



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

November 03, 2015

Shi Kaderly, Administrator  
Streamside Alzheimer Care  
1355 South Edgewater Circle  
Nampa, Idaho 83686

Provider ID: RC-925

Ms. Kaderly:

On August 18, 2015, a core deficiency follow-up survey was conducted at Streamside Alzheimer Care-Streamside Alzheimers, LLC. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

*Donna Henscheid - LSW, MSW for*

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

August 20, 2015

**CERTIFIED MAIL #: 7007 3020 0001 4050 9002**

Shi Kaderly, Administrator  
Streamside Alzheimer Care  
1355 South Edgewater Circle  
Nampa, Idaho 83686

Ms. Kaderly:

A state licenseure follow-up/revisti was conducted by Department staff at Streamside Alzheimer Care-Streamside Alzheimers, LLC between August 17, 2015 and August 18, 2015. 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 twelve (12) 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 **September 17, 2015**.

**CIVIL MONETARY PENALTIES**

Of the twelve (12) non-core issue deficiencies identified on the punch list, eight (8) were repeat punches. Three (3) of the repeat deficiencies were cited on both of the two (2) previous surveys, 3/3/2011 and 1/21/2015.

- 305.03 The facility RN did not assess residents when they had changes in condition.
- 310.04.e The facility did not include behavioral updates on the psychotropic medication reviews.
- 320.08 NSA's were not updated following a change in condition.

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

**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 5/20/2015 through 8/18/2015:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	3	12	90	\$ 32,400

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 12 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:

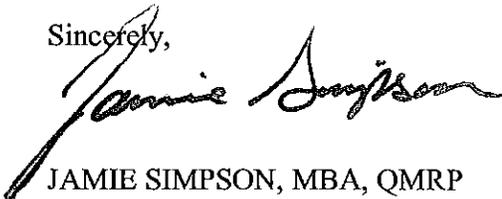
**Tamara Prisock, Administrator  
Division of Licensing and Certification - DHW  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036**

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



Facility STREAMSIDE ALZHEIMER CARE	License # RC-925	Physical Address 1333 SOUTH EDGEWATER CIRCLE	Phone Number (208) 461-1172
Administrator Shi Kaderly	City NAMPA	ZIP Code 83686	Survey Date August 18, 2015
Survey Team Leader Donna Henscheid, LSW	Survey Type Follow-up	RESPONSE DUE: September 17, 2015	
Administrator Signature 	Date Signed 8/18/15		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01	The facility did not evaluate Residents' #1, #3 and #4's behaviors.	9/25/15	DH
2	225.02.b	The facility did not implement the least restrictive interventions for Resident #1. ***Previously cited on 1/21/15***	10/21/15	DH
3	250.13.l	Residents with shared rooms did not have clearly defined closet dividers. ***Previously cited on 1/21/15***	9/25/15	DH
4	260.06	The facility had strong urine odors in several resident rooms and the common areas, carpets, sofas and chairs. ***Previously cited on 1/21/15***	9/25/15	DH
5	300.01	The facility nurse did not provide delegation for 4 of 4 staff members. ***Previously cited on 1/21/15***	9/25/15	DH
6	305.03	The facility RN did not assess residents when they had changes in condition. ***Previously cited 3/3/11 and 1/21/15***	9/25/15	DH
7	305.08	The facility RN did not provide clear education to caregivers regarding Resident's #1 and #2's wound care and Resident #1's back brace.	9/25/15	DH
8	310.04.e	The facility did not include behavioral updates on the psychotropic medication reviews for Resident's #1, #3 and #4. ***Previously cited on 3/3/11 and 1/21/15***	10/21/15	DH
9	320.08	NSA's were not updated following a change in condition for Resident's #1, #2 and #4. ***Previously cited on 3/3/11 and 1/21/15***	9/25/15	DH
10	625.01	Two staff members did not have evidence of 16 hour orientation. ***Previously cited on 1/21/15***	9/25/15	DH
11	711.01.c	The behavioral tracking form did not include the effectiveness of the intervention.	9/25/15	DH
12	730.02.a	The as-worked schedule did not include the actual hours worked for the facility RN and LPN.	9/25/15	DH
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