



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

Tambra Maple, Administrator
North Star Retirement Community
2340 West Seltice Way
Coeur d'Alene, Idaho 83814

Provider ID: RC-1023

Ms. Maple:

On September 4, 2015, a complaint investigation survey was conducted at North Star Retirement Community. 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

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



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October 5, 2015

Tambra Maple, Administrator
North Star Retirement Community
2340 West Seltice Way
Coeur d'Alene, Idaho 83814

Provider ID: RC-1023

Ms. Maple:

A complaint investigation was conducted at North Star Retirement Community between September 3, 2015 and September 4, 2015. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 September 4, 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.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

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

MM/sc



Facility NORTH STAR RETIREMENT COMMUNITY	License # RC-1023	Physical Address 2340 West Selfice Way	Phone Number (208) 765-5505
Administrator Tambra Maple	City Coeur d'Alene	ZIP Code 83814	Survey Date September 4, 2015
Survey Team Leader Maureen McCann, RN	Survey Type Complaint Investigation	RESPONSE DUE: October 4, 2015	
Administrator Signature <i>Tambra Maple</i>	Date Signed 9-4-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	153.01	The facility's abuse policy did not include a procedure to ensure Adult Protection and law enforcement were notified according to state statutes.	10/6/15	MMC
2	215.07	The administrator did not ensure that Adult Protection was notified immediately and law enforcement was notified within 4 hours when narcotic medications were diverted.	10/6/15	MMC
3	711.04	The facility did not document a resident had been informed of the consequences of refusing cares. Further, there was no documentation the resident's physician was informed of the refusals.	10/6/15	MMC
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October 5, 2015

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North Star Retirement Community
2340 West Seltice Way
Coeur d'Alene, Idaho 83814

Provider ID: RC-1023

Ms. Maple:

An unannounced, on-site complaint investigation was conducted at North Star Retirement Community between September 3, 2015 and September 4, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # 5516

Allegation #1: Residents were not assisted with medications or treatments as ordered by their physicians.

Findings #1:

Substantiated. However, the facility was not cited as they acted appropriately by the new LPN identifying the problem and implementing a new system for reordering medication. When a resident's supply of medication was down to 7 days, caregivers notified the LPN. The LPN then ordered the medication in a timely fashion to ensure the resident always had a supply of ordered medications. Six sampled residents' records were reviewed. All current medications and treatments ordered by their physicians were documented as appropriately assisted with by caregivers.

Allegation #2: Medication Aides assessed whether residents should receive PRN (as needed) medications without direction from a nurse.

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 did not ensure residents were assisted with bathing.

Findings #: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.04 for not addressing an identified resident's refusal to bathe 22 times in a month. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility was not aware of residents' whereabouts.

Tambra Maple, Administrator
October 5, 2015
Page 2 of 2

Findings #4: Substantiated. However, the facility was not cited as they acted appropriately by immediately searching the building as soon as they discovered the identified resident was "missing". Further, the resident had never left the building unsupervised. Following the incident, the administrator educated staff about supervision and encouraged staff to have both visitors and residents complete the sign-in/out log.

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

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