



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

Vanessa Smith, Administrator
Grace Assisted Living at Englefield Green
PO Box 45010
Boise ID 83711

Provider ID: RC-989

Ms. Smith:

On September 11, 2015, a Complaint Investigation survey was conducted at Grace Assisted Living at Englefield Green. 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 Anderson, Karen, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor

KA/sc

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



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October 2, 2015

Vanessa Smith, Administrator
Grace Assisted Living at Englefield Green
PO Box 45010
Boise, Idaho 83711

Provider ID: RC-989

Ms. Smith:

A complaint investigation was conducted at Grace Assisted Living at Englefield Green between September 10, 2015 and September 11, 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.

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 11, 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,

KAREN ANDERSON, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc



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October 2, 2015

Vanessa Smith, Administrator
Grace Assisted Living at Englefield Green
PO Box 45010
Boise, Idaho 83711

Provider ID: RC-989

Ms. Smith:

An unannounced, on-site complaint investigation survey was conducted at Grace Assisted Living at Englefield Green - Grace at Englefield Green, LLC between September 10, 2015 and September 11, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5638

Allegation: The facility did not act appropriately when a resident eloped multiple times.

Findings: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.250.14 for not providing a secure interior and exterior environment while retaining a resident who had cognitive impairment and made multiple attempts to leave the facility. The facility was required to submit evidence of resolution within 30 days.

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,

KAREN ANDERSON, KA
Health Facility Surveyor
Residential Assisted Living Facility Program

KA /sc

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



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October 2, 2015

Vanessa Smith, Administrator
Grace Assisted Living at Englefield Green
PO Box 45010
Boise, Idaho 83711

Provider ID: RC-989

Ms. Smith:

An unannounced, on-site complaint investigation survey was conducted at Grace Assisted Living at Englefield Green - Grace at Englefield Green, LLC between September 10, 2015 and September 11, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 6655

Allegation #1: The administrator did not respond to complaints.

Findings: Unsubstantiated.

Allegation #2: The facility did not appropriately discharge residents.

Findings: Unsubstantiated.

Allegation #3: Residents' Rights were violated when they received an eviction notice after they complained about the food.

Findings: Unsubstantiated.

Allegation #4: Residents were not treated with dignity and respect when they were not allowed to sit in the main dining area for holiday meals or special occasions.

Findings: Unsubstantiated.

Allegation #5: Medication aides were not trained appropriately to assist residents with medications, obtaining vital signs and collecting urine samples.

Findings: Unsubstantiated.

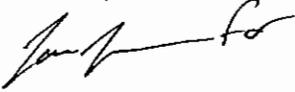
Vanessa Smith, Administrator

October 2, 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,

A handwritten signature in black ink, appearing to read "Karen Anderson", written over a horizontal line.

KAREN ANDERSON, KA

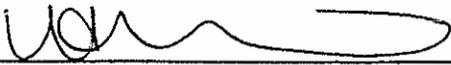
Health Facility Surveyor

Residential Assisted Living Facility Program

KA /sc

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



Facility GRACE ASSISTED LIVING AT ENGLEFIELD GREEN	License # RC-989	Physical Address 250 S ALLUMBAUGH WAY	Phone Number (208) 322-8080
Administrator Vanessa Smith	City BOISE	ZIP Code 83709	Survey Date September 11, 2015
Survey Team Leader Karen Anderson, RN	Survey Type Complaint Investigation	RESPONSE DUE: October 11, 2015	
Administrator Signature 	Date Signed 9/11/15		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only	
			EOR Accepted	Initials
1	225.02.c	The facility did not review interventions for effectiveness when Resident #11 had a change in his cognitive status which resulted in a behavior of wandering outside the facility.	10/8/15	KA
2	250.14	The facility failed to provide a secure interior and exterior environment while retaining a resident (Resident #11) who had cognitive impairment and made multiple attempts to leave the facility.	10/8/15	KA
3	350.01	The administrator was not notified all incidents, accidents, and complaints.	10/8/15	KA
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