



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: 208-364-1982  
FAX: 208-364-1888

November 01, 2015

Trenna Bowhay, Administrator  
Antelope Creek Living Center  
PO Box 909  
Moore, Idaho 83255

Provider ID: RC-514

Ms. Bowhay:

On July 30, 2015, a complaint investigation survey was conducted at Antelope Creek 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 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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P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: 208-364-1962  
FAX: 208-364-1888

August 15, 2015

Trenna Bowhay, Administrator  
Antelope Creek Living Center  
3668 West 3700 North  
Darlington, Idaho 83255

Provider ID: Rc-514

Ms. Bowhay:

An unannounced, on-site complaint investigation was conducted at Antelope Creek Living Center between July 29, 2015 and July 30, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006640**

Allegation #1: Residents' medications were not given as ordered.

Findings 1: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: Residents did not receive breakfast if they overslept.

Findings 2: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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,

RAE JEAN MCPHILLIPS, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RM/sc

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



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August 15, 2015

Trenna Bowhay, Administrator  
Antelope Creek Living Center  
3668 West 3700 North  
Darlington, Idaho 83255

Provider ID: RC-514

Ms. Bowhay:

An unannounced, on-site complaint investigation survey was conducted at Antelope Creek Living Center between July 29, 2015 and July 30, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006842**

**Allegation #1:** The facility did not protect a resident when an allegation of abuse was received.

**Findings #1:** Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

**Allegation #2:** The residents' right to voice grievances was not protected by the facility.

**Findings #2:** Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

**Allegation #3:** The facility confiscated residents' cell phones.

**Findings #3:** Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

**Allegation #4:** The facility did not treat residents with dignity and respect when residents were "grounded" after they violated the facility's house rules.

Trenna Bowhay, Administrator

August 15, 2015

Page 2 of 2

Findings #4: Unsubstantiated, however the facility was issued a deficiency at IDAPA 16.03.22.219.03 and was required to submit evidence of resolution within 30 days.

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 30, 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,



RAE JEAN MCPHILLIPS, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RM/sc

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



Facility ANTELOPE CREEK LIVING CENTER	License # RC-514	Physical Address 3668 WEST 3700 NORTH	Phone Number (208) 588-2700
Administrator Trenna Bowhay	City DARLINGTON	ZIP Code 83255	Survey Date July 30, 2015
Survey Team Leader Rae Jean McPhillips, BSN	Survey Type Complaint Investigation	RESPONSE DUE: August 29, 2015	
Administrator Signature <i>Trenna Bowhay</i>	Date Signed 7-30-15		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	219.03	The facility's admission agreement did not clearly identify the house rules, such as; no alcohol, weapons (including pocket knives) or drugs allowed on the property. Additionally, the agreement did not specify the possible consequences of violating the house rules.	10-7-15	SK
2	451.02	The facility did not offer a snack between breakfast and lunch.	7-28-15	SK
3	330.01	A resident's record was not maintained at the facility for 3 years.	9-28-15	SK
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