



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 10, 2016

Shantel Yogerst, Administrator  
Grace Assisted Living of Fairview Lakes  
PO Box 45010  
Boise, Idaho 83711

Provider ID: RC-835

Ms. Yogerst:

On October 6, 2015, a complaint investigation was conducted at Grace Assisted Living of Fairview Lakes. 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Polly Watt-Geier, MSW  
Team Leader  
Health Facility Surveyor

PWG/sc

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



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October 16, 2015

Shantel Yogerst, Administrator  
Grace Assisted Living of Fairview Lakes  
PO Box 45010  
Boise, Idaho 83711

Provider ID: RC-835

Ms. Yogerst:

A complaint investigation survey was conducted at Grace Assisted Living of Fairview Lakes between September 29, 2015 and October 6, 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 October 6, 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,

POLLY WATT-GEIER, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG/sc



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October 16, 2015

Shantel Yogerst, Administrator  
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PO Box 45010  
Boise, Idaho 83711

Provider ID: RC-835

Shantel Yogerst:

An unannounced, on-site complaint investigation was conducted at Grace Assisted Living of Fairview Lakes between September 29, 2015 and October 6, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint #2818**

**Allegation:** The facility administrator did not appropriately supervise staff to ensure residents' care needs were met, such as: assistance with ADL's (ambulation, re-positioning, eating, toileting, oral care, grooming and medications).

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not appropriately supervising staff to ensure residents' care needs were met. 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,

POLLY WATT-GEIER, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG /sc

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



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October 16, 2015

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PO Box 45010  
Boise, Idaho 83711

Provider ID: RC-835

Shantel Yogerst:

An unannounced, on-site complaint investigation was conducted at Grace Assisted Living of Fairview Lakes between September 29, 2015 and October 6, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint #5474**

**Allegation #1:** The administrator did not provide a written response to a complainant within 30 days.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not providing a written response to complainants within 30 days. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility did not clean residents' carpets.

**Findings:** 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 follow physician's orders regarding residents' diets.

**Findings:** Substantiated. The facility was not cited as they acted appropriately by retraining staff when the identified resident's received the wrong diet.

However, the facility was issued a deficiency at IDAPA 16.03.22.711.08.a for not documenting the incident when the identified resident received the wrong diet. The facility was required to submit evidence of resolution within 30 days.

Shantel Yogerst, Administrator  
October 16, 2015  
Page 2 of 2

Allegation #4: The facility administrator did not appropriately supervise staff to ensure residents' care needs were met, such as: assistance with ADL's (ambulation, re-positioning, eating, toileting, oral care, grooming and medications).

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not appropriately supervising staff to ensure residents' care needs were met. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility nurse did not assess residents' significant weight changes.

Findings: Substantiated. The facility was not cited as they acted appropriately by changing their process to include involving the facility nurse when a resident experienced a significant weight change and notifying the physician of significant weight changes.

However, the facility did receive a deficiency at IDAPA 16.03.22.215.01 for not maintaining accurate records. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The facility did not assist residents with laundry in a timely manner.

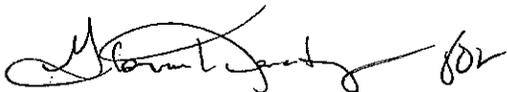
Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #7: The facility did not respect residents' right to go to bed during the day.

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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,



POLLY WATT-GEIER, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG /sc

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



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October 16, 2015

Shantel Yogerst, Administrator  
Grace Assisted Living of Fairview Lakes  
PO Box 45010  
Boise, Idaho 83711

Shantel Yogerst:

An unannounced, on-site complaint investigation was conducted at Grace Assisted Living of Fairview Lakes between September 29, 2015 and October 6, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # 5592**

**Allegation #1:** The facility administrator did not appropriately supervise staff to ensure residents' care needs were met, such as: assistance with ADL's (ambulation, re-positioning, eating, toileting, oral care, grooming and medications).

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not appropriately supervising staff to ensure residents' care needs were met. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility did not attempt interventions prior to the introduction of behavior modifying medications.

**Findings:** 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 chemically restrained residents.

**Findings:** Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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,

POLLY WATT-GEIER, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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October 16, 2015

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Grace Assisted Living of Fairview Lakes  
PO Box 45010  
Boise, Idaho 83711

Provider ID: RC-835

Shantel Yogerst:

An unannounced, on-site complaint investigation was conducted at Grace Assisted Living of Fairview Lakes between September 29, 2015 and October 6, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint #5614**

**Allegation #1:** The facility administrator did not investigate and provide a written response to complaints.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not providing a written response to complainants within 30 days. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility administrator did not appropriately supervise staff to ensure residents' care needs were met, such as: assistance with ADL's (ambulation, re-positioning, eating, toileting, oral care, grooming and medications).

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not appropriately supervising staff to ensure residents' care needs were met. The facility was required to submit evidence of resolution within 30 days.

**Allegation #3:** The facility used a catheter leg bag instead of a large Foley bag.

**Findings:** Unable to Substantiate. Due to conflicting information it could not be determined when and how long a leg bag was used. However, the facility was issued a deficiency at IDAPA 16.03.22.215.01 for the administrator not ensuring records were complete and accurate. The facility was required to submit evidence of resolution within 30 days.

**Allegation #4:** The facility did not provide emergency interventions in a timely manner.

Shantel Yogerst, Administrator  
October 16, 2015  
Page 2 of 2

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #5: The facility nurse did not assess residents' urinary issues.

Findings: Unsubstantiated. It could not be determined if records were falsified.

However, the facility was issued a deficiency at IDAPA 16.03.22.215.01 for the administrator not ensuring records were complete and accurate. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: The facility did not develop an interim care plan to guide staff for new residents' cares.

Findings: Unsubstantiated.

Allegation #8: The facility did not employ sufficient staff to meet residents' needs during meal times.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for the administrator not scheduling sufficient staff during meal times. The facility was required to submit evidence of resolution within 30 days.

Allegation #9: The facility did not ensure a physician's order for a specialized bed was obtained prior to a resident moving into the facility as agreed upon with the residents' family.

Findings: Substantiated. However, the facility was not cited as there was no IDAPA rule violation.

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,



POLLY WATT-GEIER, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

PWG /sc

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



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PO Box 45010  
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Shantel Yogerst:

An unannounced, on-site complaint investigation was conducted at Grace Assisted Living of Fairview Lakes between September 29, 2015 and October 6, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint #5641**

**Allegation:** The facility did not ensure residents' toilet seats were securely attached to the toilets.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.250.01 for toilet seats being loose and/or broken. 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,

POLLY WATT-GEIER, MSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



Facility GRACE ASSISTED LIVING OF FAIRVIEW LAKES	License # RC-835	Physical Address 1960 NORTH LAKES PLACE	Phone Number (208) 884-8080
Administrator Shantel Yogerst	City MERIDIAN	ZIP Code 83642	Survey Date October 6, 2015
Survey Team Leader	Survey Type Complaint Investigation	RESPONSE DUE: November 5, 2015	
Administrator Signature <i>Shantel Yogerst</i>	Date Signed 10/6/15		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			FOR Accepted	Initials
1	215.01	The administrator did not ensure records were complete and accurate.	1/4/16	Pch
2	250.04	Residents' toilet seats were loose and/or broken.	1/4/16	Pch
3	350.04	The administrator did not provide a written response to complainants within 30 days.	1/4/16	Pch
4	600.05	The facility administrator did not appropriately supervise staff to ensure residents' care needs were met.	1/4/16	Pch
5	600.06.a	The facility administrator did not schedule sufficient staff during meal times.	11/20/15	Pch
6	711.08.a	The facility staff did not document when Resident #5 received the incorrect therapeutic diet.	1/4/16	Pch
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