



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

Linda Biain, Administrator
Cenoma House
1930 Heyburn Avenue East
Twin Falls, Idaho 83301

Provider ID: RC-479

Ms. Biain:

On April 2, 2015, a state licensure/follow-up survey and complaint investigation were conducted at Cenoma House. 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
Team Leader
Health Facility Surveyor

KA/sc

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



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April 13, 2015

Linda Biain, Administrator
Cenoma House
1930 Heyburn Avenue East
Twin Falls, Idaho 83301

Provider ID: RC-479

Ms. Biain:

A state licensure/follow-up survey and complaint investigation were conducted at Cenoma House between March 31, 2015 and April 2, 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 **April 2, 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 May 8, 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,

Karen Anderson

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

KA/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R479	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2015
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NAME OF PROVIDER OR SUPPLIER CENOMA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1930 HEYBURN AVENUE EAST TWIN FALLS, ID 83301
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(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
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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 initial licensure survey and complaint investigation conducted March 31, 2015 through April 6, 2015 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility CENOMA HOUSE	License # RC-479	Physical Address 1930 HEYBURN AVENUE EAST	Phone Number (208) 736-7471
Administrator Linda Brian	City TWIN FALLS	ZIP Code 83301	Survey Date April 2, 2015 <i>mmc</i> ^{4/2/15}
Survey Team Leader Karen Anderson	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: May 6, 2015 <i>mmc</i>	
Administrator Signature <i>Linda Brian</i>	Date Signed 4-2-2015		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	625.03.e	Not all staff knew how to respond during a medical emergency as outlined in the facility policy.	4/21/15	KA
2	350.02	The administrator did not complete an investigation and a written report of findings for complaints.	4/21/15	KA
3	350.04	The administrator did not provide a written response to complainants within 30 days.	4/21/15	KA
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Facility CENOMA HOUSE	License # RC-479	Physical Address 1930 HEYBURN AVENUE EAST	Phone Number (208) 736-7471
Administrator Linda Biain	City TWIN FALLS	ZIP Code 83301	Survey Date April 2, 2015
Survey Team Leader Karen Anderson	Survey Type Licensure and Complaint Investigation		RESPONSE DUE: May 2, 2015
Administrator Signature <i>Linda Biain</i>	Date Signed 4-8-2015		<i>KA</i>

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
	16.03.22	*****Punch list item #4 added on 4/8/15 and response due on 5/8/15*****		
4	221.01.a	The facility did not provide the required written 30 day discharge notice to Resident #4.	4/8/15	KA
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April 13, 2015

Linda Biain, Administrator
Cenoma House
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Twin Falls, Idaho 83301

Provider ID: RC-479

Ms. Biain:

An unannounced, on-site complaint investigation was conducted at Cenoma House between March 31, 2015 and April 2, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006536

Allegation #1: The facility did not issue a written 30 day discharge notice to residents.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.221.01.a for not providing an identified resident a written 30 day discharge notice. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not provide residents assistance with their activities of daily living (ADLs) according to their Negotiated Service Agreement (NSA).

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

Allegation #3: The facility used bed pillows to restrain residents in bed.

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

Allegation #4: The administrator did not investigate or document verbal complaints that were reported to her.

Linda Biain, Administrator

April 13, 2015

Page 2 of 2

Findings: Substantiated. The facility was issued deficiencies at IDAPA 16.03.22.350.02 and at IDAPA 16.03.22.350.04 for the administrator not completing an investigation, not documenting a written report of the complaint findings and for not providing a written response to complainants. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not provide activities to meet the interests of all of the residents.

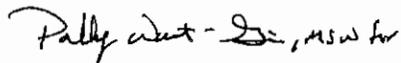
Findings: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #6: Not all staff were familiar with the facility's medical emergency response policy and procedure.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.625.03.e for staff not being familiar with the facility's medical emergency response policy and procedure. 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

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