



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 19, 2015

Nancy Moore, Administrator
Poplar Grove Assisted Living - Gaver Properties
356 East Cleveland Avenue
Glenns Ferry, Idaho 83623

Provider ID: RC-895

Ms. Moore:

On March 27, 2015, a state licensure/follow-up survey was conducted at Poplar Grove Assisted Living-Gaver Properties, 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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 6, 2015

Nancy Moore, Administrator
Poplar Grove Assisted Living - Gaver Properties
356 East Cleveland Avenue
Glenns Ferry, Idaho 83623

Provider ID: RC-895

Ms. Moore:

A state licensure/follow-up survey was conducted at Poplar Grove Assisted Living - Gaver Properties between March 26, 2015 and March 27, 2015. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 **March 27, 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 **April 26, 2015**.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

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

DH/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
--	--	---	--

NAME OF PROVIDER OR SUPPLIER POPLAR GROVE ASSISTED LIVING - GAVER P	STREET ADDRESS, CITY, STATE, ZIP CODE 356 EAST CLEVELAND AVENUE GLENN'S FERRY, ID 83623
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure and follow-up survey conducted on 3/26/15 through 3/27/15 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility POPLAR GROVE ASSISTED LIVING	License # RC-895	Physical Address 356 EAST CLEVELAND AVENUE	Phone Number (208) 366-2631
Administrator Nancy Moore	City GLENN'S FERRY	ZIP Code 83623	Survey Date March 27, 2015
Survey Team Leader Donna Henscheid	Survey Type Licensure and Follow-up	RESPONSE DUE: April 26, 2015	
Administrator Signature <i>Nancy Moore</i>	Date Signed 3-27-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.b.iii	The facility had bedrails.	4/22/15	DH
2	153.08	The facility abuse policy did not include procedures regarding reporting. For example: who and when to call Adult Protection.	4/22/15	DH
3	225.01	The facility did not evaluate Resident #1's behaviors.	5/6/15	DH
4	225.02	The facility did not develop interventions to address Resident #1's specific behaviors.	5/6/15	DH
5	300.01	The facility RN did not delegate nursing tasks, such as dialing insulin pens and removing Foley catheters, to 5 of 5 caregivers. The facility nurse did not document she had assessed Residents #1, 2, 3 and 4's changes of condition.	5/6/15	DH
6	305.04	The facility nurse did not document when she made recommendations to the administrator regarding residents' health status.	5/6/15	DH
7	310.01.d	UAPs were assisting an unconscious resident with PRN medications.	4/22/15	DH
8	310.1.e	Medications were stored in their original bottles and not bubble-packed.	4/22/15	DH
9	310.04	The facility did not provide behavioral updates to the physician for psychotropic medication reviews.		
10	310.01.a	Medications were not secured in the office.	4/22/15	DH
11	711.08	Care notes were not signed and dated by the person providing the care and services.	4/22/15	DH
12	711.08.e	There was no documentation when the staff notified the nurse.	5/6/15	DH
13				
14				
15				
16				
17				
18				
19				



IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Date 3/27/15 Page 1 of 1

Critical Violations

Noncritical Violations

Establishment Name: Residential Assisted Living Facility
Address: 356 E. Cleveland
County: Elmore
Operator: Nancy Moore
Inspection time:
Risk Category: High
Follow-Up Report: OR On-Site Follow-Up

Table with 2 columns: Critical Violations and Noncritical Violations. Includes fields for # of Risk Factor Violations, # of Retail Practice Violations, # of Repeat Violations, Score, and A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection.

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

Table of Risk Factors and Interventions (1-14) including categories like Demonstration of Knowledge, Employee Health, Good Hygienic Practices, Control of Hands, Approved Source, and Protection from Contamination.

Table of Potentially Hazardous Food Time/Temperature (15-26) including categories like Consumer Advisory, Highly Susceptible Populations, Chemical, and Conformance with Approved Procedures.

Y = yes, in compliance; N = no, not in compliance; N/O = not observed; COS = Corrected on-site; R = Repeat violation; X = COS or R

Table with 8 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes handwritten entries for items like Hamburgers, Lunch, and Dinner.

GOOD RETAIL PRACTICES (X = not in compliance)

Table of Good Retail Practices (27-49) including items like Use of ice and pasteurized eggs, Food contamination, Equipment for temp. control, Personal cleanliness, Food labeling/condition, Plant food cooking, Thawing, Toilet facilities, Garbage and refuse disposal, Food utensils/n-use, Thermometers/Test strips, Warewashing facility, Wiping cloths, Utensils & single-service storage, Physical facilities, Specialized processing methods, and Other.

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature: Nancy Moore), Inspector (Signature: [Handwritten]), Date: 3-27-15, Follow-up: (Circle One) Yes/No