



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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TAMARA PRISOCK – ADMINISTRATOR  
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3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
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February 28, 2019

Brian Davidson, Administrator  
Good Samaritan Society - Boise Village  
3115 Sycamore Drive  
Boise, ID 83703-4129

Provider #: 135085

Dear Mr. Davidson:

On **February 14, 2019**, we conducted an on-site revisit to verify that your facility had achieved and maintained compliance. We presumed, based on your allegation of compliance, that your facility was in substantial compliance as of January 18, 2019. However, based on our on-site revisit we found that your facility is not in substantial compliance with the following participation requirements:

- **F0761 -- S/S: D -- 483.45(g)(h)(1)(2) -- Label/store Drugs And Biologicals**

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567 listing Medicare and/or Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **NOTE:** The alleged compliance date must be after the "Date Survey Completed" (located in field X3.) **Please provide ONLY ONE completion date for each federal and state tag (if applicable) in column (X5) Completion Date** to signify when you allege that each tag will be back in compliance. Waiver renewals may be requested on the Plan of Correction.

After each deficiency has been answered and dated, the administrator should sign the Form CMS-2567 and State Form (if applicable), Statement of Deficiencies and Plan of Correction in the spaces provided and return the original(s) to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **March 11, 2019**. The components of a Plan of Correction, as required by CMS must:

- Address what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- Address how you will identify other residents who have the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- Address what measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;
- Indicate how the facility plans to monitor performance to ensure the corrective action(s) are effective and compliance is sustained.
- Include dates when corrective action will be completed in column (X5).

If the facility has not been given an opportunity to correct, the facility must determine the date compliance will be achieved. If CMS has issued a letter giving notice of intent to implement a denial of payment for new Medicare/Medicaid admissions, consider the effective date of the remedy when determining your target date for achieving compliance.

- The administrator must sign and date the first page of the federal survey report, Form CMS-2567 and the state licensure survey report, State Form (if applicable).

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

As noted in the Bureau of Facility Standards' letter of **December 21, 2018**, following the survey of **November 30, 2018**, we have already made the recommendation to the Centers for Medicare and Medicaid Services (CMS) for Denial of Payment for New Admissions effective March 1, 2019, and a civil money penalty and termination of the provider agreement on **May 30, 2019**, if substantial compliance is not achieved by that time. The findings of non-compliance on **February 14, 2019**, has resulted in a continuance of the remedy(ies) previously mentioned to you by the CMS. On **February 21, 2019**, CMS notified the facility of the intent to impose the following remedies:

- DPNA made on or after **March 7, 2019**

Termination of the provider agreement effective **May 30, 2019**.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

Brian Davidson, Administrator  
February 28, 2019  
Page 3 of 3

If you believe the deficiencies have been corrected, you may contact please contact Debby Ransom, RN, RHIT, Bureau Chief, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, option 5; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies, which resulted in a finding of SQC or immediate jeopardy. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

go to the middle of the page to **Information Letters** section and click on **State** and select the following:

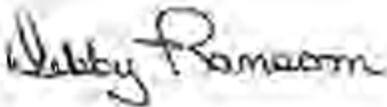
- BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process  
2001-10 IDR Request Form

This request must be received by **March 11, 2019**. If your request for informal dispute resolution is received after **March 11, 2019**, 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 the survey. If you have any questions, comments or concerns, please contact Debby Ransom, RN, RHIT, Bureau Chief at (208) 334-6626, option 5.

Sincerely,



Debby Ransom, RN, RHIT, Chief  
Bureau of Facility Standards

DR/lj

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

PRINTED: 02/28/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - BOISE VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3115 SYCAMORE DRIVE</b> <b>BOISE, ID 83703</b>
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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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{F 000}	INITIAL COMMENTS  The following deficiency was cited during the on-site revisit survey conducted at the facility from February 13, 2019 through February 14, 2019.  The surveyors conducting the survey were:  Brad Perry, LSW, Team Coordinator Presie Billington, RN Sharon Dunn, RD  Acronyms included in the report:  DON - Director of Nursing LPN - Licensed Practical Nurse ml - milliliter	{F 000}		
{F 761} SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed	{F 761}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Electronically Signed

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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{F 761}	<p>Continued From page 1</p> <p>compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, policy review, and staff interview, it was determined the facility failed to ensure insulin vials were dated when opened. This was true for 1 of 3 medication carts (Harbor Care Unit) checked during medication cart inspection. This failed practice created the potential for residents to receive expired medications with decreased efficacy. Findings include:</p> <p>The facility policy for Insulin Administration, revised August 2018, documented multi-dose vials should have an open date written on the vial.</p> <p>On 2/14/19 at 9:20 AM, during inspection of the Harbor Care Unit medication cart, with LPN #1 present, the following was found:</p> <ul style="list-style-type: none"> <li>* A vial of Lantus Insulin 100 units/ml was in a box dated as opened on 1/26/19, written on the outside of the box. The vial was not dated.</li> <li>* A vial of Lantus Insulin 100 units/ml was in a box dated as opened on 1/14/19, written on the outside of the box. Inside the box was written "Exp[ired] 2/11/19." The vial was not dated.</li> <li>* A vial of Humalog 100 units/ml was in a box</li> </ul>	{F 761}			

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{F 761}	<p>Continued From page 2</p> <p>dated as opened on 1/31/19, written on the outside of the box. The vial was not dated.</p> <p>* A vial of Humalog 100 units/ml was in a box with no date it was opened written on the box. Inside the box written on a sticker was the date "2/5." The vial was not dated.</p> <p>* A vial of Humalog 100 units/ml was in a box with no date it was opened written on the box. Inside the box was written "Exp[ired] 3/11." The vial was not dated.</p> <p>On 2/14/19 at 10:00 AM, LPN #1 said the insulin did not have a date opened written on the vials. LPN #1 said the insulin should be kept in its original box and the opened date should be written on the insulin vial and discarded 28 days after opening. LPN #1 said she would dispose of the insulin vials because she did not know when they were opened.</p> <p>On 2/14/19 at 12:40 PM, the DON said the staff were provided education to put the date opened on the Insulin vials after their last survey. The DON said she would provide another education to all the staff in the facility.</p>	{F 761}			