



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

Steven Funk, Administrator
Teton Peaks Assisted Living
PO Box 2122
Idaho Falls, Idaho 83403

Provider ID: RC-1041

Mr. Funk:

On July 28, 2015, a complaint investigation was conducted at Teton Peaks Assisted Living. 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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August 14, 2015

Steven Funk, Administrator
Teton Peaks Assisted Living
655 Valley Centre Drive
Driggs, Idaho 83422

Provider ID: RC-1041

Mr. Funk:

An unannounced, on-site complaint investigation was conducted at Teton Peaks Assisted Living July 28, 2015. At that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00007084

Allegation #1: The facility did not investigate injuries of unknown origin.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for the administrator not investigating residents injuries of unknown origin. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not practice infection control.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for facility staff not following proper infection control procedures. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility was not maintained in a clean and sanitary manner.

Findings: Investigations #3: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #4: The facility nurse did not evaluate residents when they had changes of condition.

Steven Funk, Administrator

August 14, 2015

Page 2 of #2

Findings: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #5: Residents did not receive their medications.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by identifying the problem and took steps to ensure medications were available in the facility at all times.

Allegation #6: The facility administrator did not respond to complainants in writing.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the facility administrator not responding to complainants in writing. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: Residents' negotiated service agreements did not reflect their care needs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for residents' negotiated service agreements not reflecting residents' care needs. The facility was required to submit evidence of resolution within 30 days.

Allegation #8: The facility did not have sufficient staffing to meet the needs of the residents.

Findings: Investigation #8: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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 **July 28, 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 within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

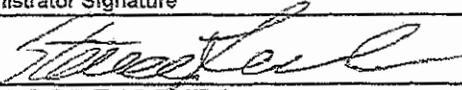


GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/sc

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



Facility TETON PEAKS ASSISTED LIVING	License # RC-1041	Physical Address 655 Valley Centre Drive	Phone Number (208) 354-0263
Administrator Steven Funk	City Driggs	ZIP Code 83422	Survey Date July 28, 2015
Survey Team Leader Gloria Keathley, LSW	Survey Type Complaint Investigation	RESPONSE DUE: August 27, 2015	
Administrator Signature 	Date Signed 7/28/15		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only	
			EOR Accepted	Initials
1	320.01	Residents' NSAs did not reflect their care needs, such as; Resident #2's air mattress, the frequency of Resident #1's showers, and outside service agencies.	8-29-15	gk
2	335.03	Staff did not follow proper infection control measures. Staff were observed to wash their hands, dry their hands on a common use towel and then turn off the contaminated faucet handle with their clean hands.	8-27-15	gk
3	350.02	The administrator did not investigate Resident #2's injury of unknown origin.	8-28-15	gk
4	350.04	The administrator did not respond to complainants in writing, within 30 days.	8-27-15	gk
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