



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
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January 14, 2015

Cecilia Owsley, Administrator
Guardian Angel Homes
1070 East Mullan Avenue
Post Falls, Idaho 83854

Provider ID: RC-643

Ms. Owsley:

An unannounced, on-site complaint investigation survey was conducted at Post Falls Ops LLC, dba-Guardian Angel Homes between January 8, 2015 and January 9, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006635

Allegation #1: The facility did not assist residents with medications as ordered.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by conducting staff training when a mistake was identified by the resident's family member.

Allegation #2: The facility did not coordinate outside services and residents missed physicians' appointments.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by rescheduling the appointment and requesting a prescription refill for the resident's pain medication until the resident's next physician's appointment.

Allegation #3: The Negotiated Service Agreements (NSAs) were not signed by all responsible parties.

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Cecilia Owsley, Administrator

January 14, 2015

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Allegation #4: NSAs were not updated to reflect current residents' care needs; therefore, residents were billed inappropriately.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by updating the identified resident's NSA and adjusting her bill accordingly.

Allegation #5: The facility took away residents heating pads.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by returning the resident's heating pad once the rule was clarified and the facility obtained a physician's order.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McCann, RN".

MAUREEN MCCANN, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

MM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: GUARDIAN ANGEL HOMES
Address: 1070 EAST MULLAN AVENUE
City/State/Zip/County: POST FALLS, ID, 83854, KOOTENAI
Telephone: (208) 777-7797

License #: RC-643
Type: RCF
Medicaid #:
Administrator: CECILIA OWSLEY

INTAKE INFORMATION

Taken by - Staff: WATT-GEIER, POLLY P.
Location Received: RES CARE - ASSISTED LIVING
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: WATT-GEIER, POLLY
RO Contact:
Responsible Team: RES CARE - ASSISTED LIVING
Source: Anonymous

Received Start: 08/22/2014 At 09:08
Received End: 08/22/2014 At 09:08
Received by: Telephone
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	EMail
Not Applicable / Anonymous (Primary) Link ID: 02UIWZ			

RESIDENTS/PATIENTS/CLIENTS

Name	Admitted	Location	Room	Discharged	Link ID
JANET VANVOORHIS					1680732

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged Time: Shift:

Standard Notes: Allegation #1: The facility did not assist residents with medications as ordered.

Note: A resident's [Janet] lidoderm patch is supposed to be put on at 9 PM and taken off at 9 AM. There should be a 12 hour lapse when the patch is off of the resident. On 8/12/14, the complainant had a conversation with the LPN, who said all staff had been trained on how to properly apply the patch. She said that all staff would date, time and initial the patches when they were placed. On 8/14/14 in the evening, a patch was found on the resident, but it was no dated, timed or labeled, so it was uncertain how long the patch had been on the resident. The LPN was notified by the complainant and said that error would not happen again. On 8/18/14 at 8:20 PM, the complainant noticed a patch on the resident's shoulder that was dated 8/17/14 at 8:01 PM, which meant the resident had worn the patch for a 24 hour period.

FYI - resident has a reaction to lidoderm, but has to use to combat pain. So if she receives too much or for too long she can have a significant reaction, which results in hospitalization.

Note: There was an error in the amount of a PRN Oxycotin. Complainant unsure what happened, but believed the resident did not receive enough pain medication. The resident has chronic pain for last 20 years.

Allegation #2: The facility did not coordinate outside services.

Note: the resident was discharged from the hospital on 6/18/14, after being hospitalized for "epic pain." The discharge paperwork documented the resident needed to make an appointment with the pain clinic immediately. The complainant called the pain clinic on 7/2/14 and made an appointment. She then called the facility and notified them of the appointment on 7/8/14. The facility failed to bring the resident to her appointment. The appointment had to be rescheduled and she was unable to be seen until 7/24/14, approximately 4 weeks delay in seeing pain specialist.

Allegation #3: The NSAs are not signed by all responsible parties.

ACTS Complaint/Incident Investigation Report

Allegation #4: The NSAs are not congruent with the care needs being provided by staff.

Allegation #5: The facility charges for assistance with care needs they do not provide.

Note for Allegation #4 & #5: The resident's NSA states staff would assist with toileting, all transfers, peri-care after toileting. Complainant asked the resident if she was assisted with the above and she stated, "no, no I do it by myself. They'll help me if I call for help." On 8/14/14, complainant assisted resident to toilet and saw "definitive skid marks" on the resident's bottom and in her depends. Complainant pulled call light, aide came in and assisted with cleaning up the resident. Additionally, the NSA documented they were to assist her with cleaning glasses throughout the day, which was never done. They were to transfer her in and out of bed (44 pts), which was not done unless resident requested assistance.

Allegation #6: The facility took away a resident's heating pad.

Note: The facility told the complainant that the resident could not have her heating pad, which she uses to help manage her chronic pain. They told the complainant it was against State rules. The complainant investigated and found that not to be true. She asked the administrator if it was corporate policy that heating pads could not be used in the facility. The administrator stated no. Eventually, the heating pad was given back to the resident to use.

FYI - complainant mostly upset about facility's lack of communication. She states there is severe communication breakdown between the administrator, RN, LPN and office manager, which affects resident care and poor communications with families.

Extended RO Notes:

Extended CO Notes:

ALLEGATIONS

Category: Quality of Care/Treatment

Subcategory: Res Meds Not Given According To Phys Instructions

Seriousness:

Findings: Substantiated:No deficiencies related to the alleg are cited

Details: Allegation #1: The facility did not assist residents with medications as ordered.

Findings Text: Findings #1: According to the identified resident's August 2014 Medication Assistance Record (MAR), caregivers incorrectly assisted the resident with a Lidoderm patch 3 times. There were no further mistakes found when the resident's September, October and November MARs were reviewed.

On 1/8/15 between 1:30 PM and 5:00 PM, two caregivers stated there had been a problem with the identified resident's Lidoderm patches and they were not being assisted with correctly. They further stated, the problem had been identified and corrected by the nurse.

On 1/8/15 at 5:10 PM, the facility nurse stated, after the mistake was brought to her attention the facility instituted a "buddy system" when assisting residents with narcotic medications. She further stated, there had not been any problems with the resident's Lidoderm patch since.

Substantiated. However, the facility was not cited as they acted appropriately by conducting staff training when a mistake was identified by the resident's family member.

Category: Quality of Care/Treatment

Subcategory: Client Srvs Not Performed per POC and Physician

Seriousness:

Findings: Substantiated:No deficiencies related to the alleg are cited

Details: Allegation #2: The facility did not coordinate outside services and residents missed physicians' appointments.

Findings Text: Findings #2: On 1/8/15 at 5:10 PM, the facility nurse stated the identified resident missed a physician's appointment due to a transportation communication mix-up. She stated when it was discovered the resident had missed an appointment, the physician was notified, the appointment was rescheduled and a prescription refill for the resident's pain medication was obtained.

A FAX to the identified resident's physician, dated 7/8/14 (the same day as missed appointment), documented the resident had missed her appointment and it was rescheduled. The FAX also requested the physician refill the

ACTS Complaint/Incident Investigation Report

resident's pain medication until the resident's next appointment.

A prescription, dated 7/8/14, was signed by the physician and noted by the facility nurse on 7/8/14.

Substantiated. However, the facility was not cited as they acted appropriately by rescheduling the appointment and requesting a prescription refill for the resident's pain medication until the resident's next physician's appointment.

Category: Other

Subcategory: NSA Not completed per requirements

Seriousness:

Findings: Unsubstantiated:Lack of sufficient evidence

Details: Allegation #3: The Negotiated Service Agreements (NSAs) were not signed by all responsible parties.

Findings Text: Findings #3: The identified resident's record contained two NSA's. Each was signed by the administrator and the resident's POA.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Category: Fraud/False Billing

Subcategory: Resident Incorrectly Billed By Facility

Seriousness:

Findings: Substantiated:No deficiencies related to the alleg are cited

Details: Allegation #4: NSAs were not updated to reflect current residents' care needs; therefore, residents were billed inappropriately.

Findings Text: Findings #4: On 1/8/15 at 5:10 PM, the facility nurse stated the resident's initial assessment and NSA were completed using information provided by the resident's family member. After the resident had been in the facility for a couple months, the resident's family member complained the resident did not require as much assistance with toileting as initially identified and requested the residents' needs be re-evaluated. The facility nurse stated the identified resident was reassessed and the resident's NSA was edited to reflect the resident's decreased assistance needed with toileting.

On 1/8/15 at 5:30 PM, the administrator stated the identified resident's bill was adjusted to reflect the decrease in the resident's toileting assistance.

The identified resident's financial records were reviewed and reflected a decrease in the resident's care service charge after the NSA was adjusted.

Substantiated. However, the facility was not cited as they acted appropriately by updating the identified resident's NSA and adjusting her bill accordingly.

Category: Other

Subcategory: Other

Seriousness:

Findings: Substantiated:No deficiencies related to the alleg are cited

Details: Allegation #5: The facility took away residents heating pads.

Findings Text: Findings #5: The resident no longer resided in the facility during the survey and not available for interview.

On 1/8/15 at 5:30 PM the facility administrator stated she had taken the identified resident's heating pad away because she thought heating pads were not allowed in assisted living facilities. She stated the resident's family member contacted Licensing and Certification and confirmed heating pads were allowed with a physician's order. The administrator stated the facility received an order from the resident's physician and the resident was allowed to use the heating pad.

ACTS Complaint/Incident Investigation Report

A physician's order for a heating pad was observed in the resident's record.

Substantiated. However, the facility was not cited as they acted appropriately by returning the resident's heating pad once the rule was clarified and the facility obtained a physician's order.

SURVEY INFORMATION

<u>Event ID</u>	<u>Start Date</u>	<u>Exit Date</u>	<u>Team Members</u>	<u>Staff ID</u>
T0T511	01/08/15	01/09/15	McCann, Maureen A.	23026
			Henscheid, Donna A.	23017

Intakes Investigated: ID00006635(Received: 08/22/2014)

EMTALA INFORMATION - No Data

ACTIVITIES

<u>Type</u>	<u>Assigned</u>	<u>Due</u>	<u>Completed</u>	<u>Responsible Staff Member</u>
Schedule Onsite Visit	01/08/2015	01/08/2015	01/09/2015	MCCANN, MAUREEN A. HENSCHIED, DONNA A.

INVESTIGATIVE NOTES - No Data

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION - No Data

Reason for Restraint:

Cause of Death:

NOTICES

PROPOSED ACTIONS - No Data

END OF COMPLAINT INVESTIGATION INFORMATION

INTAKE INFORMATION

PROVIDER INFORMATION:

Name: GUARDIAN ANGEL HOMES
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Telephone: (208) 777-7797

License #: RC-643
Type: RCF
Medicaid #:
Administrator: CECILIA OWSLEY

INTAKE INFORMATION:

Intake Number: ID00006635
Taken by - Staff: WATT-GEIER, POLLY
Location Received: RES CARE - ASSISTED LIVING
Intake Type: Complaint
Intake Subtype: State-only, licensure
SA Contact:
RO Contact:
Responsible Team: RES CARE - ASSISTED LIVING
Source: Anonymous

Received Start: 08/22/2014 At 09:08
Received End: 08/22/2014 At 09:08
Received by: Telephone
State Complaint ID:
CIS Number:
External Control #:

COMPLAINANTS:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>EEmail</u>
Not Applicable			
<u>Link ID:</u> 02UIWZ			
<u>Confidentiality Requested :</u> Y			

RESIDENTS/PATIENTS/CLIENTS:

<u>Name</u>	<u>Admitted</u>	<u>Location</u>	<u>Discharged</u>	<u>Room</u>	<u>Link ID</u>
JANET VANVOORHIS					1680732

INTAKE DETAIL:

Date of Alleged Event: Time: Shift:

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INTAKE INFORMATION

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Extended RO Notes:

Extended CO Notes:

ALLEGATIONS:

Category:

Sub-category:

Category:

Sub-category:

Seriousness:

Details:

Transplant Program Type:

Reason for Restraint:

Cause of Death:

END OF INTAKE INFORMATION

COMPLAINT INVESTIGATION		Received 8/20/14	Investigate By 10/21/14	Facility Name Guardian Angel Home		
Taken By P. H. W.		Acts # 66.35	Ack. Letter Sent N/A	Priority 1 (2) 3	Region 1	
<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input checked="" type="checkbox"/> Both				Team Leader Maureen		
				Team Member Initials: D.H.		
Exit Date 11/9/15	Deficiencies <input checked="" type="checkbox"/> Clean <input type="checkbox"/> Punch List Items <input type="checkbox"/> Core <input type="checkbox"/> Repeats <input type="checkbox"/> X3				Submit To Supv 11/13/15	
Supervisor ▶ Review dt/int. 1/13/14	Enforcement Action Taken To Be Taken <input type="checkbox"/> Provisional License <input type="checkbox"/> Ban On Admission <input type="checkbox"/> Revocation <input type="checkbox"/> Monetary Penalties <input type="checkbox"/> Consultant: Administrator Rn Either <input type="checkbox"/> Other:		Referrals Name Date Sent Int. <input type="checkbox"/> Ibol _____ <input type="checkbox"/> Bon _____ <input type="checkbox"/> Piu _____ <input type="checkbox"/> Nltc (Medicaid) <input type="checkbox"/> Other:			
Support ▶	Letter/Survey Sent To Facility 1/14/15		Letter Sent To Complainant # —		POC/EOR Tracking 1/14/15	Access Entry 1/14/15
	POC Due: _____		Extension(S): _____		EOR Due: _____	
	Provisional License Issued: Expires:		\$ Penalty Amount/Due Date		Consultant Due First Report Due	
Supervisor ▶	Consultant Name			Approval Date		
Team Leader ▶	POC Received	POC Accepted	Allege Compliance	EOR Received	EOR Accepted	
Support ▶	Late Letters @ 10 & 20 Days Past Due			Poc/Eor Accept Letter Sent		
Consultant Reports Received						
Submit to Sup. If no EOR 60 days after exit or no POC 45 days after exit						
Supervisor ▶	<input type="checkbox"/> Provisional License <input type="checkbox"/> Monetary Penalties <input type="checkbox"/> Consultant: Administrator Rn Either <input type="checkbox"/> Revocation <input type="checkbox"/> Ban On Admission <input type="checkbox"/> Other:					
Support ▶	Enforcement Letter Sent To Facility:					
Support ▶ Close Out (date&int)	Email Ombudsman 1/14/15	Close in Access 1/14/15	Closed In Aco/Acts 1/14/15	Scan U Drive 1/14/15	Full License Restored	Customer Comment Sent 1/14/15

RALF\forms\program forms\tracking slips\ complaint tracking slip 2013.08.23