



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 29, 2015

Garren Shakespear, Administrator
Homestead Assisted Living at Carriage Cove
410 West 1st North
Rexburg, Idaho 83440

Provider ID: RC-1078

Mr. Shakespear:

On April 14, 2015, an initial state licensure survey was conducted at Homestead Assisted Living at Carriage Cove. 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,

Karen Anderson, RN
for

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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April 24, 2015

Garren Shakespear, Administrator
Homestead AL at Carriage Cove
410 West 1st North
Rexburg, Idaho 83440

Provider ID: RC-1078

Mr. Shakespear:

A Initial Licensure survey was conducted at The Homestead Assisted Living at Carriage Cove between April 13, 2015 and April 14, 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 14, 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.

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 HENSCHIED, 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: 13R1078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2015
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING AT CARRIAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 410 WEST 1ST NORTH REXBURG, ID 83440
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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 survey conducted on 4/13/15 through 4/14/15 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		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Facility HOMESTEAD ASSISTED LIVING AT CARRIAGE COVE, THE		License # RC-1078	Physical Address 410 WEST 1ST NORTH	Phone Number (208) 356-9800
Administrator Garren Shakespear		City RAXBURG	ZIP Code 83440	Survey Date April 14, 2015
Survey Team Leader Donna Henscheid, LSW		Survey Type Initial Licensure		RESPONSE DUE: May 14, 2015
Administrator Signature <i>Garren Shakespear</i>		Date Signed <i>4/14/15</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	225	Resident #3 did not have an updated behavior management plan.		
2	305.03	The facility RN did not document when residents had changes of condition.	5/22/15	GH
3	310.04.e	The facility did not provide behavioral updates to the physician for psychotropic medications reviews.	5/19/15	GH
4	600.05	The administrator did not ensure Resident #2's pain patches were given as ordered.	5/22/15	GH
5	711.08.c	The caregivers did not document they had contacted the facility nurse when residents had changes of condition.	5/19/15	GH
6			5/19/15	GH
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