



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 29, 2015

Liana Gutierrez, Administrator
Independence Home
430 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-208

Ms. Gutierrez:

On October 22, 2015, a healthcare licensure and follow-up survey was conducted at Independence Home. 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 Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

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



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November 07, 2015

Liana Gutierrez, Administrator
Independence Home
430 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-208

Ms. Gutierrez:

Based on the healthcare licensure and follow-up survey and complaint investigation conducted by Department staff at Independence Home between October 20, 2015 and October 22, 2015, it has been determined that the facility failed to retain a licensed administrator responsible for the day-to-day activities for a period of more than 30 days. Additionally, the facility failed to ensure that residents' rights were observed and protected.

These core issue deficiency substantially limit the capacity of Independence Home to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiencies are described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by . **We urge you to begin correction immediately.**

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?

Return the **signed** and **dated** Plan of Correction to us by November 19, 2015, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

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.

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 22, 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 by **November 21, 2015**.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

CORE ISSUES

Facility	License #	Physical Address	Phone Number
Independence Home	RC-208	430 Willard Avenue	208-234-0008
Administrator	City	Zip Code	Survey Date
Liana Gutierrez	Pocatello	83201	10/22/2015
Survey Team Leader	Survey Type		Response Due
Hauser, Matt	Healthcare Licensure and Follow up		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.000 Initial Comments	<p>The following deficiencies were cited during the complaint investigation survey conducted 10/20/15 through 10/22/15 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QIDP Team Coordinator Health Facility Surveyor</p> <p>Jeremy Walker, LSW Health Facility Surveyor</p> <p>Karen Anderson, RN, Health Facility Surveyor</p> <p>Definitions:</p> <p>BMP= Behavior Management Plan</p>
1	.215.03. Thirty Day Operation Limit.	Based on interview and record review, it was determined the facility failed to retain a licensed administrator responsible for

the day-to-day operations of the facility for a period of more than 30 days. This had the potential to impact 100% of the facility's residents.

According to IDAPA 16.03.22.010.05, an administrator is defined as, "an individual, properly licensed by the Bureau of Occupational Licensing, who is responsible for day to day operation of a residential care or assisted living facility."

According to IDAPA 16.03.22.215.03, the facility may not operate for more than thirty (30) days without a licensed administrator

A review of the facility's correspondence maintained at Licensing and Certification, documented Margaret Nelson was the licensed administrator from 5/18/06 through 8/22/14. Correspondence with the facility documented Amy Jones was hired on 8/27/14, but was never licensed in Idaho as a residential care facility administrator. The facility's correspondence further documented Liana Gutierrez became the facility's licensed administrator effective 10/14/14.

On 10/27/15, the Idaho Bureau of Occupational Licensing was interviewed and stated that Amy Jones had never been licensed as an administrator in Idaho.

The current administrator provided a timeline of administrators from the facility that documented the previous licensed administrator was terminated on 8/22/14 and the facility was without a licensed administrator until 10/14/14, for a total of 51 days.

On 10/20/15 at 9:35 AM, the current administrator stated she began as administrator of the facility on 10/14/14. She further

		<p>stated the former administrator was terminated on 8/22/14.</p> <p>The facility did not have a licensed administrator running the day to day operations of the facility for 51 days.</p>
2	.520-10 Resident Rights	<p>Based on observation, interview and record review it was determined the facility failed to ensure resident rights were observed and protected for three of six sampled residents (Residents #1, #5 and #6), which had the potential to affect 100% of residents living in the facility.</p> <p>According to IDAPA 16.03.22.550.02, "Each resident must be assured the right to... written and telephone communications."</p> <p>According to IDAPA 16.03.22.550.04.c, "Each resident has the right to retain and use their personal property...as to maintain individuality and personal dignity."</p> <p>According to IDAPA 16.03.22.550.15, "each resident must have the right to participate in social and community activities."</p> <p>1. RIGHT TO PARTICIPATE IN COMMUNITY ACTIVITIES AND USE TELEPHONE</p> <p>Resident #1's record documented she was a 46 year old female, admitted to the facility on 12/6/99 with diagnoses including moderate mental retardation, Williams Syndrome, and anxiety disorder.</p> <p>Resident #1 had several BMPs for identified behaviors. One BMP, dated 7/29/15, was implemented for Resident #1's identified behavior of "stealing from others." Included in the interventions was "lose priveleges" [sic].</p>

		<p>A note from the administrator, dated 9/27/15, documented details regarding Resident #1's store, money and phone goals. It included the following: "the incentive for [Resident #1's name] is to go to the store as long as she has no behaviors and follows her programs." If Resident #1 had a behavior, the facility would first respond by not allowing her to go to the store. The document also noted, "if behaviors continue then we take away other privileges [sic] such as: outings, or maybe 2 days without going to the store...etc."</p> <p>A Store/Money Goal form for Resident #1 documented she had to "earn her privilege" of going to the store. If Resident #1 had behaviors she would "lose the privilege to go to the store on that day or the next day."</p> <p>Behavior Tracking Logs documented the following:</p> <p>*8/15/15- Resident #1 was not allowed to go to the store the following day. Resident #1 was told "if she didn't change her attitude, she'd face more consequences."</p> <p>*8/20/15- Resident #1 made more phone calls than had been allotted, so the facility prevented her from going to the store that day.</p> <p>*9/24/15- "made extra call, can't go to store a second time."</p> <p>Staff Notification log's documented the following:</p> <p>* 7/10/15- "1 call a day, no store or money for 1 week."</p> <p>* 7/20/15- Resident #1 "will have no spending money, junk food, or phone calls" for that weekend. This was due to an increase in behaviors.</p>
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		<p>* 10/3/15 - Resident #1 was not allowed to go to the store on 10/4/15 or 10/5/15 "due to behaviors."</p> <p>An additional behavior tracking form, used to document the interventions and outcomes, documented Resident #1 lost "privileges [sic]" on 6/18/15, 8/9/15, 8/11/15 and 8/13/15. No further information about the behaviors or restrictions had been documented.</p> <p>The facility violated Resident #1's rights on 10 occasions in 4 months.</p> <p>On 10/21/15 at 2:00 PM, Resident #1 stated the facility wouldn't allow her to make phone calls. Resident #1 stated she felt "angry and bad," and "didn't think it was fair" when her phone calls were taken away.</p> <p>Two caregivers and the administrator were interviewed about Resident #1's behaviors and interventions:</p> <p>*10/20/15 at 9:44 AM, a caregiver stated Resident #1 "acted out at times" and if she did, she would lose her store or phone privilege. The caregiver further stated she had seen Resident #1's "privileges" being taken away a few times since she started working at the facility 2 months ago.</p> <p>*10/20/15 at 10:53 AM, the administrator stated Resident #1 would lose her phone or store privileges if she had behaviors. The administrator stated staff would document and report behaviors to her and she would decide what privileges would be taken away. The administrator further stated, for example, if Resident #1 had behaviors on any given day, the facility would restrict Resident #1's right to make phone calls. The</p>
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administrator stated their first intervention in response to a behavior would often be to restrict Resident #1's phone calls or store outings.

*10/21/15 at 2:40 PM, a caregiver stated Resident #1 would get mad at staff or would make faces. The caregiver stated when Resident #1 had behaviors, the facility would "discuss consequences" with her guardian. The caregiver further stated the facility had restricted Resident #1's phone use and ability to go to the store on several occasions.

The facility violated Resident #1's right to make phone calls and access to community activities (shopping) as a way to curb her behavior.

2. RIGHT TO REFUSE HEALTH-RELATED SERVICES AND USE PERSONAL CELL PHONE

Resident #5's record documented she was a 26 year old female, admitted to the facility on 1/1/09, with diagnoses including Asperger's, bi-polar disorder and developmental disabilities.

Resident #5's record included a "Cell Phone Guidelines" document, dated 5/4/15. The "Cell Phone Guidelines" documented if Resident #5 asserted her right to refuse group therapy or counseling sessions, the facility would take her personal phone away for up to seven days.

On 10/20/15 at 8:50 AM, Resident #5 stated her personal phone would be taken away if she refused to go to her therapy or counseling sessions. The resident stated she did not like the "Cell Phone Guidelines."

		<p>A Behavior Tracking Log, dated 9/18/15, documented Resident #5 asserted her right to refuse to go therapy. The log further documented, when reminded that she would lose her right to use her phone, Resident #5 stated she would "rather give up her phone than go to group."</p> <p>On 10/21/15 at 11:40 AM, the administrator and the assistant administrator stated they had been implementing the "Cell Phone Guidelines." The assistant administrator stated, the caregivers would let her know when Resident #5 had behaviors such as refusing to go to counseling or being rude to staff and others. The assistant administrator further stated she would then make the decision to take her cell phone away.</p> <p>On 10/20/15 through 10/22/15, four caregivers stated they all had reported to the administrator and assistant administrator when Resident #5 refused to go to her counseling or therapy sessions or exhibited rude behaviors. The caregivers further stated, Resident #5's cell phone was taken away in each instance.</p> <p>Resident #5's rights were violated when her personal cell phone was taken away and she received punitive actions when she asserted her right to refuse therapy (health-related services).</p> <p>3. RIGHT TO PARTICIPATE IN COMMUNITY ACTIVITIES AND TO RECEIVE VISITORS</p> <p>Resident #6's record documented he was a 26 year old male, admitted to the facility on 2/25/12, with diagnoses of spina bifida (closed) and depression.</p> <p>On 10/21/15 at 12:35 PM, Resident #6 was observed eating his</p>
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		<p>lunch independently. He was observed walking independently, with the assistance of crutches. Resident #6 was observed to joke with caregivers and surveyors as he ate his lunch.</p> <p>On 10/21/15 from 9:00 AM though 4:00 PM, four caregivers were interviewed regarding Resident #6's behaviors. All caregivers stated Resident #6 did not really have any behaviors.</p> <p>Resident #6 had two behavior plans. One behavior plan, dated 10/30/14, was for the behavior of signing out and not signing back in or returning on time. The behavior plan documented Resident #6 was to leave the phone number and address of where he was going and caregivers were to remind him that the doors would be locked at 10 PM. The plan documented, "if resident is not in facility on time staff will follow [interventions] #10, #11 and #12. Intervention #10 was to call the phone number Resident #6 left. Intervention #11 was to drive to the address Resident #6 left and intervention #12 was to call the police. There was no documentation the facility had ever implemented interventions #10, #11 and #12.</p> <p>A "Staff Notification" log, dated 7/20/15, documented "[Resident #6's name] cannot go anywhere and visits from friends must be limited to 1-2 hours per day." The entry was signed by the administrator.</p> <p>On 10/22/15 at 9:50 AM, Resident #6 stated on 7/20/15, he was "grounded" because he had not returned on time when he went out over the weekend. He stated he thought his guardian requested he be "grounded." He further stated, he was confused and upset because he was not sure if his rights could be taken away.</p>
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		<p>On 10/22/14, at 10:40 AM the administrator stated she was following Resident #6's guardian's request. The administrator further stated she "probably should not have grounded" Resident #6, but thought she had to do what the guardian requested.</p> <p>The facility failed to protect Residents' rights for Residents #1, #5 and #6. This failure resulted in inadequate care.</p>
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Facility Independence Home	License # RC-208	Physical Address 430 WILLARD AVENUE	Phone Number (208) 234-0008
Administrator Liana Gutierrez	City POCATELLO	ZIP Code 83201	Survey Date October 22, 2015
Survey Team Leader Matt Hauser, QMRP/QIDP	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: November 21, 2015	
Administrator Signature 	Date Signed 10-22-2015		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	2 staff did not have a state-only background check completed.	11/23/15	JM
2	215.14	The facility did not notify Licensing & Certification within 3 days when there was a change of administrator.	11/23/15	JM
3	225.01	The facility did not identify and evaluate each behavior for all residents.	11/24/15	JM
4	310.04.e	The facility did not include behavioral updates with psychotropic medication reviews. *previously cited on 11/18/15*	11/23/15	JM
5	711.01	The facility did not track behavior management plans to include: the date and time a specific behavior was observed, the interventions used and the effectiveness of the intervention.	11/24/15	JM
6	730.01	1 staff record only contained documentation of their criminal history clearance.	11/23/15	JM
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IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Establishment Name <u>Independence Home</u>		Operator <u>LIANA Gutierrez</u>	
Address <u>430 Willard Ave.</u>		City/State/Zip <u>Pocatello, Id 83201</u>	
County <u>Bannock</u>	Estab #	EHS/SUR #	Inspection time: / Travel time:
Inspection Type: <u>STANWO</u>	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up: / Date: / Date:

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations	<u>0</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>0</u>	Score	<u>0</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection	

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)
 The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
<u>(Y)</u> N	1. Certification by Accredited Program, or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
<u>(Y)</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>(Y)</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>(Y)</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>(Y)</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>(Y)</u> N (N/A)	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>(Y)</u> N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/O) (N/A)	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>(Y)</u> N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>(Y)</u> N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>(Y)</u> N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>(Y)</u> N (N/A)	26. Compliance with variance and HACCP plan (3-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance N = no, not in compliance
 N/O = not observed N/A = not applicable
 COS = Corrected on-site R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Beef - on Stone</u>	<u>202</u>	<u>51</u>	<u>51</u>				
<u>Steak - on Stone</u>	<u>200</u>	<u>51</u>	<u>35</u>				

GOOD RETAIL PRACTICES (input checked box = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Liana Gutierrez</u>	(Print) <u>Liana Gutierrez</u>	Title <u>Administrative</u>	Date <u>10-22-2015</u>
Inspector (Signature) <u>Mark N.</u>	(Print) <u>MARK HAUSER</u>	Date <u>10/21/15</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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November 07, 2015

Liana Gutierrez, Administrator
Independence Home
430 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-208

Ms. Gutierrez:

An unannounced, on-site complaint investigation was conducted at Independence Home between October 20, 2015 and October 22, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5446

Allegation: The facility was without an administrator.

Findings: Substantiated: The facility was issued a core deficiency at IDAPA 16.03.22.215.03 for not having a licensed administrator for more than 30 days. The facility was required to submit a plan of correction within 10 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,

Matt Hauser, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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



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FAX: 208-364-1888

November 07, 2015

Liana Gutierrez, Administrator
Independence Home
430 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-208

Ms. Gutierrez:

An unannounced, on-site complaint investigation was conducted at Independence Home between October 20, 2015 and October 22, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5501

Allegation #1: The facility was without an administrator.

Findings: Substantiated: The facility was issued a core deficiency at IDAPA 16.03.22.215.03 for not having a licensed administrator for more than 30 days. The facility was required to submit a plan of correction within 10 days.

Allegation #2: The facility did not notify Licensing and Certification of a change in administrator within 3 working days.

Findings: Substantiated: The facility was issued a deficiency at IDAPA 16.03.22.215.14 for not notifying Licensing and Certification within 3 working days. 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,

Matt Huaser, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
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PHONE: 208-364-1962
FAX: 208-364-1888

November 07, 2015

Liana Gutierrez, Administrator
Independence Home
430 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-208

Ms. Gutierrez:

An unannounced, on-site complaint investigation was conducted at Independence Home between October 20, 2015 and October 22, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5502

Allegation #1: The facility did not protect resident rights.

Findings: Substantiated: The facility was issued a core deficiency at IDAPA 16.03.22.520.10 for not ensuring residents rights were protected. The facility was required to submit a plan of correction within 10 days.

Allegation #2: The administrator did not investigate when residents reported a caregiver spoke harshly.

Findings: Unsubstantiated

Allegation #3: Residents' behaviors were not appropriately identified or evaluated.

Findings: Substantiated: The facility was issued a deficiency at IDAPA 16.03.22.225.01 for not identifying or evaluating each behavior for all residents. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not document resident behaviors and interventions.

Findings: Substantiated: The facility was issued a deficiency at IDAPA 16.03.22.711.01 for not documenting residents' behaviors or interventions. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: Former facility staff members were not trained.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by ensuring current caregivers had the required training to meet residents' care needs.

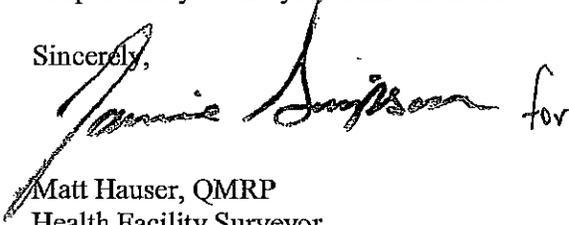
Liana Gutierrez, Administrator
November 7, 2015
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Allegation #6: The facility did not provide activities.

Findings: Unsubstantiated.

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 "Matt Hauser", followed by the word "for" in a smaller, less legible script.

Matt Hauser, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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