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

September 15, 2006

Terry Kildow, Administrator
Kildow's Residential Care Facility
2106 Sunny Ridge Rd
Nampa, ID 83686-7437

FILE COPY

License #: RC-683

Dear Mr. Kildow:

On August 2, 2006, a survey was conducted at Kildow' Residential Care Facility. 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

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

PW/slc

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

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August 23, 2006

FILE COPY

Terry Kildow, Administrator
Kildow's Residential Care Facility
2106 Sunny Ridge Rd
Nampa, ID 83686-7437

Dear Mr. Kildow:

On August 2, 2006, a complaint investigation survey was conducted at Kildow's Residential Care Facility. 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 September 1, 2006.

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

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Liviing Program

JS/slc

Enclosure

IDAHO DEPARTMENT OF
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August 23, 2006

FILE COPY

Terry Kildow, Administrator
Kildow' Residential Care Facility
2106 Sunny Ridge Rd
Nampa, ID 83686-7437

Dear Mr. Kildow:

On August 2, 2006, a complaint investigation survey was conducted at Kildow' Residential Care Facility. The survey was conducted by Patrick Hendrickson, R.N. and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00001471

Allegation #1: Facility did not ensure that an identified resident's medications were transferred to another facility when the resident moved out.

Findings: Based on interview and record review it was determined the facility did ensure an identified resident's medications were transferred to another facility when the resident move out.

Review of the facility's admission/discharge log on July 31, 2006, revealed documented evidence the identified resident was discharged on May 31, 2006 and therefore could not be interviewed.

On August 2, 2006 at 9:30 a.m., the house manager stated the facility had discharged the resident on May 31, 2006 and all of the resident's medications were sent with him.

On August 2, 2006 at 10:00 a.m., the pharmacist who filled the resident's medications for June 2006, stated a months worth of medications were sent to the facility on May 28, 2006. Additionally he stated there had been no requests to refill the resident's medications.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on August 2, 2006.

Allegation #2: During facility activities alcohol was consumed by residents.

Findings: Based on interview and record review it was determined that during facility activities alcohol was consumed by residents.

The facility's Policies and Procedures reviewed on August 2, 2006, documented that alcohol was not to be consumed nor should anyone be under the influence of alcoholic beverages.

On August 2, 2006 at 9:30 a.m., the house manager stated residents were allowed to buy and consume alcohol on rare occasions.

On August 2, 2006 between 11:00 a.m. and 12:00 p.m., 3 of 4 residents confirmed they were allowed to drink alcohol on occasions.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.210 for allowing the consumption of alcoholic beverages. This was not consistent with the facility's alcohol/drug policies. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: All residents receive their evening medications when they arrived home from their day program around 4 p.m.

Findings: Based on interview it was determined that residents had not received their evening medications when they arrived home from their day program around 4 p.m.

On August 2, 2006 at 9:30 a.m., the house manager stated residents were assisted with medications at 8:00 a.m., 4:00 p.m. and 8:00 p.m. Additionally she assisted residents with noon medications if they were in the facility.

On August 2, 2006 between 11:00 a.m. and 12:00 p.m., 5 of 5 residents stated they were assisted with medications at 8:00 a.m. and given noon medications to take to day treatment. They further stated, that upon their return back to the facility around 4:00 p.m., they were again assisted with medications. Further, 3 of 3 residents stated they were assisted with their medications again at 8:00 p.m.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on August 2, 2006.

Allegation #4: Residents are required to change into their sleeping clothing before supper is served.

Findings: Based on interview it was determined residents changed into their sleeping clothes before supper was served.

On August 2, 2006 at 9:08 a.m., the house manager stated the residents changed into their sleeping clothes before supper. She stated the residents gave her their clothes, so their laundry could be completed on a daily basis. She stated the residents were not required to get into their sleeping clothes when they get home.

On August 2, 2006 between 11:00 a.m. to 12:00 p.m., five random residents stated they changed into their sleeping clothes when they arrived home from day treatment. Additionally, they stated that changing into their sleeping clothes at a different time in the evening would not be accepted by the house manager and/or administrator.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.550.04.b for restricting the residents rights to determine their own dress by requiring residents to put on their sleeping clothes before supper. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: Residents are not allowed to choose physicians or authorized providers.

Findings: Based on interview it was determined the facility did not allow the residents to choose thier own physicians or authorized providers.

On August 2, 2006 at 9:08 a.m., the house manager stated residents could keep their own physicians or authorized providers when they were admitted to the facility, but it was preferred that they visit the facility's preferred physician.

On August 2, 2006 between 11:00 a.m. to 12:00 p.m., two random residents were interviewed and stated they did not feel like they could choose their own physician or authorized provider other than the physician or authorized provider the facility had chosen.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.220.10 for not disclosing restrictions of choice for a physician or authorized provider. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: Residents' confidentiality is not maintained when the administrator calls their therapist or counselors.

Findings: Based on interview and record review it could not be determined the facility did not maintain residents confidentiality when the administrator called therapists or counselors.

Review of the facility's admissions records on August 2, 2006 revealed release of information forms that were signed by the residents to permit the administrator and/or house manager to contact therapist or counselors with personal health information.

On August 2, 2006 at 9:08 a.m., the house manager stated each resident signed a release of information when they were admitted into the facility. The release allowed the house manager and/or administrator to contact the residents' therapists and counselors for coordination of care.

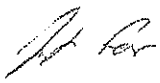
On August 2, 2006 between 11:00 a.m. to 12:00 p.m., five random residents were interviewed and had no concerns of the administrator or house manager contacting their counselors or therapists.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on August 2, 2006.

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, MBA, QMRP, Supervisor, Residential Community Care Program

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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
Kildow's Residential Care Facility	2106 Sunnyridge Rd	(208) 665-7125
Administrator	**City**	**ZIP Code**
Terry Kildow	Nampa	83686-7137
Survey Team Leader	**Survey Type**	**Survey Date**
Patrick Hendrickson	Complaint Investigation	8/2/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.210	The facility provided activities that was not consistent with the facility's policies. Alcohol was ~~provided~~ present on outings.	
2	16.03.22.220.10	The facility's admission agreement did not disclose any restriction on choice of physician or authorized provider.	
3	16.03.22.550.04B.	The facility restricted Residents rights to determine their own dress by requiring residents to act on Pajamas before dinner.	

Response Required Date	Signature of Facility Representative
9/2/06	Kathy Kildow