



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

April 23, 2015

Glenda Stoddard, Administrator
Morningstar of Idaho Falls
4000 South 25th East
Idaho Falls, Idaho 83404

Provider ID: RC-1068

Ms. Stoddard:

On March 11, 2015, a state licensure/follow-up/revisit survey and complaint investigation were conducted at Morningstar of Idaho Falls - Chp Idaho Falls Tenant Corp. 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN
for

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor

KA/sc

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



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April 3, 2015

Glenda Stoddard, Administrator
Morningstar of Idaho Falls
4000 South 25th East
Idaho Falls, Idaho 83404

Provider ID: RC-1068

Ms. Stoddard:

On March 11, 2015, a follow-up visit to the complaint investigation survey of August 27, 2014, was conducted at Morningstar of Idaho Falls. The core issue deficiency issued as a result of the August 27, 2014, survey has been corrected.

The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.

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 evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by April 9, 2015.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc



Facility MORNINGSTAR OF IDAHO FALLS	License # RC-1068	Physical Address 4000 SOUTH 25TH EAST	Phone Number (208) 522-1591
Administrator Glenda Stoddard	City IDAHO FALLS	ZIP Code 83404	Survey Date March 10, 2015
Survey Team Leader Karen Anderson	Survey Type Complaint Investigation and Follow-up		RESPONSE DUE: April 9, 2015
Administrator Signature 	Date Signed 3/30/15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	215.05	The administrator failed to review all residents to ensure they were acceptable for admission or readmission.	4/22/15	KA
2	305.02	The facility did not ensure Resident #4's medications were available as ordered.	4/22/15	KA
3	350.02	The facility did not have documentation that an investigation was completed when Resident #4 alleged she was pushed down. **Previously cited on 8/27/14**	4/22/15	KA
4	600.02	The administrator did not provide supervision to ensure residents received their medications and treatments as ordered. For example: There was no documentation Resident #4 received her dietary supplement as ordered.	4/22/15	KA
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April 3, 2015

Glenda Stoddard, Administrator
Morningstar of Idaho Falls
4000 South 25th East
Idaho Falls, Idaho 83404

Ms. Stoddard:

An unannounced, on-site complaint investigation was conducted at Morningstar of Idaho Falls - CHP Idaho Falls Tenant Corp. between March 9, 2015 and March 10, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006698

Allegation #1: The facility did not appropriately assist with residents' medications and dietary supplements.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not ensuring residents received their medications and treatments as ordered. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility retained residents when they did not have the capability to provide appropriate care or services.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.05 for the administrator failing to review all residents to ensure they were acceptable for admission or readmission. The facility was required to submit evidence of resolution within 30 days.

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,

KAREN ANDERSON, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc



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April 3, 2015

Glenda Stoddard, Administrator
Morningstar of Idaho Falls
4000 South 25th East
Idaho Falls, Idaho 83404

Provider ID: RC-1068

Ms. Stoddard:

An unannounced, on-site complaint investigation was conducted at Morningstar of Idaho Falls between March 9, 2015 and March 10, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006732

Allegation #1: The facility did not maintain residents' rooms in a clean and sanitary manner.

Findings: Substantiated because evidence was provided regarding the accumulation of soiled depends. However, the facility was not cited as the facility addressed the concern with family and facility staff. Further, no current cleanliness issues were identified during the complaint investigation.

Allegation #2: The facility admitted and retained residents when they did not have the capability to provide appropriate care or services.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.05 for the administrator failing to review all residents to ensure they were acceptable for admission or readmission. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not appropriately assist and monitor residents' medications.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.305.02 for not ensuring medications were available as ordered. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not investigate an injury of unknown origin.

Glenda Stoddard, Administrator

April 3, 2015

Page 2 of 2

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for the administrator not completing an investigation when a resident alleged another resident pushed her down. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not follow their policy and procedure in releasing residents' records to POAs.

Findings: Unsubstantiated.

Allegation #6: The facility did not coordinate transportation with residents family members.

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

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,



KAREN ANDERSON, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc

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