



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

February 02, 2016

Dawn Brotherson, Administrator
Apple Valley Residential Care
715 North Butte Avenue
Emmett, Idaho 83617

Provider ID: RC-445

Ms. Brotherson:

On September 30, 2015, a healthcare licensure and follow-up survey was conducted at Apple Valley Residential Care. 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 Henscheid, Donna, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Henscheid, Donna
Team Leader
Health Facility Surveyor

DH/sc

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



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October 16, 2015

Dawn Brotherson, Administrator
Apple Valley Residential Care
715 North Butte Avenue
Emmett, Idaho 83617

Provider ID: RC-445

Ms. Brotherson:

A state licensure/follow-up survey and complaint investigation were conducted at Apple Valley Residential Care between September 28, 2015 and September 30, 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 30, 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.

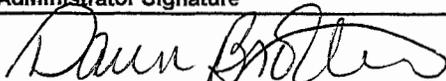
Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility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

Sincerely,

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

KA/sc



Facility APPLE VALLEY RESIDENTIAL CARE	License # RC-445	Physical Address 715 NORTH BUTTE AVENUE	Phone Number (208) 365-1497
Administrator Dawn Brotherson	City EMMETT	ZIP Code 83617	Survey Date September 30, 2015
Survey Team Leader Karen Anderson, RN	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: October 30, 2015	
Administrator Signature 	Date Signed 9/30/15		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01	The facility did not evaluate behaviors for Residents #1, 3 and 6.	1/12/16	QH
2	225.02	The facility did not develop interventions for each behavioral symptom for Residents #1, 3 and 6.	1/12/16	QH
3	305.02	The facility nurse did not verify medication orders were current for Residents #3 and 6.	12/10/15	QH
4	305.03	The facility nurse did not conduct an assessment following change of condition for 6 of 7 sampled residents.	12/10/15	QH
5	310.04.a	The facility did not document attempts to implement non-drug interventions prior to increasing psychotropic medications.	1/12/16	QH
6	310.04. e	The facility did not provide behavior updates to the physician with six month psychotropic medication reviews.	3/1/16	QH
7	350.04	The administrator did not provide a written response to all complainants.	12/10/15	QH
8	711.01	The facility did not track behaviors to include: the date and time the behavior was observed, the interventions used and the effectiveness of the intervention.	1/12/16	QH
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Provider ID: RC-445

Ms. Brotherson:

An unannounced, on-site complaint investigation was conducted at Apple Valley Residential Care between September 28, 2015 and September 30, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint #5471

Allegation #1: The facility did not practice infection control measures when residents became ill.

Findings: Unsubstantiated. Although, the allegation may have occurred, it could not be proved during the complaint investigation.

Allegation #2: The facility was not maintained in a clean and safe manner.

Findings: Unsubstantiated. Although, the allegation may have occurred, it could not be proved during the complaint investigation.

Allegation #3: The facility did not follow proper food handling safety precautions as outlined in the Idaho Food Code.

Findings: Unsubstantiated. Although, the allegation may have occurred, it could not be proved during the complaint investigation.

Allegation #4: Residents did not receive medications in a timely manner.

Findings: Unsubstantiated. Although, the allegation may have occurred, it could not be proved during the complaint investigation.

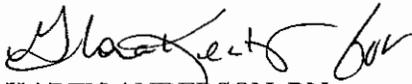
Dawn Brotherson, Administrator
October 16, 2015
Page 2 of 2

Allegation #5: The facility did not schedule sufficient staff to meet all of the residents' needs.

Findings: Unsubstantiated. Although, the allegation may have occurred, it could not be proved during the complaint investigation.

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, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

JS /sc

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