



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 18, 2015

Donna Rhoades, Administrator
Friends & Family Living Center
205 Constellation Drive
Idaho Falls, Idaho 83402

Provider ID: RC-977

Ms. Rhoades:

On April 16, 2015, a complaint investigation was conducted at Friends & Family Living Center. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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



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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: raif@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

April 29, 2015

CERTIFIED MAIL #: 7007 3020 0001 4050 8883

Donna Rhoades, Administrator
Friends & Family Living Center
205 Constellation Drive
Idaho Falls, Idaho 83402

Ms. Rhoades:

On April 16, 2015, a complaint investigation was conducted by Department staff at Friends & Family Living Center - Tierragold Assisted Living Center, LLC. The facility was cited with multiple repeat non-core issue deficiencies.

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 seven (7) 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 May 16, 2015.

CIVIL MONETARY PENALTIES

Of the seven (7) non-core issue deficiencies identified on the punch list, two (2) were repeat punches. Two (2) of the repeat deficiencies 260.06 na 305.02 were cited on both of the two (2) previous surveys, 9/27/2013 and 12/11/2013.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 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 1/16/2015 through 4/16/2015:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	2	28	90	\$ 50,400

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 28 occupied beds at the time of the survey. Therefore, your maximum penalty 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, ID 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 license.

ADMINISTRATIVE REVIEW

You may contest the civil monetary penalty 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 - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 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.

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

cc: Medicaid Notification Group



Facility FRIENDS AND FAMILY LIVING CENTER	License # RC-977	Physical Address 165, 175, 185, 195, and 205 CONSTELLATIONS	Phone Number (208) 227-0804
Administrator Donna Rhoades	City IDAHO FALLS	ZIP Code 83402	Survey Date April 16, 2015
Survey Team Leader Gloria Keathley	Survey Type Complaint Investigation and Follow-up	RESPONSE DUE: May 16, 2015	
Administrator Signature <i>Donna Rhoades</i>	Date Signed 4-16-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.b.iii	The facility had bedrails.		
2	221.01.a	The facility did not give the residents a 30 day notice when they were closing down a building.		
3	260.06	The facility was not maintained in a clean and orderly manner. For example: bed mattresses were urine stained and worn, mattress covers were torn, rugs and floors were dirty, the windows were dirty, cigarette butts were observed stuck in the vinyl siding by the front door of building #2, the finish was worn off of tables, light bulbs were burned out in hallways and common areas, walls had chipped paint, the Formica on the kitchen counters was chipped off, vents were dirty, the front doors were dirty and had several black marks and there were odors noted in some rooms. ***Previously cited on 10/27/13 and 12/11/13***		9/27/13
4	305.02	The facility nurse did not ensure medication orders were current and that all medications were available. For example, not all PRN medications were available and not all medication orders were found. ***Previously cited on 10/27/13 and 12/11/13***		
5	310.01.a	Medications were observed unsecured in the administrative offices.		9/27/13
6	310.04.e	There were no behavioral updates provided to the physicians for psychotropic medication reviews.		
7	350.02	The facility administrator did not conduct a thorough investigation of all incidents or allegations of abuse.		
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April 29, 2015

Donna Rhoades, Administrator
Friends & Family Living Center
205 Constellation Drive
Idaho Falls, Idaho 83402

Provider ID: RC-977

Ms. Rhoades:

An unannounced, on-site complaint investigation was conducted at Friends & Family Living Center - Tierragold Assisted Living Center, LLC between April 15, 2015 and April 16, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006528

Allegation #1: The administrator did not protect residents when an identified employee continued working at the facility after an allegation of sexual abuse was made against him.

Findings: Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.350.02 for not conducting a thorough investigation of allegations of abuse. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: Residents did not get their medications as ordered.

Findings: The facility was issued a deficiency at IDAPA 16.03.22.305.02 for the facility nurse not ensuring medication orders were current and that all medications were available. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not provide timely medical attention to residents.

Findings: Unsubstantiated.

Allegation #4: Negotiated Service Agreements (NSA) were not signed by the residents.

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

Donna Rhoades, Administrator

April 29, 2015

Page 2 of 2

Allegation #5: The facility did not investigate a resident to resident verbal altercation.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for not conducting a thorough investigation of all incidents. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The facility restricted visiting rights to residents.

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

Allegation #7: The facility gave residents other residents' medications when they ran out.

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,



GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/sc

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