



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

Dionne Bullock, Administrator
Rosetta Assisted Living - Hiland
PO Box 1060
Meridian, Idaho 83680

Provider ID: RC-694

Ms. Bullock:

On July 29, 2015, a state licensure/follow-up/revisit and complaint investigation were conducted at Rosetta Assisted Living - Hiland. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc



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August 23, 2015

Dionne Bullock, Administrator
Rosetta Assisted Living - Hiland
PO Box 1060
Meridian, Idaho 83680

Provider ID: RC-694

Ms. Bullock:

On July 29, 2015, a state licensure/follow-up/revisit survey and complaint investigation were conducted at Rosetta Assisted Living - Hiland. The core issue deficiencies issued as a result of the state licensure survey conducted on February 13, 2015 has 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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by August 29, 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 ROSETTA ASSISTED LIVING - HILAND	License # RC-694	Physical Address 1919 HILAND	Phone Number (208) 677-5451
Administrator Dionne Bullock	City BURLEY	ZIP Code 83318	Survey Date July 29, 2015
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation and Follow-up	RESPONSE DUE: August 28, 2015	
Administrator Signature <i>Dionne Bullock</i>	Date Signed 7/29/2015		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	5 of 10 staff did not have documentation a required state police background check had been completed. ****Previously cited on 3/15/15****	8/28/15	MMC
2	210	The facility did not provide activities which helped promote residents to maintain their highest potential for independent living.	8/28/15	MMC
3	305.03	A) The facility RN did not appropriately delegate/train all nursing tasks to unlicensed staff. B) The facility RN did not document the status of residents' wounds to ensure biweekly improvement or the significant change of condition experienced by Resident #2. ****Previously cited on 3/15/15****	A) 8/28/15 B) 8/28/15	MMC MMC
4	600.06.a	The facility did not hire and the administrator did not schedule enough staff to provide care during all hours required in each resident's Negotiated Service Agreement, complete meal preparation, serve meals, assist residents with eating, provide activities, housekeeping, wash/dry and put away resident's and facility's laundry, etc.	8/28/15	MMC
5	630.03	The facility did not have documentation of developmental disability diagnosis specialized training for any staff.	8/28/15	MMC
6	730.02.a	The facility did not have documentation of an "as worked" schedule for the administrator and facility nurse.	8/28/15	MMC
7	310.04.c	The facility did not monitor Resident #2 for the continued need for Seroquel based on the resident's demonstrated behaviors.	8/28/15	MMC
8	320.03	Resident #2's NSA was not signed by the administrator, resident or the resident's guardian.	8/28/15	MMC
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August 23, 2015

Dionne Bullock, Administrator
Rosetta Assisted Living – Hiland
PO Box 1060
Meridian, Idaho 83680

Ms. Bullock:

An unannounced, on-site complaint investigation was conducted at Rosetta Assisted Living - Hiland between July 27, 2015 and July 29, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006981

Allegation #1: The facility did not seek medical attention in a timely manner when caregivers discovered residents had wounds.

Findings: Unsubstantiated. The facility staff contacted the facility registered nurse who had assessed the resident shortly after the wound was discovered.

Allegation #2: The facility nurse did not appropriately delegate/train unlicensed staff regarding ostomy care.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.01, for the facility nurse not appropriately delegating/training unlicensed staff in ostomy care. The facility was required to submit evidence of resolution within 30 days.

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,


MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc



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Provider ID: RC-694

Dionne Bullock:

An unannounced, on-site complaint investigation was conducted at Rosetta Assisted Living - Hiland between July 27, 2015 and July 29, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00007029

Allegation #1: The facility did not offer activities which engaged the residents.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.210, for not providing activities which promoted residents to maintain their highest potential for independent living. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The administrator was not on site sufficiently enough to supervise and manage staff.

Findings: Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.730.02.a, for not having documentation of an "as worked" schedule for the administrator. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The administrator did not respond to complainants in writing within 30 days.

Findings: Substantiated. However, the facility was not cited as problem with the facility's complaint process had been identified and corrected by the current administrator.

Allegation #4: A light fixture hung unsecured from the ceiling in a resident's room.

Dionne Bullock, Administrator

August 23, 2015

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Findings: Substantiated. However, the facility was not cited as the light had been secured to the ceiling.

Allegation #5: The exterior yard of the facility was not maintained free from weeds.

Findings: Substantiated. However, the facility was not cited as the problem with the facility's lawn maintenance company had been identified by the facility and corrected earlier in the spring.

Allegation #6: The facility served inadequate food portions.

Findings: Between 7/27/15 and 7/29/15, four residents, two family members, the current and the previous administrator, the current and the previous facility nurse and two caregivers stated they had never observed or heard of a time when the facility did not provide adequate food portions. Meal portions were observed to be adequate during the survey. A caregiver was observed using a measuring cup when plating food. Food storage was observed to have enough food for the current day and the next seven days to meet the planned menu to include adequate portion sizes.

Allegation #7: The facility registered nurse was frequently not available to caregivers when they had delegation questions or residents experienced a change in condition.

Findings: Substantiated. However, the facility was not cited as the facility had identified the problem and hired a new nurse.

Allegation #8: The facility was managed by a company which was not legally licensed to do so.

Findings: Unsubstantiated.

Allegation #9: The facility nurse did not appropriately delegate/train unlicensed staff regarding ostomy care.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.01, for the facility nurse not appropriately delegating/training unlicensed staff in ostomy care. The facility was required to submit evidence of resolution within 30 days.

Allegation #10: The facility administrator did not schedule sufficient staff to meet all of the residents' needs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a, for the administrator not scheduling sufficient staff to meet all of the residents' needs. The facility was required to submit evidence of resolution within 30 days.

Allegation #11: The facility's heating system was inoperable.

Findings: Substantiated. However, the facility was not cited as the deficiency regarding the heating system had been identified and corrected.

Dionne Bullock, Administrator

August 23, 2015

Page 3 of 3

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,

A handwritten signature in cursive script, appearing to read "Maureen McCann, RN".

MAUREEN MCCANN, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

MM /sc

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



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Ms. Bullock:

An unannounced, on-site complaint investigation was conducted at Rosetta Assisted Living - Hiland between July 27, 2015 and July 29, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00007033

Allegation #1: The facility did not offer activities which engaged the residents.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.210, for not providing activities which promoted residents to maintain their highest potential for independent living. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility served inadequate food portions.

Findings: Unsubstantiated.

Allegation #3: The facility administrator did not schedule sufficient staff to meet all of the residents' needs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a, for the administrator not scheduling sufficient staff to meet all of the residents' needs. The facility was required to submit evidence of resolution within 30 days.

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,

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

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