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
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

July 6, 2015

Ellen Avery, Administrator
Eagle Rock Assisted Living
755 Lomax
Idaho Falls, Idaho 83401

Provider ID: RC-1028

Ms. Avery:

An unannounced, on-site complaint investigation was conducted at Eagle Rock Assisted Living LLC between June 17, 2015 and June 18, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006641

Allegation #1: The administrator did not investigate complaints or respond to complainants in writing.

Findings: On 6/17/15, the complaint log was reviewed. The complaint log contained several complaints and investigations that were completed by the administrator.

Between 6/17 and 6/18/15, eighteen residents stated the administrator always took care of their complaints quickly. Four residents stated they could not remember if the facility administrator had given them a copy of the report findings. Two residents stated they had not received a response back from the administrator in writing.

On 6/18/15 at 9:40 AM, the administrator stated she always investigated resident's concerns. She further stated, she gave residents a copy of the written response to their complaints.

Unsubstantiated. However, the facility was given best practice technical assistance to have residents with memory deficits to initial receipt of the administrators response back in writing.

Allegation #2: Staff did not assist residents when they fell asleep at the table.

Findings: Between 6/17 and 6/18/2015, residents were observed at the table and in the living room. All residents were observed to be interacting with the facility staff or with other residents.

On 6/17/15, eighteen residents stated they had never seen residents asleep at the table. They further stated, facility staff would assist them, if needed.

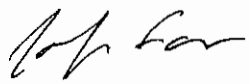
On 6/17 through 6/18/2015, eight staff stated they had never seen residents asleep at the table. The facility staff further stated, if they saw a resident asleep, they would go over and ask the resident if they needed assistance. One facility staff member stated there used to be a resident at the facility who had a health problem where she would fall asleep. They stated if she fell asleep, staff would awaken her.

On 6/18.2915 at 9:40 AM, the facility administrator stated she had not heard of residents falling asleep at the table and staff not intervening. She further stated there was a resident that had a "low sodium problem" and would "doze off" at the table; however, staff would wake her up and ask her if she wanted to lay down.

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,



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

GK/sc

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

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
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

July 6, 2015

Ellen Avery, Administrator
Eagle Rock Assisted Living
755 Lomax
Idaho Falls, Idaho 83401

Provider ID: RC-1028

Ms. Avery:

An unannounced, on-site complaint investigation was conducted at Eagle Rock Assisted Living between June 17, 2015 and June 18, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006783

Allegation #1: The facility inappropriately discharged residents.

Findings: Unsubstantiated.

Allegation #2: The facility denied residents access to their belongings.

Findings: Unsubstantiated.

Allegation #3: The facility did not protect residents' rights to have visitors or make phone calls.

Findings: Unsubstantiated.

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,

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

GK/sc

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