



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

March 26, 2015

Jeffrey Crowe, Administrator
Bee Hive Homes of Kenmere
2321 Kenmere Place
Meridian, Idaho 83646

Provider ID: RC-1073

Mr. Crowe:

On February 19, 2015, a complaint investigation was conducted at Bee Hive Homes of Kenmere - 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor

PWG/sc

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



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February 24, 2015

Jeffrey Crowe, Administrator
Bee Hive Homes of Kenmere
2321 Kenmere Place
Meridian, Idaho 83646

Provider ID: RC-1073

Mr. Crowe:

An unannounced, on-site complaint investigation survey was conducted at Bee Hive Homes of Kenmere - Golden Years Inc on February 19, 2015. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006787

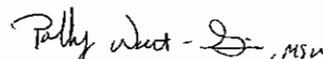
Allegation: The facility did not have Department Uniform Assessment Instruments (UAI) available for Medicaid residents.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.05 for not having a copy of the Department UAI for 5 of 7 residents, who were on Medicaid. 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 **February 19, 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 within thirty (30) days from the exit date.

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,


POLLY WATT-GEIER, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

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

