



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

June 26, 2015

Malynda Seiler, Administrator  
Turtle & Crane  
1950 1st Street  
Idaho Falls, Idaho 83401

Provider ID: RC-857

Ms. Seiler:

On June 17, 2015, a follow-up visit to the state licensure/follow-up/revisit and complaint investigation of March 13, 2015, was conducted at Turtle & Crane. The core issue deficiencies issued as a result of the March 13, 2015, survey have been corrected.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.
- The ban on resident admissions is lifted. You may resume admitting new residents to the facility.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

JS/sc



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P.O. Box 83720  
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PHONE: 208-364-1962  
FAX: 208-364-1888

July 4, 2015

Malynda Seiler, Administrator  
Turtle & Crane  
1950 1st Street  
Idaho Falls, Idaho 83401

Provider ID: RC-857

Ms. Seiler:

An unannounced, on-site complaint investigation was conducted at Turtle & Crane between June 15, 2015 and June 17, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00007009**

**Allegation #1:** Injuries of an unknown origin were not investigated.

**Findings:** Substantiated. The facility received a deficiency on 3/13/2015 at IDAPA 16.03.22.350.02 for the administrator not documenting investigations. A follow-up to non-core issues was conducted between 6/16 and 6/17/2015, it was determined the non-core deficiencies were corrected.

**Allegation #2:** The facility nurse did not always assess residents after they fell.

**Findings:** Substantiated. The facility received a deficiency on 3/13/2015 at IDAPA 16.03.22.300.01 when the facility nurse did not assess residents after they fell. A follow-up to non-core issues was conducted between 6/16 and 6/17/2015, it was determined the non-core deficiencies were corrected.

**Allegation #3:** Residents were restrained in a transfer chair.

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

Malynda Seiler, Administrator

July 4, 2015

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Allegation #4: The facility was not monitoring blood pressures as ordered prior to giving medications.

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

Allegation #5: Residents did not receive adequate assistance with grooming.

Findings: Substantiated. The facility received a deficiency on 3/13/2015 at IDAPA 16.03.22.600.06 when the administrator did not schedule sufficient staff to provide the care required in each resident's negotiated service agreement. A follow-up to non-core issues was conducted between 6/16 and 6/17/2015, it was determined the non-core deficiencies were corrected.

Allegation #6: Nebulizer equipment and other breathing apparatuses were not cleaned appropriately and were growing mold.

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 did not monitor residents' weight loss.

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

Allegation #8: The facility over-medicated residents.

Findings: Substantiated. The facility received a deficiency on 3/13/2015 at IDAPA 16.03.22.310.04.a for not documenting their attempts at non-drug interventions prior to using psychotropic medications. A follow-up to non-core issues was conducted between 6/16 and 6/17/2015, it was determined the non-core deficiencies were corrected.

Allegation #9: The facility does not provide adequate supervision.

Findings: Substantiated. The facility received a deficiency on 3/13/2015 at IDAPA 16.03.22.600.06.a for the administrator not scheduling sufficient staff to provide care and supervision to the residents. A follow-up to non-core issues was conducted between 6/16 and 6/17/2015, it was determined the non-core deficiencies were corrected.

Allegation #10: The facility did not offer snacks three times a day.

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

Allegation #11: The facility was not maintained in an orderly manner such as blinds not being secured on the windows..

Malynda Seiler, Administrator

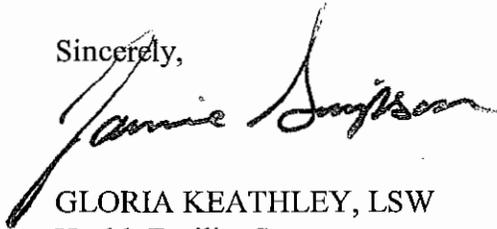
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Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in black ink, appearing to read "Gloria Keathley". The signature is written in a cursive style with a large initial "G".

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

GK/sc

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