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 25, 2006

Lisa Moore, Administrator
Midland Manor
9622 West Silverbirch Street
Boise, ID 83709

FILE COPY

License #: RC-854

Dear Mrs. Moore:

On June 1, 2006, a survey was conducted at Midland Manor. 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 Rae Jean McPhillips, R.N., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips RN, BSN

RAE JEAN MCPHILLIPS, R.N.
Team Leader
Health Facility Surveyor
Residential Community Care Program

RM/sm

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

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June 15, 2006

FILE COPY

Lisa Moore, Administrator
Midland Manor
9622 West Silverbirch Street
Boise, ID 83709

Dear Mrs. Moore:

On June 1, 2006, an initial survey was conducted at Midland Manor. The facility was found to be providing safe and effective care to residents.

The enclosed form, which states that 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 1, 2006.

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

Sincerely,

Virginia Loper RN

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

VL/sm

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R854	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 06/01/2006
NAME OF PROVIDER OR SUPPLIER MIDLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 9 SOUTH MIDLAND BOULEVARD NAMPA, ID 83651		

(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 initial survey conducted on June 1, 2006. The surveyors conducting the initial survey were: Rae Jean McPhillips, RN Team Leader Health Facility Surveyor Patrick Hendrickson, RN Health Facility Surveyor	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
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Midland Manor	9. S. Midland RD	466-5175
Administrator	**City**	**ZIP Code**
Lisa Moore	Nampa ID	83651
Survey Team Leader	**Survey Type**	**Survey Date**
Rae Jean McPhillips	IS	6-1-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
#1	16.03.22.250.15	The facility did not have a call system. Radio shack	7-18-06
#2	16.03.22.430.02	A Residents dresser was not in good repair.	6-20-06 RM
#3	16.03.22.711.12	Given PRN medications were not documented with the reason why they were given. - Generic inservice form	6-20-06 RM
#4	16.03.22.725.01	The facility's Admit/discharge Log was not current.	6-20-06
#5	16.03.22.730.01F	One Employees record did not have documented evidence of First aid training. - ✓	7-1-06
#6	16.03.22.730.01G	2 of 2 Employees did not have background checks. ✓ Conf # YK80344106111176	7-17-06

Response Required Date: 7-1-06

Signature of Facility Representative: [signature]

YK80344106111176

BFS-686

9/04