



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

Janett Johnson, Administrator
Pocatello Assisted Living Center
520 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-804

Ms. Johnson:

On July 8, 2015, a state licensure/follow-up/revisit survey was conducted at Pocatello Assisted Living Center. 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 be aware that we are still waiting on evidence that interior/exterior facility painting occurs by October 31, 2015.** 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.

The civil monetary penalty assessed as a result of the repeat deficiencies cited during this survey in the amount of \$6,400 has not been paid. The penalty was due by August 22, 2015. Please submit your payment immediately.

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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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

July 23, 2015

CERTIFIED MAIL #: 7007 3020 0001 4050 8982

Janet Johnson, Administrator
Pocatello Assisted Living Center
520 Willard Avenue
Pocatello, Idaho 83201

Ms. Johnson:

On July 8, 2015, a follow-up/revisit survey was conducted by Department staff at Pocatello Assisted Living Center. The facility was cited with multiple repeat non-core issue deficiencies.

EVIDENCE OF RESOLUTION:

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 following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.

01. Evidence of Resolution. *Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

The eight (8) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by August 7, 2015.

CIVIL MONETARY PENALTIES

Of the eight (8) non-core issue deficiencies identified on the punch list, seven (7) were repeat punches. Two (2) of the repeat deficiencies were each cited on two (2) previous surveys.

260.06 The facility was not maintained in a clean and orderly manor. Previously cited 6/18/2010 & 3/10/2015

711.08.c Facility staff did not document circumstances surrounding a resident requiring a doctor or ER visit.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for these violations:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8)).

For the dates of 4/9/2015 through 7/8/2015:

| Penalty | Number of Deficiencies | Times number of Occupied Beds | Times Number of days of non-compliance | Amount of Penalty |
|---------|------------------------|-------------------------------|--|-------------------|
| \$10.00 | 2 | 16 | 90 | \$28,800 |

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

| # of Occupied Beds in Facility | Initial Deficiency | Repeat Deficiency |
|--------------------------------|--------------------|-------------------|
| 3-4 Beds | \$1,440 | \$2,880 |
| 5-50 Beds | \$3,200 | \$6,400 |
| 51-100 Beds | \$5,400 | \$10,800 |
| 101-150 Beds | \$8,800 | \$17,600 |
| 151 or More Beds | \$14,600 | \$29,200 |

Your facility had 16 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$6400.

Send payment of \$6,400 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

**Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license.

ADMINISTRATIVE REVIEW

You may contest the civil monetary penalty by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility,**

identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous. The request must be received no later than twenty-eight (28) days after this notice was mailed. Any such request should be addressed to:

Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the above specified time period, this decision shall become final.

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



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

JS/sc



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|--|--------------------------|--|--------------------------------|
| Facility POCATELLO ASSISTED LIVING CENTER | License # RC-804 | Physical Address 520 WILLARD AVENUE | Phone Number (208) 232-2610 |
| Administrator Janet Johnson | City POCATELLO | ZIP Code 83201 | Survey Date July 8, 2015 |
| Survey Team Leader Donna Henscheid, LSW | Survey Type Follow-up | RESPONSE DUE: August 7, 2015 | |
| Administrator Signature | Date Signed 7-8-15 | | |

NON-CORE ISSUES

| Item # | IDAPA Rule # | Description | Department Use Only | |
|--------------|-------------------|---|--------------------------------------|----------|
| | | | EOR Accepted | Initials |
| 1 | 250.10 | The facility's hot water temperatures exceeded 120 degrees (142 degrees). **Previously cited on 3/10/15** | 8/27/15 | DH |
| 2 | 260.06 | The facility was not maintained in a clean and orderly manner. For example: A bathroom sink was chipped, finish was worn off a toilet seat, ceiling vents were dusty, carpet in residents' rooms was ripped and/or wrinkled, a storage door knob was missing, caulking around the toilets was stained or missing, cleaning supplies were left unlocked, interior and exterior paint was either peeling or chipped off walls, molding around a bathroom door was broken, molding around the kitchen door was bent and coming loose from the wall, wallpaper was peeling from the dining room walls, and a gutter was not attached. **Previously cited on 6/18/10 and 3/10/15** | error DH 8/13/15 error 9/25/15 | DH |
| 3 | 300.01 | The facility nurse did not provide proper education and delegation to all staff regarding a resident's supra-pubic catheter DH | --- | --- |
| 4 | 305.03 | The facility nurse did not document an assessment was completed when residents had changes of condition. **Previously cited on 3/10/15** | 8/27/15 | DH |
| 5 | 310.01.c | The facility did not document the temperature of the refrigerator containing medications. **Previously cited 3/10/15** | 8/27/15 | DH |
| 6 | 350.02 | The facility administrator did not conduct an investigation of a resident's fall. | 9/10/15 | DH |
| 7 | 625.01 | The facility did not provide evidence that a 16 hour orientation program was developed or implemented. **Previously cited 3/10/15** | 8/13/15 | DH |
| 8 | 640 | The facility did not provide documented evidence staff received 8 hours of continued education training. **Previously cited 3/10/15** | 8/13/15 | DH |
| 9 | 711.08.c | Facility staff did not document circumstances surrounding a resident requiring a physician or ER visit. **Previously cited 3/28/13 and 3/10/15** | 8/27/15 | DH |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
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