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

Tina Mouser, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, Idaho 83864

Provider ID: RC-610

Ms. Mouser:

On September 2, 2015, a Healthcare Licensure and Follow up survey was conducted at Bridge Assisted Living at Sandpoint, Sandpoint Medical Investors. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted evidence of resolution and plan of correction are 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 Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

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

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September 23, 2015

Certified Mail: 7007 3020 0001 4050 9026

Tina Mouser, Administrator
Bridge Assisted Living at Sandpoint
1123 North Division Street
Sandpoint, Idaho 83864

Provider ID: RC-610

Ms.Mouser:

Based on the state licensure/follow-up survey conducted by Department staff at Bridge Assisted Living at Sandpoint, Sandpoint Medical Investors between August 31, 2015 and September 2, 2015, it has been determined that the facility admitted and retained a resident who had an unstageable pressure ulcer.

This core issue deficiency substantially limits the capacity of Bridge Assisted Living at Sandpoint, Sandpoint Medical Investors to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by . **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us **by October 6, 2015,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at *www.assistedliving.dhw.idaho.gov* under the heading of Forms and Information.

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 October 2, 2015**.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Patty Ward - JS, now for

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

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DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
BRIDGE ASSISTED LIVING AT SANDPOINT	RC-610	1123 NORTH DIVISION STREET		(208) 263-1524
Administrator	**City**		**ZIP Code**	**Survey Date**
Tina Mouser	SANDPOINT		83864	September 2, 2015
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Matt Hauser, QMRP/QIDP	Licensure			October 2, 2015
Administrator Signature	**Date Signed**			
Tina M Mouser	9/2/15			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	310.01.c	The facility did not maintain a daily temperature log for the large medication refrigerator.	10/2/15	MM
2	310.04.a	The facility did not document non-drug interventions prior to using behavior modifying medications for Resident #3. **Previously cited on 1/8/15.***	10/2/15	MM
3	350.04	The facility did not provide a written response to complainants.	10/2/15	MM
4	451.02	The facility did not offer snacks 3 times per day.	10/2/15	MM
5	600.06.b	Six of seven staff did not have first aid.	10/2/15	MM
6	711.01	The facility did not track residents behaviors to include time, interventions used and effectiveness of the intervention.	10/2/15	MM
7	711.08.d	There was no documentation Resident #4's physician was notified when his medication ran out.	10/2/15	MM
8	730.02.a	The facility RN work records did not reflect when she was on duty.	10/2/15	MM
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