



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 208-364-1886

November 18, 2014

Dana Wilhite-Grow, Administrator  
Southwest Idaho Treatment Center  
1660 Eleventh Avenue North  
Nampa, ID 83687

RE: Southwest Idaho Treatment Center, Provider #13G001

Dear Ms. Wilhite-Grow:

This is to advise you of the findings of the complaint survey of Southwest Idaho Treatment Center, which was conducted on November 12, 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

Dana Whilite-Grow, Administrator  
November 18, 2014  
Page 2 of 2

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 **December 1, 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 December 1, 2014. If a request for informal dispute resolution is received after December 1, 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,

  
JIM TROUTFETTER  
Health Facility Surveyor  
Non-Long Term Care

  
NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

JT/pmt  
Enclosures

RECEIVED

DEC - 1 2014

FACILITY STANDARDS



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C. L. "BUTCH" OTTER -- Governor  
RICHARD M. ARMSTRONG -- Director

RUSSELL S. BARRON -- Acting Administrator  
DIVISION OF FAMILY AND COMMUNITY SERVICES  
DAYNA WILHITE-GROW -- Acting Administrator  
SOUTHWEST IDAHO TREATMENT CENTER  
1660 11<sup>TH</sup> Avenue North  
Nampa, Idaho 83687-5000  
PHONE 208-442-2812  
Fax 208-467-0965  
EMAIL [wilhited@dhw.idaho.gov](mailto:wilhited@dhw.idaho.gov)

December 1, 2014

Nicole Wisenor  
Jim Troutfetter  
Bureau of Facility Standards  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720 – 0009

RE: Southwest Idaho Treatment Center, Provider #13G001  
Complaint Survey – November 12, 2014

Dear Ms. Wisenor,

Attached please find the plan of correction for the annual survey conducted on November 12, 2014 at the Southwest Idaho Treatment Center as identified in the Statement of Deficiencies. If you have any questions, please contact me at 442-2812 ext 754.

Sincerely,

A handwritten signature in black ink, appearing to read "Dayna Wilhite-Grow". The signature is fluid and cursive.

Dayna Wilhite-Grow  
Acting Administrator  
Southwest Idaho Treatment Center

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

PRINTED: 11/18/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/12/2014
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NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687
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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 deficiency was cited during the complaint investigation conducted from 11/5/14 to 11/12/14.</p> <p>The survey was conducted by:</p> <p>Jim Troutfetter, QIDP, Team Lead Ashley Henscheid, QIDP Karen Marshall, MS, RD, LD</p> <p>Common abbreviations used in this report are:</p> <p>BSP - Behavior Support Plan IED - Intermittent Explosive Disorder ODD - Oppositional Defiant Disorder PCP - Person Centered Plan PRN - As needed PTSD - Post Traumatic Stress Disorder QIDP - Qualified Intellectual Disabilities Professional</p>	W 000	<p>RECEIVED</p> <p>DEC - 1 2014</p> <p>FACILITY STANDARDS</p>	
W 111	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to maintain a record keeping system that contained accurate and complete information for 5 of 8 individuals (Individuals #1 - #4 and #6) whose records were reviewed. This resulted in a lack of accurate information in individuals' records. The findings include:</p>	W 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Janice Wickett Crow</i>	<i>Acting Administrator</i>	12/1/2014

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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NAME OF PROVIDER OR SUPPLIER  <b>SOUTHWEST IDAHO TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>		
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W 111	<p>Continued From page 1</p> <p>1. The facility's records included documentation related to PRN medication (an oral medication given in response to an individual demonstrating signs of anxiety), emergency chemical restraints (IM injections administered when and individuals met the criteria listed in their BSP), and emergency medical restraints (a modified sit or a side lying physical restraint used to facilitate the administration of the emergency chemical restraints injections into an individual's buttocks).</p> <p>The individuals' emergency behavioral restraint records from May 2014 to September 2014 were compared to the QIDP's narratives. The use of PRN and emergency chemical and physical restraint data was not consistently documented, as follows:</p> <p>a. Individual #6's PCP, dated 5/22/14, documented she was 22 year old female whose diagnoses included mild mental retardation, IED, ODD, PTSD and mood disorder. Her record included the following discrepancies:</p> <ul style="list-style-type: none"> <li>- July 2014's Physician's Orders and Progress Notes documented Individual #6 had received 6 emergency chemical and physical restraints. However, her QIDP Narrative documented 7 had been used.</li> <li>- August 2014's Physician's Orders and Progress Notes documented Individual #6 had received 3 emergency chemical and physical restraints. However, her QIDP Narrative documented 4 had been used.</li> <li>- September 2014's Physician's Orders and Progress Notes documented Individual #6 had</li> </ul>	W 111		

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NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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W 111	<p>Continued From page 2</p> <p>received 6 emergency chemical and physical restraints. However, her QIDP Narrative documented 7 had been used.</p> <p>b. Individual #4's PCP, dated 12/17/13, documented he was a 34 year old male whose diagnoses included moderate intellectual disability. His record included the following discrepancies:</p> <ul style="list-style-type: none"> <li>- June 2014's Physician Orders and Progress Notes documented Individual #4 had received 6 PRNs. However, his QIDP Narrative documented 5 PRNs had been used.</li> <li>- July 2014's Physician's Orders and Progress notes documented Individual #4 had received 3 PRNs. However, his QIDP Narrative did not include information related to the PRN use.</li> </ul> <p>c. Individual #1's PCP, dated 4/8/14, documented he was a 48 year old male whose diagnoses included mild mental retardation. His record included the following discrepancies:</p> <ul style="list-style-type: none"> <li>- June 2014's Physician Orders and Progress Notes documented he received 2 emergency chemical restraints. However, his QIDP narrative documented 3 were used.</li> <li>- July 2014's Physician's Orders and Progress Notes documented he received 5 emergency chemical restraints. However, his QIDP narrative documented 6 were used.</li> <li>- August 2014's Physician's Orders and Progress Notes documented he received 3 emergency chemical restraints. However, his QIDP narrative documented 2 were used.</li> </ul>	W 111			

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NAME OF PROVIDER OR SUPPLIER  SOUTHWEST IDAHO TREATMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
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W 111	<p>Continued From page 3</p> <p>- September 2014's Physician's Orders and Progress Notes documented he received 2 emergency chemical restraints. However, his QIDP narrative documented 3 were used.</p> <p>d. Individual #2's PCP, dated 5/13/14, documented he was a 23 year old male whose diagnoses included moderate mental retardation. His record included the following discrepancies:</p> <p>- August 2014's Physician's Orders and Progress Notes documented he received 3 emergency chemical restraints. However, his QIDP narrative documented 2 were used.</p> <p>- September 2014's Physician's Orders and Progress Notes documented he received 6 emergency chemical restraints. However, his QIDP narrative documented 4 were used.</p> <p>e. Individual #3's PCP, dated 6/26/14, documented he was a 22 year old male whose diagnoses included moderate mental retardation. His record included the following discrepancies:</p> <p>- July 2014's Physician's Orders and Progress Notes documented he received 4 emergency chemical restraints. However, his QIDP's narrative documented 3 were used.</p> <p>- September 2014's Physician's Orders and Progress Notes documented he received 8 emergency chemical restraints. However, his QIDP narrative documented 6 were used.</p> <p>When asked during an interview on 11/12/14 at 8:10 a.m., the Program Director stated she was not sure where the QIDP had obtained the</p>	W 111			

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NAME OF PROVIDER OR SUPPLIER  <b>SOUTHWEST IDAHO TREATMENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>		
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W 111	Continued From page 4 information for Individuals #1 - #4 and #6.  The facility failed to ensure accurate health care information was maintained for Individuals #1 - #4 and #6.	W 111			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/12/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>SOUTHWEST IDAHO TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687</b>
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M 000	16.03.11 Initial Comments  The following deficiency was cited during the complaint investigation conducted from 11/5/14 to 11/12/14.  The survey was conducted by:  Jim Troutfetter, QIDP, Team Lead Ashley Henscheid, QIDP Karen Marshall, MS, RD, LD	M 000	<p><i>RECEIVED</i></p> <p><i>DEC - 1 2014</i></p> <p><i>FACILITY STANDARDS</i></p>	
MM570	16.03.11.210.05(b) Medications and Treatments  A record of all medications and treatments prescribed and administered; and This Rule is not met as evidenced by: Refer to W111.	MM570		

Bureau of Facility Standards

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

TITLE

(X6) DATE

*N. Virginia White*  
STATE FORM

*Acting Administrator*  
3HBE11

*12/1/2014*

December 1, 2014

Plan of Correction for Southwest Idaho Treatment Center, Provider #13G001  
For survey completed *November 12, 2014*

<b>W111</b>	<p><b><i>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</i></b></p> <p>POC: The QIDP has been re-trained in the expectations of how to complete the monthly QIDP narrative so that there are not discrepancies in the data reported elsewhere.</p> <p>All clients who receive PRN medications for mental health symptoms or who have receive chemical restraints had the potential to be affected by this practice.</p> <p>The DD Program Manager will review for this in her summary report each quarter which will include any additional concerns noted and any additional corrective actions that needed to be taken. The report will be submitted to the Administrator.</p> <p>Completion Date: November 24, 2014.</p>
<b>MM570</b>	Refer to W111



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3232 Elder Street  
P.O. Box 83720  
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PHONE 208-334-6626  
FAX 208-364-1888

November 18, 2014

Dana Wilhite-Grow, Administrator  
Southwest Idaho Treatment Center  
1660 Eleventh Avenue North  
Nampa, ID 83687

Provider #13G001

Dear Ms. Wilhite-Grow:

On **November 12, 2014**, a complaint survey was conducted at Southwest Idaho Treatment Center. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00006741**

**Allegation #1:** Physical and chemical restraints are not appropriately administered.

**Findings #1:** An on-site complaint survey was conducted from 11/5/14 - 11/12/14. During that time, observations and individual and staff interviews were conducted and records were reviewed with the following results:

Observations were conducted on both shifts, and all living units, on 11/6/14 and 11/7/14 for no less than a cumulative 5 hours and 52 minutes. No physical or chemical restraints were observed to be used during the observations.

No less than 13 direct care staff and 5 individuals were interviewed from 11/5/14 to 11/7/14. When asked about physical restraints, one staff stated he had used a one person standing restraint until another staff could assist, but it was reported. No other staff or individuals stated they had witnessed the improper use of physical restraints. Additionally, none of the direct care staff or individuals expressed concerns with the use of chemical restraints.

Dana Wilhite-Grow, Administrator

November 18, 2014

Page 2 of 4

Approximately 29 investigations of abuse, neglect or mistreatment allegations and 9 Significant Event Reports, dated 3/18/14 - 11/5/14, were reviewed. The documentation did not contain any allegations or evidence that PRN or chemical restraints were overused or administered inappropriately. Four of the investigations documented the use of inappropriate physical restraints. However, the facility had taken appropriate corrective action in response to the inappropriate physical restraint use. Therefore, deficient practice was not identified.

Additionally, the facility's records included documentation related to as needed (PRN) medication (an oral medication given in response to an individual demonstrating signs of anxiety), emergency chemical restraints (IM injections administered when and individuals' met the criteria listed in their Behavior Support Plans), and emergency medical restraints (a modified sit or a side lying physical restraint used to facilitate the administration of the emergency chemical restraints injections into an individual's buttocks).

The records of five randomly selected individuals, who received PRN and emergency chemical and physical restraints, were reviewed. The individuals' behavior plans and chemical restraint guidelines all included specific instructions regarding when a PRN and emergency chemical and physical restraint could be utilized.

Nursing notes, physician's orders and program data, dated 3/18/14 - 11/5/14, for all five sample individuals were reviewed. The records documented all PRN and emergency chemical restraints used, including the reason given, the time administered and the efficacy of the restraint. No concerns with the use of chemical or physical restraints were noted.

For example, one individual's record included an individualized behavior plan, dated 9/9/14 to reduce physical assaults and property destruction. The plan stated if the individual was physically assaultive, staff were to place him in a team control restraint. If he dropped to the ground, staff were to assist him to the floor and back out of his space. The individual's record also included an anxiety plan of care, dated 5/21/14. The plan stated if the individual was demonstrating anxiety symptoms, he was to receive 1 mg of Xanax.

The individual's record included a Behavior and Incident Report, dated 9/29/14 at 2:35 p.m., which documented he had been placed in a team control restraint after becoming assaultive and then went to the ground at which time he was released from the restraint. It further documented he became assaultive again and was placed in a second team control restraint. The Behavior and Incident Report stated he was then escorted to the medication room at his request. The individual's nursing notes documented he received 1 mg of Xanax (an Anxiolytic drug) orally at 2:44 p.m. per his behavior and anxiety plans.

It could not be established that the physical and chemical restraints were not administered appropriately. However, the number of PRN and emergency chemical and physical restraints documented on the individuals' Physician's Orders was not consistent with the documentation included in the individuals' QIDP's narratives. Therefore, deficient practice was identified and cited at W111.

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

**Allegation #2:** Individuals do not receive active treatment and maladaptive behaviors are reinforced by staff.

**Findings #2:** An on-site complaint survey was conducted from 11/5/14 - 11/12/14. During that time, observations and individual and staff interviews were conducted and records were reviewed with the following results:

Observations were conducted on both shifts, and all living units, on 11/6/14 and 11/7/14 for no less than a cumulative 5 hours and 52 minutes. During that time, active treatment schedules were noted to be on a counter in the common areas for all individuals present on the living unit. Staff were noted to implement formal programs in accordance with the individuals' active treatment schedules and provide informal training as opportunities presented themselves. Individuals were noted to be involved in activities or regularly prompted to engage in activities. Further, staff were noted to interact appropriately with all individuals and no maladaptive behaviors were observed.

Between 11/6/14 and 11/7/14, 5 individuals were interviewed. Four individuals stated staff treated them and other individuals well and they were happy. Direct care staff were also interviewed. Staff on both shifts were able to describe the activities the individuals were expected to be involved in during the observations.

Five individuals were selected for further review. The five individuals' records included formal active treatment programming, which included behavior plans. The individuals' plans all included appropriate instructions to staff for intervening with individuals' maladaptive behaviors.

When asked about the individuals' maladaptive behaviors, a direct care staff stated 2 individuals had an altercation. A third individual intervened by assaulting one of the other individuals. The direct care staff said the individual who intervened had punched the aggressor to defend the individual being attacked. Staff stated he told the intervening individual not to intervene in altercations and to allow the staff to handle the incident. No other concerns were expressed during the staff or individual interviews.

Dana Wilhite-Grow, Administrator  
November 18, 2014  
Page 4 of 4

Additionally, approximately 29 investigations of abuse, neglect or mistreatment allegations and 9 Significant Event Reports, dated 3/18/14 - 11/5/14, were reviewed. The documentation did not contain any allegations or evidence of staff not providing active treatment or that staff had reinforced individuals for engaging in inappropriate behavior.

Therefore, due to a lack of sufficient evidence, the allegation was unsubstantiated.

**Conclusion #2:** 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.

Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

  
JIM TROUTFETTER  
Health Facility Surveyor  
Non-Long Term Care

  
NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

JT/pmt