IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 8, 2006

Linda Vestal, Administrator
Guardian Angel-Village Ops-Lewiston
2223 Vineyard Ave
Lewiston, ID 83501

License #: RC-679

Dear Ms. Vestal:

On June 28, 2006, a complaint investigation, state licensure survey was conducted at Guardian Angel Homes - Village Ops - Lewiston. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Care/Assisted Living Program

PWG/slc

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July 13, 2006

Linda Vestal, Administrator
Guardian Angel Homes - Village Ops - Lewiston
2223 Vineyard Ave
Lewiston, ID 83501

Dear Ms. Vestal:

On June 28, 2006, a complaint investigation,state licensure was conducted at Guardian Angel Homes - Village Ops - Lewiston. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 28, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.
Supervisor
Residential Community Care Program

VL/slc

Enclosure

IDAHO DEPARTMENT OF
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July 12, 2006

Linda Vestal, Administrator
Guardian Angel Homes - Village Ops - Lewiston
2223 Vineyard Ave
Lewiston, ID 83501

FILE COPY

Dear Ms. Vestal:

On June 28, 2006, a complaint investigation survey was conducted at Guardian Angel Homes - Village Ops - Lewiston. The survey was conducted by Patrick Hendrickson, R.N. and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00001268

Allegation #1. The facility retained a resident who became violent and was a danger to himself and others

Findings: Based on observation, interview and record review it was determined on April 5, 2006 the identified resident did become aggressive. He threw pillows, swung a curtain rod, and threw a bar stool at a staff member.

Review of the identified resident's record on June 27, 2006 revealed the resident was admitted on December 23, 2006 with diagnoses which included Parkinson's and Alzheimer's.

The resident's record contained a Negotiated Service Agreement (NSA) dated February 11, 2006 which documented under the "Toileting" section that the resident required complete assistance and observation for all toileting needs. It further documented under the "Cognitive Capabilities, Level of Awareness" section the resident required one to one assistance from caregivers.

The resident's record also contained a behavior plan dated March 2006. It documented the resident could be aggressive toward staff when staff assisted

resident with cares. Additionally, it documented caregivers were to approach the resident calmly, speak quietly, and provide one to one attention.

The resident's record contained a caregiver statement dated Apiri 6, 2006 (untimed). It documented the resident became aggressive when he was assisted with toileting, so another caregiver came to assist him. After toileting the resident became aggressive and threw pillows, swung a curtain rod, and threw a bar stool at a staff member.

Review of the facility progress notes documented the following:

On Apiri 5, 2006 at 5:10 p.m., the L.P.N. was contacted by caregivers that resident had broken an end table, threw a sippy cup against the wall, and had thrown pillows at staff.

On Apiri 6, 2006 at 2:00 p.m., the resident was temporarily moved into another house and his wife stayed with him until the resident was evaluated by a mental health provider. Caregivers were instructed to approach the resident 1 to 1 and if he became anxious to walk away and re-approach after five minutes.

Further review of the resident record revealed the physician had been monitoring the resident's medications from the end of March 2006 through the middle of April 2006. The record also contained a physician's note dated April 13, 2006 which documented the resident was evaluated for agitation. The physician documented the resident's agitation had decreased and he was less anxious.

Further review of the resident's record revealed an untitled statement from the administrator which documented the resident had an incident on Apiri 5, 2006 at 4:14 p.m., where he had thrown pillows, moved furniture, and tossed a bar stool across the room. It documented the resident's behaviors were related to caregivers not following the toileting care plan. Additionally, it documented the two male caregivers were counseled by the administrator and had been required to take a refresher course related to dementia care.

On June 27, 2006 at 7:55 a.m., the facility Registered Nurse (RN) stated the resident was assisted with toileting by two male caregivers. She stated the resident would become agitated when approached by two people. Additionally, she stated the facility staffing pattern had been adjusted so there were never two male caregivers on duty at the same time.

On June 27, 2006 at 8:10 a.m., the administrator stated the resident did have an aggressive episode that was investigated. She stated the caregivers were counseled and the staffing pattern had been changed to prevent further incidents from

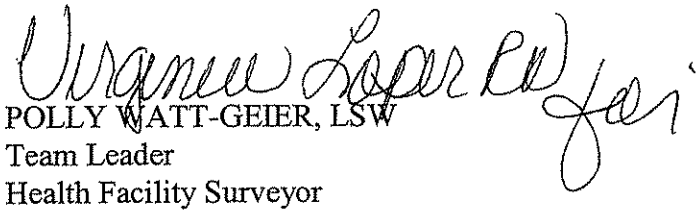
re-occurring.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by counseling and re-educating caregivers, changing the staffing patterns of the facility to reduce the resident's anxiety, and sought mental health involvement to work with the resident for his anxiety and aggressive behaviors.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. AND/OR Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/slc

c: Jamie Simpson, Supervisor, Residential Community Care Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R679	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 06/28/2006
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL HOMES - VILLAGE OPS - L	STREET ADDRESS, CITY, STATE, ZIP CODE 2223 VINEYARD AVE LEWISTON, ID 83501		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETE DATE
R 000	Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on June 28, 2006. The surveyors conducting the standard survey were: Polly Watt-Geier, LSW Team Leader Health Facility Surveyor Patrick Hendrickson, RN Health Facility Surveyor Frutoso Gonzalez, RN Health Facility Surveyor, RN	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Guardian Angel Homes	2223 Vineyard Avenue	743-6500
Administrator	**City**	**ZIP Code**
Linda Vestal	Lewiston	83501
Survey Team Leader	**Survey Type**	**Survey Date**
Polly Watt-Geier	Standard & Complaint Investigation	6-28-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.310.01a	All medications to include over the counter medications will be kept in a locked area	
2	16.03.22.350.02	The administrator or designee did not complete an investigation and written report of findings within 30 days for each accident, incident, complaint or allegation of abuse neglect or exploitation	
3	16.03.22.215.07	The Administrator did not assure that Adult protection and law enforcement were notified in accordance with section 39-5310 Idaho Code	
4	16.03.22.405.01	Room # 13 of Timber Building electrical outlet was in need of Repair	6/28/06 [illegible]
5	16.03.22.620	The Facility did not maintain signed evidence of Personnel orientation training to include hours and topics	
6	16.03.22.640	The Facility did not assure employees received a minimum of 8 hours of job related continuing training per year	

Response Required Date	Signature of Facility Representative
7-28-06	[signature] Linda M Vestal

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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Guardian Angel Homes	2223 Vineyard Avenue	743-6500
Administrator	**City**	**ZIP Code**
Linda Vestal	Lewiston	83501
Survey Team Leader	**Survey Type**	**Survey Date**
Polly Watt-Geier	Standard & Complaint Investigation	6-28-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
7	16.03.22.711.06	Resident Records must contain signed and dated Negotiated Service agreements	
8	16.03.22.711.08.b	The Facility did not document in a consistant manner the delegated nursing task of assistance with Medications	

Response Required Date	Signature of Facility Representative
8 7-28-06	Linda M Vestal