



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

Kaddy Fyfe, Administrator  
Parkwood Meadows Assisted Living Community  
1885 Parkwood Street  
Idaho Falls, Idaho 83401

Provider ID: RC-564

Ms. Fyfe:

On April 20, 2015, a complaint investigation was conducted at Parkwood Meadows Assisted Living Community. 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



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April 24, 2015

Kaddy Fyfe, Administrator  
Parkwood Meadows Assisted Living Community  
1885 Parkwood Street  
Idaho Falls, Idaho 83401

Ms. Fyfe:

An unannounced, on-site complaint investigation survey was conducted at Parkwood Meadows Assisted Living Community between April 16, 2015 and April 20, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006585**

Allegation #1: Residents were physically restrained by caregivers.

Findings: Unable to substantiate due to conflicting information.

Allegation #2: The facility did not respond to residents' complaints regarding roommate problems.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not responding to complaints in writing. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Residents resided in rooms where they had to pass through other residents' room to get to the bathroom.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06.a for having residents residing in rooms where they have to pass through the other residents' rooms to get to the bathroom. 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 HENSCHIED, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/sc



Facility <b>PARKWOOD MEADOWS ASSISTED LIVING COMMUNITY</b>	License # <b>RC-564</b>	Physical Address <b>1885 PARKWOOD STREET</b>	Phone Number <b>(208) 523-7800</b>
Administrator <b>Kaddy Fyfe</b>	City <b>IDAHO FALLS</b>	ZIP Code <b>83401</b>	Survey Date <b>April 20, 2015</b>
Survey Team Leader <b>Donna Henscheid</b>	Survey Type <b>Complaint Investigation and Follow-up</b>	<b>RESPONSE DUE:</b> <b>May 20, 2015</b>	
Administrator Signature <i>Kaddy Fyfe</i>	Date Signed <b>4/21/15</b>		

NON-CORE ISSUES				
Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	250.06.a	Residents resided in rooms where they had to pass through other residents' rooms to get to the bathroom. **Previously cited on 4/18/14**		
2	350.04	The administrator did not respond to complaints regarding roommate issues in writing.	5/22/15	DH
3			5/22/15	DH
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