



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 01, 2015

Shanna Linehan, Administrator
Lark's Haven on Reed
11950 Thames Court
Hayden, Idaho 83835

Provider ID: RC-1079

Ms. Linehan:

On August 20, 2015, a complaint investigation survey was conducted at Lark's Haven on Reed. 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 30, 2015

Shanna Linehan, Administrator
Lark's Haven on Reed
11950 North Thames Court
Hayden, Idaho 83835

Provider ID: RC-1079

Ms. Linehan:

An unannounced, on-site complaint investigation survey was conducted at Lark's Haven on Reed between August 19, 2015 and August 20, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006948

Allegation #1: The facility did not have a licensed administrator.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.03 for not having a licensed administrator to see to the day to day operations of the facility. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not have enough staff to meet residents' needs.

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

Allegation #3: Medications were not available as ordered.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02.b for not following physicians' orders for residents. The facility 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. 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 September 19, 2015.

Shanna Linehan, Administrator
August 30, 2015
Page 2 of 2

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 LARK'S HAVEN ON REED	License # RC-1079	Physical Address 9886 REED ROAD	Phone Number (208) 719-9081
Administrator	City HAYDEN	ZIP Code 83835	Survey Date August 20, 2015
Survey Team Leader Gloria Keathley, LSW	Survey Type Complaint Investigation	RESPONSE DUE: September 19, 2015	
Administrator Signature <i>Lark Pincham</i>	Date Signed 8-20-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use
			EOR Accepted
1	215.03	The facility did not have a licensed administrator.	10/13/15 <i>gr</i>
2	305.02.b	The facility did not follow physicians' orders for Resident #2 and #3.	10/13/15 <i>gr</i>
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