IDAHO DEPARTMENT OF HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

February 17, 2015

Timmothy Pape, Administrator
Bee Hive Homes of Maryland
612 East Maryland
Nampa, Idaho 83686

Provider ID: RC-1074

Mr. Pape:

On January 15, 2015, a complaint investigation was conducted at Bee Hive Homes of Maryland - Golden Years Inc. 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.

Your submitted evidence of resolution is being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Donna Henscheid

DONNA HENSCHEID, LSW
Team Leader
Health Facility Surveyor

DH/sc

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

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January 27, 2015

Timmothy Pape, Administrator
Bee Hive Homes of Maryland
612 East Maryland
Nampa, Idaho 83686

Provider ID: RC-1074

Mr. Pape:

An unannounced, on-site complaint investigation was conducted at Bee Hive Homes of Maryland between January 14, 2015 and January 15, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006468

Allegation #1: The facility did not respond appropriately to resident to resident altercations.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for not investigating a resident to resident incident. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not offer snacks in between meals and at bedtime.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.02 for not offering snacks in between meals and at bedtime. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility increased residents' monthly charges without justification.

Findings: Unsubstantiated.

Allegation #4: The facility did not maintain enough food items to meet the menu.

Findings: Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.455 for not maintaining a 7 day non-perishable and 2 day perishable food supply. The facility was required to submit evidence of resolution within 30 days.

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, on **January 15, 2015**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office by February 14, 2015.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

DONNA HENSCHEID, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

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

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January 27, 2015

Timmothy Pape, Administrator
Bee Hive Homes of Maryland
612 East Maryland
Nampa, Idaho 83686

Provider ID: RC-1074

Mr. Pape:

An unannounced, on-site complaint investigation was conducted at Bee Hive Homes of Maryland between January 14, 2015 and January 15, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006490

Allegation #1: The facility did not have current Uniform Assessment Instruments (UAIs) for residents who were on Medicaid.

Findings #1: Substantiated. However, not cited as the facility rectified the problem once the current house manager took over and obtained access to the UAI system.

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, on **January 15, 2015**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office by February 14, 2015.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Jan for

DONNA HENSCHEID, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

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DIVISION OF L SING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1952 Fax: (208) 364-1888

A ISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address	Phone Number
BEE HIVE HOMES OF MARYLAND	RC-1074	612 EAST MARYLAND	(208) 466-1641

Administrator	City	ZIP Code	Survey Date
Timmothy Pape	NAMPA	83686	January 15, 2015

Survey Team Leader	Survey Type	RESPONSE DUE:
Donna Henscheid	Complaint Investigation and Follow-up	February 14, 2015

Administrator Signature	Date Signed
	2/15/2015

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	215.05	The administrator admitted and retained residents who were not socially compatible.	2/17/15	DH
2	310.01.a	Medications stored in the refrigerator were not kept secured.	2/17/15	DH
3	320.03	NSAs were not signed by the administrator. **Previously cited 4/2/14**	2/17/15	DH
4	350.02	The administrator did not conduct an investigation into a resident to resident incident.	2/17/15	DH
5	451.02	Snacks were not offered in between meals and at bedtime.	2/17/15	DH
6	455	The facility did not maintain a 7 day supply of non-perishable foods or a 2 day supply of perishable foods. **Previously cited 4/2/14**	2/17/15	DH
7	711.11	There were holes in the MARs and no explanation why the medication was not given.	2/17/15	DH