



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 18, 2015

Shelly Jones, Administrator
Whispering Pines Assisted Living Downey
351 East Center Street
Downey, Idaho 83234

Provider ID: RC-997

Ms. Jones:

On February 24, 2015, a complaint investigation was conducted at Whispering Pines Assisted Living Downey - Whispering Pines Assisted Living LLC. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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



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March 5, 2015

Shelly Jones, Administrator
Whispering Pines Assisted Living Downey
351 East Center Street
Downey, ID 83234

Provider ID: RC-997

Ms. Jones:

An unannounced, on-site complaint investigation survey was conducted at Whispering Pines Assisted Living Downey between February 23, 2015 and February 24, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006724

Allegation #1: The administrator was not on site sufficiently to provide adequate supervision of the facility's day to day operations.

Findings #1: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility did not accurately track residents' controlled substances.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.03 for not accurately tracking controlled substances for 2 of 2 sampled residents. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Unlicensed staff assisted residents with insulin injections without the proper nurse delegation.

Findings #3: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

Shelly Jones, Administrator
March 5, 2015
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Allegation #4: Unlicensed staff assisted residents' with their pain medication without direction from the facility nurse.

Findings #4: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

Allegation #5: The secured exit doors did not function properly.

Findings #5: Unsubstantiated.

Allegation #6: The facility did not schedule enough staff at all times, to care for residents who required two-staff assistance with transferring.

Findings #6: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

Allegation #7: Unlicensed personnel "pre-poured" residents' medications.

Findings #7: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

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 24, 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,



MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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



Facility WHISPERING PINES ASSISTED LIVING DOWNEY	License # RC-997	Physical Address 351 E CENTER ST	Phone Number (208) 897-5683
Administrator Shelly Jones	City DOWNEY	ZIP Code 83234	Survey Date February 24, 2015
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation and Follow-up		RESPONSE DUE: March 26, 2015
Administrator Signature <i>Shelly Jones</i>	Date Signed 2/24/15		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	310.03	Controlled substance tracking was not accurate for 2 of 2 sampled residents.	3/17/15	MAC
2	350.02	The administrator did not document a complete investigation had been conducted of all accidents, incidents and bruising of unknown origin. *****PREVIOUSLY CITED ON 12/19/12*****	3/17/15	MAC
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