



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 208-334-6628
FAX 208-364-1888

December 15, 2014

Bridger Fly, Administrator
Communicare, Inc #9 Main
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #9 Main, Provider #13G059

Dear Mr. Fly:

This is to advise you of the findings of the Medicaid/Licensure survey of Communicare, Inc #9 Main, which was conducted on December 4, 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

Bridger Fly, Administrator
December 15, 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 27, 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:

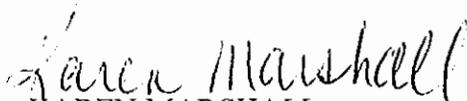
www.icfmr.dhw.idaho.gov

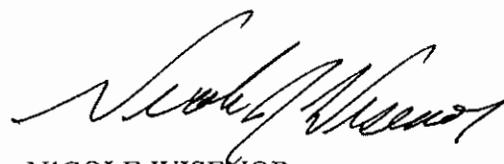
Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by December 27, 2014. If a request for informal dispute resolution is received after December 27, 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, option 4.

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

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|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G059 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/04/2014 |
| NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #9 MAIN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 876 EAST MAIN JEROME, ID 83338 | |
| (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 12/1/14 to 12/4/14. The surveyors conducting your survey were: Karen Marshall, MS, RD, LD, Team Lead James Troutfetter, QIDP Common abbreviations used in this report are: ADHD - Attention Deficit Hyperactivity Disorder CMP - Comprehensive Metabolic Panel DCS - Direct Care Staff IDT - Interdisciplinary Team IPP - Individualized Program Plan LPN - Licensed Practical Nurse MAR - Medication Administration Record QIDP - Qualified Intellectual Disabilities Professional | W 000 | | |
| W 322 | 483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure individuals were provided with general and preventative medical care for 1 of 5 individuals (Individual #5) whose medical records were reviewed. This resulted in an individual not receiving appropriate monitoring for his blood calcium level. The findings include: | W 322 | <u>W322</u> <u>General and Preventative Care</u> Corrective Actions: Upon reflection, we believe that a previous LPN obtained a verbal order for holding the Calcium when Fosamax was started as they cannot be given at the same time. However, this was not documented as a physician's order and continued as the replacement nurse assumed this procedure was not an issue as it had been in place for a number of months. We apparently did not do sufficient staff training for this nurse or the previous | |

RECEIVED
DEC 22 2014
FACILITY STANDARDS

02/04/15
Km - 03/02/15
per telephone
conversation
with Admin-
istrator.
12.23.14
8:20pm

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator (X6) DATE 12/19/2014

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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| W 322 | Continued From page 1 1. Individual #5's 3/24/14 IPP stated he was a 26 year old male whose diagnoses included moderate mental retardation. His record contained a 3/4/14 Physician's Order Sheet with an order for calcium citrate (a supplemental drug) 1000 mg every day. Individual #5's March - December 2014 MARs were reviewed and documented he received calcium citrate on a daily basis. The 2014 Nursing Drug Handbook stated under nursing considerations for calcium citrate, monitor calcium levels frequently. Individual #5's most recent CMP was dated 12/20/13. At that time, his calcium level was within the referenced range. His medical record did not contain documentation his calcium levels were monitored since 3/4/14 when the physician prescribed the calcium citrate. During an interview on 12/4/14 from 10:20 - 10:48 a.m., the LPN said the frequency for monitoring Individual #5's calcium levels was not discussed with his physician. The facility failed to ensure Individual #5 received appropriate care related to administration of calcium citrate. | W 322 | nurse related to this issue. The QIDP Supervisor will review the ICF/ID regulations related to this issue with both the RN Supervisor and Jerome LPN to insure this regulation is understood. The LPN is in the process of clarifying the order with the physician. In addition, the RN Supervisor will verify with all nursing personnel at a January 2015 staff meeting all of the issues related to this nursing action and will require that LPN's discuss with her any modification in medication delivery prior to implementation. Identifying Others Potentially Affected: The LPN at this location has reviewed orders/blisterpaks/medication sheets for all other individuals at this location and no similar situations were identified. System Changes: Please refer to Corrective Actions. Monitoring: The RN Supervisor will do a periodic "spot" check of blisterpaks during her monthly review to insure no similar modifications are made in the future. | 03/02/15 |
| 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 | W 353 | <u>W353</u> <u>Comprehensive Dental Diagnosis</u> Corrective Action: Nurses don't typically attend dental appointments so the RN Supervisor has developed a "Dental Appointment Checklist" (see | KM 02/04/15 03/02/15 |

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| W 353 | Continued From page 2 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 4 individuals (Individual #3) whose dental records were reviewed. This resulted in the potential for an individual's dental needs to be unidentified and untreated. The findings include: 1. Individual #3's 3/20/14 IPP stated he was a 15 year old male whose diagnoses included severe intellectual disability, ADHD, and autism. Individual #3's record was reviewed and documented his last dental radiograph was on 7/7/11. No other documentation of a more recent radiograph could be found. When asked, during an interview, on 12/04/12 from 10:20 - 10:48 a.m., the LPN stated the 7/7/11 radiograph was the most current. | W 353 | attached) for instructional staff giving them specific direction on clarifying the issue of routine x-rays (having these done or documenting why not). Identifying Others Potentially Affected: The LPN assigned to this location and the RN supervisor will do a Quality Assurance Check at this location and any similar issues identified will be responded to as outlined above. System Changes: We will be implementing the system described above. Monitoring: The RN Supervisor will be reviewing medical records, including dental records, for thoroughness and follow-up on a monthly basis. | 03/02/15 |
| W 363 | 483.460(j)(2) DRUG REGIMEN REVIEW The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews, it was determined the facility failed to | W 363 | <u>W363</u> <u>Pharmacist Report</u> Corrective Actions: Since we are not sure what information was shared with this pharmacy service by the RN Supervisor who negotiated this services, the current RN Supervisor will review ICF-ID Pharmacy Services regulations with the management and | 02/04/15 03/02/15 |

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| W 363 | <p>Continued From page 3</p> <p>ensure irregularities in an individual's drug regimen were reported to the prescribing physician and IDT by the pharmacist for 1 of 5 individuals (Individual #5) whose pharmacy records were reviewed. This resulted in issues related to drug administration not being addressed. The findings include:</p> <p>1. Individual #5's 3/24/14 IPP stated he was a 26 year old male whose diagnoses included moderate mental retardation.</p> <p>His record contained a 9/9/14 Physician's Order Sheet with an order for calcium citrate (a supplemental drug) 1000 mg every day and a pharmacy request with physician approval to administer the calcium citrate two times every day, dated 3/4/14.</p> <p>During a drug pass observation and interview on 12/2/14 from 7:04 - 7:46 a.m., DCS A reviewed Individual #5's calcium citrate bubble pack and stated the bubble for 12/2/14 had an "X" that indicated "do not give." The surveyor observed the bubble pack. The bubbles for 12/2/14, 12/9/14, 12/16/14, 12/23/14, and 12/30/14 all had an "X" handwritten with black felt tip marker. At the top left of the bubble pack was an entry, 7:00 a.m. except Tuesdays, also handwritten with a marker.</p> <p>However, the pharmacy's printed calcium citrate order label, at the top right of the bubble pack, was written as the physician prescribed for two times every day.</p> <p>When asked about the handwritten entries on the bubble pack during an interview on 12/2/14 at 9:50 a.m., the LPN stated she wrote both the Xs</p> | W 363 | <p>assigned pharmacist who are contracted to provide this service as well as with LPN's who meet quarterly with a pharmacist.</p> <p>Identifying Others Potentially Affected: The LPN at this location has reviewed orders/blisterpaks/medication sheets for all other individuals at this location and no similar situations were identified.</p> <p>System Changes: Please refer to Corrective Actions.</p> <p>Monitoring: The RN Supervisor will do a periodic "spot" check of blisterpaks during her monthly review to insure no similar modifications are made in the future.</p> | | |

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| W 363 | Continued From page 4 and 7:00 a.m. except Tuesdays entries on the bubble pack. She also stated the previous nurse held the 7:00 a.m. calcium citrate dose on the days Individual #5 was administered Fosamax so she continued the same schedule for him. Individual #5's pharmacist medication review forms, dated 6/9/14 and 9/8/14, were reviewed and both forms documented, next to New Recommendations, "None." The pharmacist did not report the discrepancy in Individual #5's drug regimen to the prescribing physician and the IDT. During a follow-up interview on 12/4/14 from 10:20 - 10:48 a.m., both the LPN and the QIDP Supervisor indicated they did not know why the pharmacist did not report the discrepancies in Individual #5's calcium citrate administration. | W 363 | | | |
| W 368 | 483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, review of the facility's Drug Administration Policy and Procedure, record review, and staff interviews, it was determined the facility failed to administer drugs as ordered by the physician for 1 of 5 individuals (Individual #5) whose medical records were reviewed. This | W 368 | <u>W368</u> <u>Drug's Administered in Compliance with Physician's Orders</u> Corrective Actions: We believe that a previous LPN obtained a verbal order for holding the Calcium when Fosamax was started as they cannot be given at the same time. However, this was not documented as a physician's order and continued as the replacement nurse assumed this procedure was not an issue as it had | 02/04/15 -03/02/15 | |

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| W 368 | <p>Continued From page 5 resulted in an individual receiving medications in a manner which was inconsistent with physician orders. The findings include:</p> <p>1. The facility's Drug Administration Policy and Procedure, dated January 2014, stated "...all drugs are administered in compliance with the physician's order..."</p> <p>Individual #5's 3/24/14 IPP stated he was a 26 year old male whose diagnoses included moderate mental retardation.</p> <p>His record contained a 9/9/14 Physician's Order Sheet with an order for calcium citrate (a supplemental drug) 1000 mg every day and a pharmacy request with physician approval to administer the calcium citrate two times every day, dated 3/4/14.</p> <p>During a drug pass observation and interview on 12/2/14 from 7:04 - 7:46 a.m., DCS A reviewed Individual #5's calcium citrate bubble pack and stated the bubble for 12/2/14 had an "X" that indicated "do not give." The surveyor observed the bubble pack. The bubbles for 12/2/14, 12/9/14, 12/16/14, 12/23/14, and 12/30/14 all had an "X" handwritten with black felt tip marker. At the top left of the bubble pack was an entry, 7:00 a.m. except Tuesdays, also handwritten with a marker.</p> <p>However, the pharmacy's printed calcium citrate order label, at the top right of the bubble pack, was written as the physician prescribed for two times every day.</p> <p>Individual #5's March - December 2014 MARs were reviewed and documented he did not</p> | W 368 | <p>been in place for a number of months. The LPN is in the process of clarifying the order with the physician. We apparently did not do sufficient staff training for this nurse or the previous nurse related to this issue. The QIDP Supervisor will review the ICF/ID regulations related to this issue with both the RN Supervisor and Jerome LPN to insure this regulation is understood. In addition, the RN Supervisor will verify with all nursing personnel at a January 2015 staff meeting all of the issues related to this nursing action and will require that LPN's discuss with her any modification in medication delivery prior to implementation.</p> <p>Identifying Others Potentially Affected: The LPN at this location has reviewed orders/blisterpaks/medication sheets for all other individuals at this location and no similar situations were identified.</p> <p>System Changes: Please refer to Corrective Actions.</p> <p>Monitoring: The RN Supervisor will do a periodic "spot" check of blisterpaks during her monthly review to insure no similar modifications are made in the future.</p> | |

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| W 368 | Continued From page 6 receive the Tuesday a.m. calcium citrate dose. When asked about the handwritten entries on the bubble pack during an interview on 12/2/14 at 9:50 a.m., the LPN stated she wrote both the Xs and 7:00 a.m. except Tuesdays entries on the bubble pack. She also stated the previous nurse held the 7:00 a.m. calcium citrate dose on the days Individual #5 was administered Fosamax so she continued the same schedule for him. | W 368 | | |
| W 369 | 483.460(k)(2) DRUG ADMINISTRATION The facility failed to ensure Individual #5's medications were administered in compliance with physician orders. The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, review of the facility's Drug Administration Policy and Procedure, record review and staff interviews, it was determined the facility failed to ensure medications were administered without error for 1 of 5 individuals (Individual #5) observed to take medications. This resulted in an individual's calcium citrate being improperly administered. The findings include: 1. The facility's Drug Administration Policy and Procedure, dated January 2014, stated "...all drugs are administered in compliance with the physician's order; all drugs, including those that are self-administered are administered without error..." | W 369 | <u>W369</u> <u>Drug's Administered without Error</u> Corrective Actions: We believe that a previous LPN obtained a verbal order for holding the Calcium when Fosamax was started as they cannot be given at the same time. However, this was not documented as a physician's order and continued as the replacement nurse assumed this procedure was not an issue as it had been in place for a number of months. The LPN is in the process of clarifying the order with the physician. We apparently did not do sufficient staff training for this nurse or the previous nurse related to this issue. The QIDP Supervisor will review the ICF/ID regulations related to this issue with both the RN Supervisor and Jerome LPN to insure this regulation is | 02/04/15 -03/02/15 |

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| W 369 | Continued From page 7 Individual #5's 3/24/14 IPP stated he was a 26 year old male whose diagnoses included moderate mental retardation. His 9/9/14 Physician's Order Sheet stated he received calcium citrate (a supplemental drug) 1000 mg every day. On 3/4/14, the pharmacy requested and the physician approved to administer the calcium citrate two times every day. During a drug pass observation and interview on 12/2/14 from 7:04 - 7:46 a.m., DCS A reviewed Individual #5's calcium citrate bubble pack and stated the bubble for 12/2/14 had an "X" that indicated "do not give." The surveyor observed the bubble pack. The bubbles for 12/2/14, 12/9/14, 12/16/14, 12/23/14, and 12/30/14 all had an "X" handwritten with black felt tip marker. At the top left of the bubble pack was an entry, 7:00 a.m. except Tuesdays, also handwritten with a marker. However, the pharmacy's printed calcium citrate order label, at the top right of the bubble pack, was written as the physician prescribed for two times every day. When asked about the handwritten entries on the bubble pack during an interview on 12/2/14 at 9:50 a.m., the LPN stated she wrote both the Xs and 7:00 a.m. except Tuesdays entries on the bubble pack. She also stated the 7:00 a.m. calcium citrate dose was not given on the days Individual #5 was administered Fosamax. During a follow-up interview on 12/14/14 from 10:20 - 10:48 a.m., the LPN verified the facility did not have a physician's order to hold the 7:00 a.m. calcium citrate dose on the days Individual #5 | W 369 | understood. In addition, the RN Supervisor will verify with all nursing personnel at a January 2015 staff meeting all of the issues related to this nursing action and will require that LPN's discuss with her any modification in medication delivery prior to implementation. PLEASE NOTE: The staff member assisting this individual with the self-administration process made an administration error only because of instructions given, not because they did not follow the proper administration procedures. Identifying Others Potentially Affected: The LPN at this location has reviewed orders/blisterpaks/medication sheets for all other individuals at this location and no similar situations were identified. System Changes: Please refer to Corrective Actions. Monitoring: The RN Supervisor will do a periodic "spot" check of blisterpaks during her monthly review to insure no similar modifications are made in the future. | |

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| W 369 | Continued From page 8 was administered Fosamax. | W 369 | | |
| W 388 | The facility failed to ensure Individual #5's calcium citrate was accurately administered. 483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. This STANDARD is not met as evidenced by: Based on observation, review of the facility's Nurse's Medication Adjustment Protocol, record review and staff interviews, it was determined the facility failed to ensure all medications were correctly labeled for 1 of 5 individuals (Individual #5) observed during the drug administration observation. This resulted in the potential for medication administration errors and subsequent negative impacts to the individual. The findings include: 1. The facility's 2014 Nurse's Medication Adjustment Protocol was reviewed. The protocol did not provide for the licensed nursing staff to change the physician's order or the pharmacy's medication labeling system. Perry and Potter, Fundamentals of Nursing, 2009, 7th edition stated "...the physician prescribes medications by writing a medication order...Dispensing the correct medication, in the proper dosage and amount, with an accurate label is the pharmacist's main task..." The 6 rights of medication include "the right dose." A nurse "compares the list of medications on the MAR against the original orders for accuracy and | W 388 | <u>W388</u> <u>Drug Labeling</u> Corrective Actions: We believe that a previous LPN obtained a verbal order for holding the Calcium when Fosamax was started as they cannot be given at the same time. However, this was not documented as a physician's order and the process of re-labeling the blisterpak continued as the replacement nurse assumed this procedure was not an issue as it had been in place for a number of months. The LPN is in the process of clarifying the order with the physician. We apparently did not do sufficient staff training for this nurse or the previous nurse related to this issue. The QIDP Supervisor will review the ICF/ID regulations related to this issue with both the RN Supervisor and Jerome LPN to insure this regulation is understood. In addition, the RN Supervisor will verify with all nursing personnel at a January 2015 staff meeting all of the issues related to this nursing action and will require that LPN's discuss with her any modification in medication delivery prior to implementation. | <i>KM</i> 02/04/15 03/02/15 |

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G059 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 12/04/2014 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #9 MAIN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 878 EAST MAIN JEROME, ID 83338 | | |
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| W 388 | <p>Continued From page 9 thoroughness."</p> <p>Individual #5's 3/24/14 IPP stated he was a 26 year old male whose diagnoses included moderate mental retardation.</p> <p>His record contained a 9/9/14 Physician's Order Sheet with an order for calcium citrate (a supplemental drug) 1000 mg every day and a pharmacy request with physician approval to administer the calcium citrate two times every day, dated 3/4/14.</p> <p>During a drug pass observation and interview on 12/2/14 from 7:04 - 7:46 a.m., DCS A reviewed Individual #5's calcium citrate bubble pack and stated the bubble for 12/2/14 had an "X" that indicated "do not give." The surveyor observed the bubble pack. The bubbles for 12/2/14, 12/9/14, 12/16/14, 12/23/14, and 12/30/14 all had an "X" handwritten with black felt tip marker. At the top left of the bubble pack was an entry, 7:00 a.m. except Tuesdays, also handwritten with a marker.</p> <p>However, the pharmacy's printed calcium citrate order label, at the top right of the bubble pack, was written as the physician prescribed for two times every day.</p> <p>When asked about the handwritten entries on the bubble pack during an interview on 12/2/14 at 9:50 a.m., the LPN stated she wrote both the Xs and 7:00 a.m. except Tuesdays entries on the bubble pack. She also stated the previous nurse held the 7:00 a.m. calcium citrate dose on the days Individual #5 was administered Fosamax so she continued the same schedule for him.</p> | W 388 | <p>Identifying Others Potentially Affected: The LPN at this location has reviewed orders/blisterpaks/medication sheets for all other individuals at this location and no similar situations were identified.</p> <p>System Changes: Please refer to Corrective Actions.</p> <p>Monitoring: The RN Supervisor will do a periodic "spot" check of blisterpaks during her monthly review to insure no similar modifications are made in the future.</p> | | |

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| W 388 | Continued From page 10 During a follow-up interview on 12/4/14 from 10:20 - 10:48 a.m., the LPN verified the physician did not order the 7:00 a.m. calcium citrate dose to be held on the days Individual #5 was administered Fosamax. | W 388 | | |
| W 440 | The facility failed to ensure Individual #5's 7:00 a.m. calcium citrate bubble pack was appropriately labeled in accordance with facility policy and accepted standards of practice. 483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure evacuation drills were conducted quarterly for each shift of personnel for 8 of 8 individuals (Individuals #1 - #8) residing at the facility. This resulted in the potential for the facility and staff not being able to determine individuals' responses or identify problem areas. The findings include: 1. The facility utilized a.m., swing, and graveyard shift schedules where the a.m. shift worked from 6:00 a.m. - 2:00 p.m., swing shift worked from 2:00 - 10:00 p.m., and graveyard shift worked from 10:00 p.m. to 6:00 a.m. The facility's evacuation drills were reviewed and did not include documentation that an evacuation drill had been completed for the swing shift of staff during the 4th quarter (October - December) 2013. | W 440 | <u>W440</u> Corrective Actions: Monthly evacuation drills are scheduled on CCI's Annual Calendar related to shift and time. The secretary checks monthly to insure that scheduled evacuation drills in all CCI locations are completed. The failure to complete this one evacuation drill appears to be an implementation error. If further scheduling errors occur related to evacuation drills occur, disciplinary action will be implemented. Identifying Others Potentially Affected: All individuals living at this location are potentially affected. System Changes: We feel this was an implementation not a systems error. See "Corrective Actions" Monitoring: The secretary will continue to monitor that evacuation drills have occurred and will inform the Administrator of any drills that do not occur by the third week of the month so that corrective actions can be taken. | <i>km</i> 02/04/15 03/02/15 |

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| W 440 | Continued From page 11 During an interview on 12/2/14 at 12:50 p.m., the Home Supervisor reviewed the evacuation drills and said she would look for the 2013 4th quarter evacuation drill paperwork. At 1:20 p.m., the Home Supervisor said she was not able to locate the 2013 4th quarter evacuation drill paperwork. The facility failed to ensure evacuation drills were completed each quarter for each shift of staff. | W 440 | | |

Bureau of Facility Standards

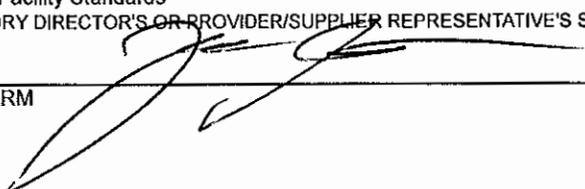
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| M 000 | <p>16.03.11 Initial Comments</p> <p>The following deficiencies were cited during the annual licensing survey conducted from 12/1/14 to 12/4/14.</p> <p>The surveyors conducting your survey were:</p> <p>Karen Marshall, MS, RD, LD, Team Lead James Troutfetter, QIDP</p> | M 000 | <p style="text-align: center;">RECEIVED DEC 22 2014 FACILITY STANDARDS</p> | |
| MM271 | <p>16.03.11.100.04(b) Storage of Toxic Chemicals</p> <p>All toxic chemicals must be properly labeled and stored under lock and key. This Rule is not met as evidenced by: Based on observation and staff interviews, it was determined the facility failed to store all toxic chemicals under lock and key. This failure allowed the potential for accidental exposure to hazardous chemicals for 8 of 8 individuals (Individuals #1 - #8) residing in the facility. The findings include:</p> <p>1. During an environmental review on 12/1/14 from 12:50 - 2:00 p.m., the following chemicals were found to be unlocked in the laundry room and under the kitchen sink:</p> <p>Unlocked in the laundry room (on the youth side):</p> <ul style="list-style-type: none"> - One 32-ounce container of Price First glass cleaner with ammonia stating it should be kept out of reach of children. - One 2-quart container of bleach approximately ¼ full with a warning stating it was harmful if swallowed. - One 48-ounce container Lysol Clean and Fresh Multi Surface disinfectant spray stating it should | MM271 | <p><u>MM271</u></p> <p>Corrective Actions: The AQIDP at this location has trained staff on the proper storage and use of chemicals. The faulty lock on one cabinet has been replaced with a functioning unit. Staff training on the proper storage and use of chemicals will be completed at the next scheduled staff meeting. Closets for locking up chemicals are in place.</p> <p>Identifying Others Potentially Affected: All individuals living at this location are potentially affected.</p> <p>System Changes: We feel this was an implementation not a systems error. See "Corrective Actions"</p> <p>Monitoring: The AQIDP at this location will provide staff with the necessary training regarding the storage of chemicals and supplement training with ongoing corrections as needed for improper storage of chemicals.</p> | <p><i>Km</i> 02/04/15 03/02/15</p> |

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Adam W. Strator

(X6) DATE
12/19/2014

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| MM271 | <p>Continued From page 1</p> <p>be kept out of reach of children.</p> <p>Under the kitchen sink (on the youth side):</p> <ul style="list-style-type: none"> - One spray bottle containing 10:1 bleach. - Price First glass cleaner with ammonia stating it should be kept out of reach of children. - Formula 3x spray stating it should be kept out of reach of children. <p>The Home Supervisor, who was present, stated the chemicals should have been locked and secured them in another location.</p> <p>The facility failed to ensure chemicals were kept locked to avoid accidental exposure to individuals residing in the facility.</p> <p>2. During an environmental review of the young adult side on 12/1/14 from 12:50 - 2:00 p.m., the following chemicals were found to be unlocked under the kitchen sink:</p> <ul style="list-style-type: none"> - One 45-ounce container of dishwasher detergent with a label warning that dangerous fumes form when mixed with other products. - One 32-ounce container of glass cleaner containing ammonia. - One 28-ounce container of Ajax with bleach with an eye irritant warning. - One 48-ounce container of Lysol multi-surface cleaner. <p>When asked, DCS A and B who were present, both stated the above identified chemicals were</p> | MM271 | | |
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| MM271 | Continued From page 2 stored under the kitchen sink. At 1:56 p.m., the Home Supervisor told both DCS A and B that the chemicals should be under lock and key when not in use. The facility failed to ensure chemicals were kept locked to avoid accidental exposure to individuals residing in the facility. | MM271 | | |
| MM337 | 16.03.11.110.04(c) Fire Drills A minimum of twelve (12) unannounced fire drills must be held annually, irregularly scheduled throughout all shifts. In addition, a least one (1) drill per shift must be held on a Sunday or holiday. This Rule is not met as evidenced by: Refer to W440. | MM337 | <u>MM337</u> Please refer to W440 | km 02/04/15 03/02/15 |
| MM428 | 16.03.11.120.10(c) Temperature of hot water The temperature of hot water at plumbing fixtures used by the residents must be between one hundred five (105) to one hundred twenty (120) degrees Fahrenheit. This Rule is not met as evidenced by: Based on environmental review and staff interview, it was determined the facility failed to ensure hot water temperatures were maintained between 105 and 120 degrees Fahrenheit for 4 of 4 individuals (Individuals #1 - #4) residing in the adult side of the facility. The findings include: 1. An environmental review was conducted at the facility on 12/2/14 from 12:38 - 1:35 p.m. During that time, the following water temperature was noted: | MM428 | <u>MM428</u> Corrective Actions: It should be noted that this issue was resolved as noted on the CMS-2567 form by 12/3/2014 at 12:37PM before the end of the survey. A preventative maintenance checklist is already in place for monitoring hot water temperatures. If in the future temperatures fall outside the expected range further action will be discussed at that time. Identifying Others Potentially Affected: Four individuals living at this location are potentially affected. System Changes: See "Corrective Actions" | km 02/04/15 03/02/15 |

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| MM428 | Continued From page 3 The kitchen sink water temperature was 121.7 degrees Fahrenheit. The Home Supervisor, who was present, also took the temperature and confirmed it to be at 121.7 degrees Fahrenheit and stated she would turn it down. On 12/3/14 at 12:37 p.m. the water temperature was rechecked and found to be 102.6 degrees Fahrenheit. The facility failed to ensure water temperatures were maintained between 105 and 120 degrees Fahrenheit. | MM428 | Monitoring: Water temperatures are checked on an ongoing basis and recorded on the "Preventative Maintenance Checklist." This is completed by the AQIDP and reviewed by the Administrator every month. If temperatures do not fall within the limits in the future more actions will be discussed. | |
| MM735 | 16.03.11.270.02 Health Services The facility must provide a mechanism which assures that each resident's health problems are brought to the attention of a licensed nurse or physician and that evaluation and follow-up occurs relative to these problems. In addition, services which assure that prescribed and planned health services, medications and diets are made available to each resident as ordered must be provided as follows: This Rule is not met as evidenced by: Refer to W368. | MM735 | <u>MM735</u> Please refer to W368 | km 02/04/15 03/02/15 |
| MM750 | 16.03.11.270.02(d)(ii) Routine Screening Laboratory Examinations Routine screening laboratory examinations, as determined necessary by the physician, and special studies when the index of suspicion is high. This Rule is not met as evidenced by: Refer to W322. | MM750 | <u>MM750</u> Please refer to W322 | km 02/04/15 03/02/15 |

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| MM754 | 16.03.11.270.02(f)(ii) Policies and Procedures The facility must have policies and procedures controlling the administration of residents' medications. Such policies and procedures must be strictly followed by facility personnel. This Rule is not met as evidenced by: Refer to W369 and W388. | MM754 | <u>MM754</u> Please refer to W339 and W388 | 03/02/15 |
| MM758 | 16.03.11.270.02(f)(iv) Medication System Monitored The resident's medication system must be evaluated and monitored on a regular basis by a registered nurse and/or a licensed pharmacist. Such evaluations must be done at least every thirty (30) days and records of the evaluation, as well as action taken to correct noted problems, must be kept on file by the facility administrator. This Rule is not met as evidenced by: Refer to W363. | MM758 | <u>MM758</u> Please refer to W363 | <i>Kn</i> 02/04/15 03/02/15 |