



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 29, 2015

Ginger Price, Administrator
Malad Living Center/RCF
PO Box 194
Malad, Idaho 83252

Provider ID: RC-463

Ms. Price:

On 7/7/2015, a state licensure/follow-up/revisit survey was conducted at Malad Living Center/RCF. 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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July 21, 2015

Ginger Price, Administrator
Malad Living Center/RCF
151 West 200 North
Malad, Idaho 83252

Provider ID: RC-463

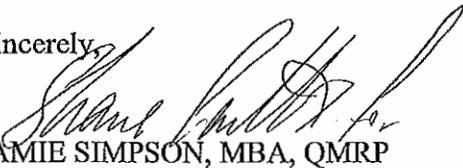
Ms. Price:

On July 7, 2015, a follow-up visit to the state licensure/follow-up survey of November 24, 2014, was conducted at Malad Living Center/RCF. The core issue deficiencies issued as a result of the November 24, 2014, survey have been corrected.

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. 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 August 6, 2015.

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



Facility MALAD LIVING CENTER/RCF	License # RC-463	Physical Address 151 WEST 200 NORTH	Phone Number (208) 766-4724
Administrator Ginger Price	City MALAD	ZIP Code 83252	Survey Date July 7, 2015
Survey Team Leader Gloria Keathley, LSW	Survey Type Follow-up	RESPONSE DUE: August 6, 2015	
Administrator Signature <i>Glure</i>	Date Signed 7-7-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01	The facility did not evaluate resident's behaviors. <i>Evaluation Form</i>	8-27-15	<i>gl</i>
2	225.02	The facility did not develop interventions specific to residents behaviors. **Previously cited 11/24/15**		
3	305.03	There was no documentation the facility nurse assessed residents after they had changes in condition. For example Resident #1's toe wound and Resident# 4's ER visit and infection **Previously cited 11/24/15**	8-27-15	<i>gl</i>
4	310.04.e	Psychotropic medication reviews did not include behavioral updates to the physician.	8-27-15	<i>gl</i>
5	320.01	Resident #4 did not have a developed NSA since his admission on 3/18/15. **Previously cited 11/24/14**	8-27-15	<i>gl</i>
6	630.03	One staff member did not have documentation of developmental disability training. **Previously cited 11/24/15**	8-27-15	<i>gl</i>
7	630.04	One staff member did not have documentation of traumatic brain injury training. **Previously cited 11/24/15**	8-27-15	<i>gl</i>
8	711.01	The facility did not track residents' behaviors to included behaviors exhibited, the intervention used and the effectiveness of the interventions. **Previously cited 11/24/15**	8-27-15	<i>gl</i>
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