.03.11.075.09(c) Last Resort Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in injury to himself or others and any form of physical restraint is utilized, it must be in conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. This Rule is not met as evidenced by: Refer to W278 and W313.	{MM191}		
{MM197}	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	{MM197}		
{MM520}	16.03.11.200.03(a) Establishing and Implementing polices The administrator will be responsible for	{MM520}		

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NOV 25 2014
FACILITY STANDARDS

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Toum Moss* TITLE: Program Manager (X6) DATE: 11/21/14

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/04/2014
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{MM520}	<p>Continued From page 1</p> <p>establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department.</p> <p>This Rule is not met as evidenced by: Refer to W104.</p>	{MM520}		



11/21/14

Michael Case
Health Facility Surveyor
Non-Long Term Care
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009

RE: Mallard Landing, Provider #13G032

Dear Michael Case:

Thank you for your considerateness during the visit at the Mallard Landing home on November 4, 2014. Please see our responses below for each citation and please give us a call if you have any questions or concerns.

W104

The QIDP has scheduled a team meeting to discuss his medication Risperdal. The team will be discussing:

- a. His reduction criteria for his medication Risperdal.
- b. Developing systematic interventions for increasing his medication in the event that there is a failed reduction.
- c. Developing systematic supports for individual #1's program plan to support him during his medication reductions.
- d. The team will discuss individual #1's medication to verify that current medications benefits outweigh the risk of his medications.

A team meeting has been scheduled for each individual living at the facility. The team will be discussing:

- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.
- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

Aspire Human Services is in the process of creating a policy and procedure related to behavior modifying medications. The policy will clearly outline systems and checklist for:

- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.
- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

Aspire Human Services has hired a Program Manager and Clinical Director as outlined in the previous Plan of Correction. With this revision to the organizational structure the Clinical Director will be responsible for the implementation of policies and procedures for each medication reduction or increase. The Clinical Director will coordinate the implementation of all applicable policy and procedures.

Person Responsible: Program Manager, Clinical Director, Director of Nursing.

Completion Date: 12/20/14

W278

The QIDP has scheduled a team meeting to discuss his medication Risperdal. The team will be discussing:

- a) His reduction criteria for his medication Risperdal.
- b) Developing systematic interventions for increasing his medication in the event that there is a failed reduction.
- c) Developing systematic supports for individual #1's program plan to support him during his medication reductions.
- d) The team will discuss individual #1's medication to verify that current medications benefits outweigh the risk of his medications.

A team meeting has been scheduled for each individual living at the facility. The team will be discussing:

- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.
- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

Aspire Human Services is in the process of creating a policy and procedure related to behavior modifying medications. The policy will clearly outline systems and checklist for:

- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.

- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

Aspire Human Services has hired a Program Manager and Clinical Director as outlined in the previous Plan of Correction. With this revision to the organizational structure the Clinical Director will be responsible for the implementation of policies and procedures for each medication reduction or increase. The Clinical Director will coordinate the implementation of all applicable policy and procedures.

Person Responsible: Program Manager, Clinical Director, Director of Nursing.

Completion Date: 12/20/14

W312

The QIDP has scheduled a team meeting to discuss his medication Risperdal. The team will be discussing:

- a) His reduction criteria for his medication Risperdal.
- b) Developing systematic interventions for increasing his medication in the event that there is a failed reduction.
- c) Developing systematic supports for individual #1's program plan to support him during his medication reductions.
- d) The team will discuss individual #1's medication to verify that current medications benefits outweigh the risk of his medications.

A team meeting has been scheduled for each individual living at the facility. The team will be discussing:

- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.
- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

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- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.
- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

Aspire Human Services has hired a Program Manager and Clinical Director as outlined in the previous Plan of Correction. With this revision to the organizational structure the Clinical

Director will be responsible for the implementation of policies and procedures for each medication reduction or increase. The Clinical Director will coordinate the implementation of all applicable policy and procedures.

Person Responsible: Program Manager, Clinical Director, Director of Nursing.

Completion Date: 12/20/14

W313

The QIDP has scheduled a team meeting to discuss his medication Risperdal. The team will be discussing:

- a) His reduction criteria for his medication Risperdal.
- b) Developing systematic interventions for increasing his medication in the event that there is a failed reduction.
- c) Developing systematic supports for individual #1's program plan to support him during his medication reductions.
- d) The team will discuss individual #1's medication to verify that current medications benefits outweigh the risk of his medications.

A team meeting has been scheduled for each individual living at the facility. The team will be discussing:

- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.
- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

Aspire Human Services is in the process of creating a policy and procedure related to behavior modifying medications. The policy will clearly outline systems and checklist for:

- a) Reduction criteria for each behavior modifying medication.
- b) Developing systematic interventions for increasing a medication in the event that there are failed reductions.
- c) Developing systematic supports for each individual to support them during medication reductions.
- d) The team will discuss all medications to verify that current medications benefits outweigh the risk of his medications.

Aspire Human Services has hired a Program Manager and Clinical Director as outlined in the previous Plan of Correction. With this revision to the organizational structure the Clinical Director will be responsible for the implementation of policies and procedures for each medication reduction or increase. The Clinical Director will coordinate the implementation of all applicable policy and procedures.

Person Responsible: Program Manager, Clinical Director, Director of Nursing.

Completion Date: 12/20/14

MM191

Please see responses given under W278 and W313.

MM197

Please see responses given under W312.

MM520

Please see responses given under W104.


Tom Moss
Program Manager
Licensed Social Worker