



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

December 31, 2015

Tami Nichols, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, Idaho 83647

Provider ID: RC-428

Ms. Nichols:

On October 19, 2015, a core deficiency follow-up survey was conducted at Cedar Crest 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 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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November 28, 2015

Scott Jenkins, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, Idaho 83647

Provider ID: RC-428

Mr. Jenkins:

An unannounced, on-site complaint investigation was conducted at Cedar Crest Residential Care between October 14, 2015 and October 19, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5569

Allegation #1: The facility does not follow their menu.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01.d for the facility not serving the planned menu and not documenting substitutions. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility cooked spoiled vegetables and served them to residents.

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

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 19, 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.

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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Provider ID: RC-428

Mr. Jenkins:

An unannounced, on-site complaint investigation was conducted at Cedar Crest Residential Care between October 14, 2015 and October 19, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5651

Allegation #1: The interior of the facility was not maintained in a clean or sanitary manner.

Findings: Substantiated. The facility administrator was provided with technical assistance to ensure the interior issues were corrected.

Allegation #2: Residents were not receiving bathing assistance per their NSAs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for the residents' not receiving baths as reflected in their NSAs. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Residents were not receiving medical care as needed.

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

Allegation #4: Residents' rights to have access to their belongings was violated.

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 administrator did not respond to complainants in writing.

Scott Jenkins, Administrator
November 28, 2015
Page 2 of 2

Findings: Unsubstantiated, however the facility was issued a deficiency at 16.03.22.350.01 for not having a clear process on when and how staff were to report complaints to the administrator.

Allegation #6: Call lights were not answered in a timely manner.

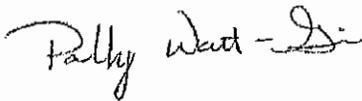
Findings: On 10/14/15 at 2:00 PM, a resident's call light was pulled and staff were observed to answer the call light within one minute.

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

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 19, 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.

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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Cedar Crest Residential Care
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Mountain Home, Idaho 83647

Provider ID: RC-428

Mr. Jenkins:

An unannounced, on-site complaint investigation was conducted at Cedar Crest Residential Care between October 14, 2015 and October 19, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5654

Allegation #1: The facility did not notify residents they admitted sex offenders.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.152.01.d for not informing residents the facility admitted sexual offenders. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not provide supervision of staff to ensure residents' needs were being met.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the facility administrator not providing supervision to ensure residents received meals and baths as outlined in their NSAs. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The interior of the facility was not maintained in a clean manner

Findings #3: Substantiated. The facility administrator was provided with technical assistance to ensure the interior issues were corrected.

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 19, 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.

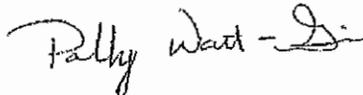
Scott Jenkins, Administrator

November 28, 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 cursive script that reads "Polly Watt-Geier".

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



Facility CEDAR CREST RESIDENTIAL CARE	License # RC-428	Physical Address 1200 EAST 6TH SOUTH	Phone Number (208) 587-9073
Administrator Scott Jenkins	City MOUNTAIN HOME	ZIP Code 83647	Survey Date October 19, 2015
Survey Team Leader Polly Watt-Geier, MSW	Survey Type Complaint Investigation and Follow-up	RESPONSE DUE: November 18, 2015	
Administrator Signature 	Date Signed 10-19-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	152.01.d	The facility did not inform residents they admitted sexual offenders.	12/21/15	Pwh
2	161.03.e	The facility did not ensure smoking occurred in designated areas. ***Previously cited 2/10/15***	11/14/15	Pwb
3	210	The facility did not provide an ongoing activity program.	12/21/15	Pwb
4	260.03.a	The courtyard was observed to have chicken and rabbit scat covering the walkway, patios and the exterior of residents' heating and air conditioning units. Additionally, the down spout was separated from the rain gutter, there was an accumulation of chicken feathers in an alcove, a dirty chucks pad was observed laying on top of a picnic table, there was a bucket of rotten and broken chicken eggs on top of the picnic table and miscellaneous tools were strewn about on the ground of the courtyard. ***Previously cited on 2/10/15.***	11/16/15	Pwh
5	300.01	The facility nurse did not complete a change of condition assessment for Resident #4, when she developed a wound. ***Previously cited on 7/14/14 & 2/10/15***	11/16/15	Pwh
6	305.03	The facility nurse did not assess Resident #3 and #6's wound status to determine if their wounds were improving bi-weekly.	12/8/15	Pwh
7	320.01	The Residents' NSAs were not reflective of their current care needs. i.e., Resident #2 and #3's bathing needs and Resident #6's preventative measures for skin breakdown.	12/21/15	Pwh
8	350.01	The facility staff did not have a clear process on when and how to report complaints to the administrator.	11/14/15	Pwb
9	404.01	Cigarettes were improperly disposed in cardboard and plastic containers. Refer to Life Safety code 19.7.4.	11/14/15	Pwb
10	415.01	The facility's heating and air conditioner filters were caked with dirt and were broken.	12/21/15	Pwh
11	451.01.d	The facility did not serve the planned menu and did not document substitutions.	12/8/15	Pwh
12	550.04.d	The facility failed to provide a locked cabinet or drawer for residents to store their personal belongings.	12/8/15	Pwh
13	600.05	The facility administrator did not provide supervision to ensure staff were monitoring that residents received meals and baths as outlined in their NSAs.	11/14/15	Pwb
14	711.04	The facility staff did not document when residents refused care nor did they document the residents had been informed of the consequences of their refusals.	12/21/15	Pwh

