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

May 6, 2015

Malynda Seiler, Administrator
Turtle & Crane
1950 1st Street
Idaho Falls, Idaho 83401

Provider ID: RC-857

Ms. Seiler:

On March 13, 2015, a state licensure/follow-up/revisit survey and complaint investigation were conducted at Turtle & Crane. 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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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PHONE (208) 364-1962
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March 30, 2015

Certified Mail #: 7007 3020 0001 4050 8814

Malynda Seiler, Administrator
Turtle & Crane
PO Box 2122
Idaho Falls, Idaho 83403

Ms. Seiler:

On March 13, 2015, state licensure/follow-up/revisit survey and complaint investigations were conducted by Idaho the Idaho Department of Health and Welfare, Division of Licensing and Certification (Department) of Health & Welfare, Division of Licensing & Certification (Department) staff at Turtle & Crane. The facility was cited with multiple repeat non-core issue deficiencies. The purpose of this letter is to provide notice to the facility of the issuance of a provisional license, as well as address the facility's failure to comply with Idaho law regarding change of ownership. The purpose of this letter is to provide notice to the facility of the issuance of a provisional license, as well as address the facility's failure to comply with Idaho laws regarding change of ownership.

Provisional License:

As a result of the survey findings, the provisional license th that was issued on 2/17/2015 will be extended. The provisional license will remain in effect until the facility is back in compliance with the administrative rules for residential care or assisted living facilities in Idaho and a follow-up survey has been conducted by the Department to verify compliance. The following administrative rule for residential care or assisted living facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

> ***935. Enforcement Remedy of Provisional License.***
> *A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See subsections 900.04, 900.05 and 910.02 of these rules.*

The three conditions of the provisional license are as follows:

1. **Ban on all new admissions:** Readmission from the hospital will be considered after consultation between the facility and the resident/family and only upon approval by the Department. The ban on new admissions will remain in effect until the Department has determined that the facility has achieved full compliance with

the Department's licensing and certification requirements. The reason for the ban on new admissions is the facility has inadequate nursing coverage and not enough caregivers to provide the care required in each resident's negotiated service agreement. See IDAPA 16.03.22.300.01 – the facility was cited for failing to have an RN available to assess resident changes of condition on each of the past three surveys. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the department the authority to impose a remedy of a limit on admissions:

> ***920. Enforcement Remedy of Limit of Admissions.***
> ***02. Reasons for Limit on Admissions.*** *The department may limit admissions for the following reasons:*
> *A. The facility is inadequately staffed or the staff is inadequately trained to handle more residents.*

The ban on admissions shall remain in effect until the Department determines the facility has achieved full compliance with IDAPA 16.03.22.

2. **<u>Evidence of Resolution:</u> Evidence of resolution:** 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 following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

> ***910. Non-Core Issues Deficiency.***
> ***01. Evidence of Resolution.*** *Acceptable evidence of resolution as described in subsection 130.09 of these rules, must be submitted by the facility to the licensing and survey agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the department may impose enforcement actions as described in subsection 910.02.a through 910.02.c of these rules.*

The eleven (11) non-core issue deficiencies must be corrected, and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by April 12, 2015.

3. **<u>Civil Monetary Penalties:</u> Civil Monetary Penalties:** Of the eleven (11) non-core issue deficiencies identified on the punch list, three (3) were repeat deficiencies. The three (3) repeat deficiencies were cited on both of the two (2) previous surveys on 8/6/2014 and 3/21/2014.

225.01 - The facility did not evaluate 7 of 8 residents' behaviors.
225.02 - The facility did not develop interventions for all residents' exhibited behaviors.
300.01 - The facility did not assess residents' changes of condition, to include wound staging and bi-weekly improvement.

Based on the repeat deficiencies, the Department will impose civil monetary penalties as outlined in detail below. The facility must complete payment of the civil monetary penalty as a condition of the provisional license. Based on the repeat deficiencies, the Department will impose civil monetary penalties as outlined in detail below. The facility must complete payment of the civil monetary penalty as a condition of the provisional license. The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the department the authority to impose a monetary penalty for these violations:

> ***IDAPA 16.03.22.925. Enforcement Remedy of Civil Monetary Penalties.***
> ***01. Civil Monetary Penalties.*** *Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.*

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the department at the time noncompliance is established.

B. Repeat deficiency is ten dollars ($10). (Initial deficiency is eight dollars ($8).

For the dates of 12/13/2014 through 3/13/2015:

Penalty	Number of deficiencies	Times number of occupied beds	Times number of days of non-compliance	Amount of penalty
$10.00	3	42	90	$ 113,400

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

# of occupied beds in facility	Initial deficiency	Repeat deficiency
3-4 beds	$1,440	$2,880
5-50 beds	$3,200	$6,400
51-100 beds	$5,400	$10,800
101-150 beds	$8,800	$17,600
151 or more beds	$14,600	$29,200

Your facility had 42 occupied beds at the time of the survey. Therefore, your maximum penalty for the repeat deficiencies for the repeat deficiencies is: $6400.

Send payment of $6,400 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

Licensing and Certification - RALF
PO box 83720
Boise, Idaho 83720-0009

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the provisional license.

Administrative Review: You may contest the issuance of the provisional license and the conditions imposed issuance of the provisional license and the conditions imposed by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received **no later than twenty-eight (28) days after this notice was mailed**. Any such request should be addressed to:

Tamara Prisock, Administrator
Division of Licensing and Certification - IDHW
3232 Elder Street
PO Box 83720
Boise, Idaho 83720-0036

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the above specified time period, this decision shall become final.

Change of Ownership Shares: The facility failed to disclose both the sale of the licensed entity and significant changes in ownership shares. Niguel Sante, LLC is the entity licensed to operate the Turtle and Crane facility. According to application materials, the owners of Niguel Sante, LLC are Ryan Rasmussen – 65% and Jordan Wright – 35%. This same information was reported on annual applications for renewal of the facility license from 2011 through 2013. The most recent application for renewal, signed by Annalyn Rasmussen on October 23, 2014, reported simply Niguel Sante, LLC as 100% owner, but failed to disclose the individual owners of Niguel Sante, LLC. During the survey conducted in March of 2015, it was noted all staff were wearing uniforms with the "Cross Health" logo. Upon investigation, you provided information that Cross Healthcare was now the 100% owner of Niguel Sante, LLC. Further, according to the operating agreement, Cross Healtheare is owned 90% by Ryan Rasmussen and 10% by Zach Sutton. Based on this information, Based on this information, the facility has the facility has failed to disclose to the Department the sale of Niguel Sante, LLC to Cross Healthcare, LLC, or the resulting significant change in ownership. The follow IDAPA rules apply to this situation:

> ***IDAPA 16.03.22.100. Requirements for a License.***
> ***01. Current License.*** *No person, firm, partnership, association, corporation, or governmental unit can operate, establish, manage, conduct, or maintain a residential care or assisted living facility in Idaho without a license issued by the Department....*
> ***06. Change in Corporate Shares.*** *When there is a significant change in shares held by a corporate licensee of a residential care or assisted living facility, which does not alter the overall ownership or operation of the business, that change must be communicated to the licensing and survey agency within (60) days of the effective date of change.*
>
> ***IDAPA 16.03.22.105. Change of Ownership.***
> ***01. Non-transfer of Facility License.*** *A facility license is not transferable from one (1) individual to another, from one (1) business entity to another, or from one (1) location to another. When a change of licensee, ownership, lease or location occurs, the facility must be re-licensed. The new licensee must follow the application procedures, and obtain a license, before commencing operation as a facility.*
>
> ***IDAPA 16.03.22.940. Enforcement Remedy of Revocation of Facility License.***
> ***02. Reasons for Revocation or Denial of a Facility License.*** *The Department may revoke or deny any facility license for any of the following reasons: (3-30-06) a. The licensee has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license;*

No further action is required, as through the investigation process, the Department obtained all necessary documentation.

If the facility again fails to disclose either the sale of an entity responsible for the operation of the facility or significant changes in ownership shares, the Department will revoke the license of the facility.

Follow-up survey: An on-site, follow-up survey will be scheduled after the administrator submits a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, a new core issue deficiency is identified, the repeat non-core deficiencies have not been corrected or the facility has failed to abide by the conditions of the provisional license, the Department will take further enforcement action against the license held by Turtle & Crane. Those enforcement actions will include one or more of the following:

- Revocation of the facility license
- Summary suspension of the facility license
- Imposition of temporary management
- Continuation of the limit on admissions
- Additional civil monetary penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program supervisor
Residential assisted living facility program

JS/sc

Enclosure

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

March 25, 2015

Malynda Seiler
Turtle & Crane
1950 1st Street
Idaho Falls, Idaho 83401

Provider ID: RC-857

Ms. Seiler:

An unannounced, on-site complaint investigation survey was conducted at Turtle & Crane between March 11,2015 and March 13, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006613

Allegation #1: The facility did not schedule sufficient staff to provide the care required in each resident's Negotiated Service Agreement (NSA).

Findings: Substaniated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for the administrator not scheduling sufficient staff to provide the care required in each resident's NSA. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: Residents were awakened, dressed and put back to bed in the morning for staff convenience.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06 for not scheduling sufficient staff to provide residents care according to their NSAs and personal wishes. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Meals were served cold.

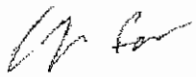
Findings: Substantiated. However, not cited because at the time of the survey, kitchen staff reheated the mashed potatoes to an appropriate temperature. The facility was provided technical assistance regarding the on-going complaints from the residents regarding cold food.

Allegation #4: The facility did not provide a written response to complainants.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not providing a written response to complainants. 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,



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

DH/sc

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
TURTLE & CRANE	RC-857	1950 1ST STREET		(208) 557-0186
Administrator	**City**		**ZIP Code**	**Survey Date**
Malynda Seiler	IDAHO FALLS		83401	March 13, 2015
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Donna Henscheid	Complaint Investigation and Follow-up			April 12, 2015
Administrator Signature	**Date Signed**			
Malynda Seiler	3-13-15			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR. Accepted	Department Use Only: Initials
1	153.02	The facility did not implement their emergency policy when a resident had a psychiatric emergency.	4/23/15	DH
2	225.01	The facility did not evaluate 7 of 8 residents' behaviors. **Previously cited on 3/21/14 and 8/6/14***	5/5/15	DH
3	225.02	The facility did not develop interventions for all residents' exhibited behaviors. **Previously cited 3/21/14 and 8/6/14**	5/5/15	DH
4	300.01	The facility RN did not assess residents' changes of condition, to include wound staging and bi-weekly improvement. **Previously cited 11/4/10, 3/21/14 and 8/6/14**	5/5/15	DH
5	310.04.a	The facility did not document they attempted non-drug interventions prior to using psychotropic medications for residents.	4/23/15	DH
6	310.04.c	The facility did not monitor residents to determine their continued need for psychotropic medications based on the residents' demonstrated behaviors.	4/23/15	DH
7	310.04.e	Behavioral updates were not provided to the residents' physicians for psychotropic medication reviews.	4/23/15	DH
8	350.02	The administrator did not document an investigation and written report was conducted when a resident was sexually inappropriate and another resident threatened suicide.	5/5/15	DH
9	350.04	The administrator did not provide a written response to complainants.	4/23/15	DH
10	600.06.a	The facility administrator did not schedule sufficient staff to provide the care required in each residents' NSA.	4/23/15	DH
11	711.01	The facility did not track all behaviors. For example: what behavior was observed, the interventions used and the effectiveness of the interventions.	5/5/15	DH