



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

August 26, 2015

Deeon Waters, Administrator
The Princess
2085 Avocet Drive
Idaho Falls, Idaho 83406

Provider ID: RC-483

Ms. Waters:

On May 1, 2015, a state licensure/follow-up survey was conducted at Princess, The. 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 Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN
for

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

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



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May 5, 2015

Deeon Waters, Administrator
The Princess
2085 Avocet Drive
Idaho Falls, Idaho 83406

Provider ID: RC-483

Ms. Waters:

A state licensure/follow-up survey was conducted at The Princess between April 27, 2015 and May 1, 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 **May 1, 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 31, 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,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2015
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NAME OF PROVIDER OR SUPPLIER PRINCESS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2085 AVOCET DRIVE IDAHO FALLS, ID 83406
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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 licensure and follow-up survey conducted April 27, 2015 through May 1, 2015 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Karen Anderson, 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 PRINCESS, THE	License # RC-483	Physical Address 2085 AVOCET DRIVE	Phone Number (208) 523-5371
Administrator DeeOn Waters	City IDAHO FALLS	ZIP Code 83406	Survey Date May 1, 2015
Survey Team Leader Matt Hauser	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: May 31, 2015	
Administrator Signature <i>DeeOn Waters</i>	Date Signed 5-1-2015		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01 a-g	The facility did not evaluate all residents who had documented behaviors.	8/6/15	MA
2	225.02 a-c	The facility did not develop interventions for residents who had documented behaviors.	8/6/15	MA
3	300	The administrator made nursing decisions without having a nursing license (to hold scheduled medications).	8/24/15	MA
4	300.01	Caregivers were not appropriately delegated by the facility nurse.	8/6/15	MA
5	305.02	Medications were not given as ordered by their physicians.	8/24/15	MA
6	305.04	The nurse did not make recommendations to the administrator regarding residents' medication needs.	8/24/15	MA
7	310.02 a-f	Multiple unused, outdated or discontinued medications were observed throughout the facility. Further, a written record of drug disposals was not maintained by the facility.	8/6/15	MA
8	310.03	The facility did not track all controlled substances that entered the facility.	8/6/15	MA
9	310.04.a	Several residents were on psychotropic or behavioral modifying medications prior to documenting non-drug interventions.	8/6/15	MA
10	310.04.e	Behavioral updates were not provided to physicians for the 6 month psychotropic medication reviews.	8/6/15	MA
11	350.04	The administrator did not provide a written response to complainants within 30 days of the complaint.	8/24/15	MA
12	711.01 a-c	The facility did not track specific time of the behavior, what intervention was used and the effectiveness of the interventions.	8/6/15	MA
13	711.08.c	Caregivers did not sign and date all incident and accidents.	8/24/15	MA
14	711.11	Caregivers did not document the reason medications were not given.	8/24/15	MA
15	350.01	There was no documentation the administrator was notified of all incidents.	8/24/15	MA
16	350.02	The administrator did not complete a written investigation of all incidents within 30 days.	8/25/15	MA
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