



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

January 19, 2016

Sam Stoddard, Administrator
The Homestead Assisted Living Center, Inc. of Rexburg
408 West Main Street
Rexburg, Idaho 83440

Provider ID: RC-815

Dear Sam Stoddard:

On September 18, 2015, a core deficiency follow-up survey was conducted at The Homestead Assisted Living Center, Inc of Rexburg. 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 plan of correction and evidence of resolution 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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
EMAIL: raif@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

October 7, 2015

Certified Mail 7007 3020 0001 4050 9057

Sam Stoddard, Administrator
The Homestead Assisted Living Center, Inc. of Rexburg
408 West Main Street
Rexburg, Idaho 83440

Ms. Stoddard:

A state licensure/follow-up/revisit survey was conducted by Department staff between September 17, 2015 and September 18, 2015 at Homestead Assisted Living Center, Inc. of Rexburg, The. The facility was cited with a core issue deficiency for failing to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of The Homestead Assisted Living Center, Inc. of Rexburg to provide for residents' basic health and safety needs. The deficiency is described on the enclosed Statement of Deficiencies.

PROVISIONAL LICENSE:

As a result of the survey findings, a provisional license is being issued effective October 7, 2015. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.

A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.

The conditions of the provisional license are as follows:

I. PLAN OF CORRECTION:

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?

An acceptable, **signed** and **dated** Plan of Correction must be submitted to the Division of Licensing and Certification within **ten (10) calendar days of your receipt of the Statement of Deficiencies**. You are encouraged to immediately develop and submit this plan so any adjustments or corrections to the plan can be completed prior to the deadline.

II. 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.

***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 seventeen (17) 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 **October 18, 2015**.

III. CIVIL MONETARY PENALTIES

Of the seventeen (17) non-core issue deficiencies identified on the punch list, nine (9) were repeat punches. One (1) of the repeat deficiencies was/were cited on each of the three (3) previous surveys, 4/16/2015, 1/26/2011 and 5/13/2009.

305.03 The facility nurse did not document assessments when residents experienced changes in their physical 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 June 20, 2015 through September 18, 2015:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	43	90	\$38,700

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 43 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$6,400.

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 provisional license or 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.

INFORMAL DISPUTE RESOLUTION

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.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator submits a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, the core issue deficiency still exists, a new core issue deficiency is identified, non-core deficiencies have not been corrected, or the facility has failed to abide by the conditions of the provisional license, the Department will take further enforcement action against the license held by The Homestead Assisted Living Center, Inc. of Rexburg. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Limit or Ban on Admissions
- Additional Civil Monetary Penalties

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

Enclosure

cc: Medicaid Notification Group

Core Items – Statement of Deficiencies – Homestead Assisted Living Center Inc of Rexburg

Survey Dates: 09/17/2015 – 9/18/2015

16.03.22.000 Initial Comments

The following core deficiency was cited during the follow-up survey conducted between 8/17/15 and 8/18/15 at your residential care/assisted living facility. The surveyors conducting the survey were:

Jeremy Walker, LSW
Team Coordinator
Health Facility Surveyor

Donna Henscheid, LSW
Health Facility Surveyor

Matt Hauser, QIDP
Health Facility Surveyor

Maureen McCann, RN
Health Facility Surveyor

Survey Definitions:

BM = bowel movement
PRN/prn = As needed
RN = Registered Nurse

16.03.22.520 Requirements To Protect Residents From Inadequate Care

The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.

Based on record review and interview, it was determined the facility failed to provide supervision to ensure 1 of 5 sampled residents (Resident #10), who had changes of conditions, were assessed by the facility nurse and received medical attention in a timely manner. The findings include:

IDAPA 16.03.22.12.25 defines supervision as "A critical watching and directing activity which provides protection, guidance, knowledge of the resident's general whereabouts, and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision..."

On 5/13/09, 1/26/11 and 4/16/15 the facility was cited at IDAPA 16.03.22.305.03 for the facility nurse not documenting residents' changes in their physical and mental condition.

According to her record, Resident #10 was an 89 year old woman admitted to the facility on 2/15/13 with diagnoses including late stage Alzheimer's disease.

A nursing assessment, dated 7/6/15, documented the resident was "independent" and "steady" and had no complaints of pain. The assessment was signed by an agency nurse.

On 9/18/15 at 10:01 AM, the facility RN stated she documented on "flagged notes" per the facility policy. She stated caregivers flagged the notes they thought she should read. The facility RN further stated, she was "very new" at this (being an assisted living nurse) and was "just doing" what she had been "taught."

None of the following progress notes were "flagged" to alert the nurse. However, the following was documented:

*8/6/15 at 7:45 PM - Resident #10 stated she "felt like she was going to faint and she was weak while she was walking. I had to continually speak loudly into her ear to keep her alert."

*8/7/15 at 6:45 AM - Resident #10 "was complaining of being sick." The caregiver attempted to give her something to eat and drink, but the resident took "one little bite."

*8/7/15 at 9:15 AM - Resident #10 "cried as she walked to the restroom. She wanted to go back to bed."

*8/7/15 at 11:30 AM - A caregiver told a family member Resident #10 was "not eating well and that she was saying she was sick."

*8/7/15 at 7:45 PM - At dinner time, Resident #10 was "really sleepy and said she wasn't feeling well and that she was really cold."

*8/8/15 at 1:45 PM - Resident #10 "was complaining of back pain, another caregiver gave her a PRN, but she didn't end up taking it. She has been complaining of being weak and her stomach [sic] hurting."

*8/9/15 at 9:15 AM - The resident was "a bit whimpering this morning as she was walking around the living room."

*8/9/15 at 9:30 AM - Resident #10 was "having a hard time walking there, like her legs were weak, when we got into her room she saw her bed and said she wanted to lay down."

*8/9/15 at 6:15 AM - The resident was "really tired today and put herself to bed before dinner."

*8/10/15 at 2:45 PM - Resident #10 was "extremely" fatigued. She did not eat breakfast or lunch. "We tried to feed her but she has been too weak to even open her mouth."

*8/10/15 at 7:45 PM - Resident #10 has been "very tired today." She "took" herself to bed "several" times and kept telling caregivers "she was sick and that she hurt."

*8/10/15 at 8:30 PM - The resident complained of "being sleepy" and "sick."

*8/11/15 at 1:45 PM - The resident had been "really sleepy."

*8/11/15 at 2:45 PM - Resident #10 was wandering and telling caregivers, "she needs out of here, that she is hurting. Every time I ask her about it, she can't tell me any reasons. If she is able to tell me what is hurting I will use prn."

*8/12/15 at 1:15 PM - Resident #10 had been "complaining of her stomach hurting her. We looked to see her last BM and it has been quite some time...the nurse was also notified."

The facility RN was notified six days after the resident began exhibiting symptoms of a change of condition. There was no documentation by the facility RN that Resident #10 had been assessed at this time.

*8/12/15 at 6:45 PM - Resident #10 "was asleep when I got here at 3:00 which is unusual for her. She was complaining of pain a lot and she looked very pale."

*8/12/15 at 7:45 PM - The resident "kept saying she hurt and couldn't stand up straight to walk. I notified manager. I gave her a hot rice pack and some Ibuprofen..."

*8/13/15 at 11:00 AM - Resident #10's family took her to her physician.

Resident #10 did not receive medical attention until 7 days after first exhibiting physical changes in condition.

On 8/14/15, Resident #10's physician wrote an order for an antibiotic.

There was no documentation Resident #10 was assessed by the facility RN after being started on an antibiotic.

*8/13/15 at 3:45 PM - The resident told a caregiver that "her back was hurting." After pointing to several different places on her back, the resident indicated to the caregiver that "it hurt below the great curvature of her back."

*8/13/15 at 4:30 PM - Resident #10 "seemed distracted by physical discomfort she said was in her back."

*8/16/15 at 11:45 AM - The resident "started to cry and groan" as she was assisted on the toilet.

*8/17/15 at 8:30 PM - The resident was "very sleepy today, laying around all day. Said she wasn't feeling her normal self part of the day."

*8/18/15 at 7:45 PM - Resident #10 "repeatedly said, 'I'm dieing [sic] just leave me, I am dieing [sic].'"

*8/20/15 at 10:30 AM - Resident #10 had a "really hard" time taking her pills. The resident was "really tired and weak."

On 8/21/15 at 7:00 PM, the house manager documented they were trying to get the resident on hospice.

Over a 15 day period of time, Resident #10 had various physical changes such as being tired and weak, having a hard time walking, having increased sleepiness, and expressing complaints of pain and dying. During this time, there was no documentation by the facility RN that Resident #10 had been assessed.

An "unflagged" progress note, dated 8/30/15, documented the resident's urine was "dark brownish color and had a very strong odor."

On 9/2/15, a hospice clinical note documented the resident had "declined rapidly over the past 4 days. She rarely communicates or ambulates at this time."

After hospice noted a "rapid" decline, there still was no documentation the resident had been assessed by the facility RN.

On 9/18/15 at 9:50 AM, a caregiver stated Resident #10 "just this week started acting more normal."

On 9/18/15 at 10:14 AM, the facility RN stated she "only documented" on the changes that were flagged. (None of the above notes were flagged.) The RN stated she communicated verbally with the caregivers about Resident #10. She stated she had assessed the resident's pain, but had not documented the assessment was conducted. She stated, Resident #10 was given a laxative and the "stomach stuff went away."

The facility failed to provide supervision to ensure Resident #10 was assessed by the facility RN and received medical attention in a timely manner when the resident was weak, unable to walk and complained of being sick and had obvious signs of pain. This failure resulted in inadequate care.



Facility HOMESTEAD ASSISTED LIVING CENTER, INC. OF REXBURG	License # RC-815	Physical Address 408 WEST MAIN STREET	Phone Number (208) 356-9800
Administrator Sam Stoddard	City REXBURG	ZIP Code 83440	Survey Date September 18, 2015
Survey Team Leader <i>Jeremy Walker</i>	Survey Type Follow-up	RESPONSE DUE: October 18, 2015	
Administrator Signature 	Date Signed 9-18-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	210	The facilities did not provide an ongoing program of activities for buildings #1 & #2.	12/11/15	RH
2	225.01	The facility did not evaluate Residents' exhibited behaviors. **Previously cited on 4/16/15**	1/12/16	RH
3	225.02	The facility did not develop interventions for each residents' exhibited behaviors. **Previously cited on 4/16/15**	1/12/16	RH
4	250.15	The facility did not have a call system available for residents in the memory care unit.	12/11/15	RH
5	305.03	The facility nurse did not document assessments when residents' experienced changes in their physical condition, such as: Resident #3 developed a lump in his abdomen, Resident #2 had unresponsive episodes, possible medication side effects and skin tears. **Previously cited on 5/13/09, 1/26/11, 4/16/15**	12/11/15	RH
6	310.04.d	The facility did not monitor Resident #2 for medication for side effects.	12/11/15	RH
7	310.04.e	The facility did not provide behavior updates to Resident #7's physician to allow her physician to make an informed decision about the continued use of the medication.	12/11/15	RH
8	335.03	Staff did not provide appropriate glove use and hand washing after providing cares.	12/11/15	RH
9	350.01	The administrator was not notified of all complaints and incidents.	12/11/15	RH
10	350.02	The administrator did not complete an investigation and written report on each incident and complaint. **Previously cited on 4/16/15**	12/11/15	RH
11	350.04	The administrator did not provide a written response to complainants within 30 days. **Previously cited on 4/16/15**	12/11/15	RH
12	430.05.g	Caregivers were instructed to call outside agency nurses when assisting residents' with PRN medications. **Previously cited on 4/16/15**	12/11/15	RH
13	430.05.i	Caregivers were instructed to call outside agency nurses when residents' experienced changes in condition. **Previously cited on 4/16/15**	12/11/15	RH
14	600.05	The administrator did not provide adequate supervision of staff in 2 ways: A contracted employee who was observed entering resident's rooms without knocking and assisting residents; New staff were not properly trained on cares including how to use gait belts, Hoyer lift, and rice packs.	12/11/15	RH
15	600.06.a	The administrator did not schedule sufficient staff to ensure the residents were supervised.	12/11/15	RH
16	711.01	The facility did not track all residents' behaviors as required by rule. **Previously cited on 4/16/15**	12/11/15	RH

Facility HOMESTEAD ASSISTED LIVING CENTER, INC. OF REXBURG	License # RC-815	Physical Address 408 WEST MAIN STREET	Phone Number (208) 356-9800
Administrator Sam Stoddard	City REXBURG	ZIP Code 83440	Survey Date September 18, 2015
Survey Team Leader <i>Jeremy Walker</i>	Survey Type Follow-up	RESPONSE DUE: October 18, 2015	
Administrator Signature <i>Sam Stoddard</i>	Date Signed 9-18-15		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
17	711.08.e	The facility did not document when they notified the facility nurse. **Previously cited on 4/16/15**	12/11/15	JK
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				