



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

Kimberly Johnson, Administrator
Bristol Heights Assisted Living
2220 West Prairie Avenue
Coeur d'Alene, Idaho 83815

Provider ID: RC-1011

Ms. Johnson:

On November 5, 2015, a complaint investigation was conducted at Bristol Heights Assisted Living. 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 Keathley, Gloria, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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

CORE ISSUES

| | | | |
|---------------------------------|-------------------------|---------------------|--------------|
| Facility | License # | Physical Address | Phone Number |
| Bristol Heights Assisted Living | RC-1011 | 2220 W. Prairie Ave | 208-661-6862 |
| Administrator | City | Zip Code | Survey Date |
| Kimberly Johnson | Rathdrum | 83858 | 11/5/2015 |
| Survey Team Leader | Survey Type | | Response Due |
| Keathley, Gloria | Complaint Investigation | | |
| Administrator Signature | Date Signed | | |

| Item # | Rule | Description |
|--------|-------------------------|--|
| 0 | .000 Initial Comments | <p>The following deficiency was cited during the complaint investigation conducted between 11/3/15 and 11/5/15, at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QIDP Health Facility Surveyor</p> <p>Definitions:</p> <p>POA= Power of Attorney</p> |
| 1 | .520-10 Resident Rights | <p>Based on record review and interview, it was determined the facility failed to protect 1 of 1 sampled resident's (Resident #1's) right to have access to their record. The findings include:</p> <p>IDAPA 16.03.22.010 defines Inadequate Care as: "When a</p> |

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| | | <p>facility...engages in violations of resident rights...."</p> <p>IDAPA 16.03.22.550.01. Defines "Resident Records...Upon request a resident must be provided access to information in his record."</p> <p>The facility's "Resident Rights Policy" documented, "Resident shall be provided reasonable access to this information upon request."</p> <p>According to her record, Resident #1 was admitted to the facility on 6/9/15, with diagnoses that included cerebral vascular accident and coronary artery disease. The record also documented Resident #1 was discharged from the facility on 6/10/15 due to a medical emergency.</p> <p>On 11/4/15 at 10:28 AM, the administrator stated she gave residents or their POA "reasonable access" to their records, but would not give them all requested documentation.</p> <p>On 11/4/15 at 3:15 PM, Resident #1's POA stated the facility administrator would not give him copies of the record when he requested. He stated he asked for copies of Resident #1's record on 6/12/15, a few days after she was discharged from the facility.</p> <p>On 11/5/15 at 9:55 AM, the Ombudsman stated on 6/23/15, she assisted Resident #1's family to obtain records, when the administrator would not provide copies of the record to them.</p> <p>The facility failed to give Resident #1's POA a copy of the resident's record when the POA requested it on 6/12/15. On 6/24/15, copies of the record were provided to the POA after the Ombudsman became involved. Resident #1's POA received</p> |
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| | | a copy of the record 12 days after asking for it. This violated resident rights and resulted in inadequate care. |
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| Facility BRISTOL HEIGHTS ASSISTED LIVING | License # RC-1011 | Physical Address 2220 WEST PRAIRIE AVENUE | Phone Number (208) 661-6173 |
| Administrator Kimberly Johnson | City COEUR D'ALENE | ZIP Code 83815 | Survey Date November 5, 2015 |
| Survey Team Leader Gloria Keathley | Survey Type Complaint Investigation | RESPONSE DUE: December 5, 2015 | |
| Administrator Signature <i>Kimberly Johnson</i> | Date Signed 11/5/15 | | |

NON-CORE ISSUES

| Item # | IDAPA Rule # 16.03.22. | Description | Department Use Only | |
|--------|---------------------------|---|---------------------|----------|
| | | | EOR Accepted | Initials |
| 1 | 220.02 | The facility did not provide a copy of the written admission agreement prior to or upon the day of admission. | | |
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November 13, 2015

Kimberly Johnson, Administrator
Bristol Heights Assisted Living
2220 West Prairie Ave
Rathdrum, Idaho 83858

Provider ID: RC-1011

Kimberly Johnson:

An unannounced, on-site complaint investigation complaint investigation was conducted at Bristol Heights Assisted Living between November 3, 2015 and November 5, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # 5636

Allegation #1: The administrator was verbally abusive towards residents.

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

Allegation #2: The facility did not provide copies of admission agreements to residents upon admission.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.220.02 for not providing a copy of the written admission agreement prior to or upon the day of admission. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not provide copies of residents' records upon the residents request.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.550.01 for the facility not providing a copy of paperwork to residents upon request. The facility was required to submit a plan of correction within ten days.

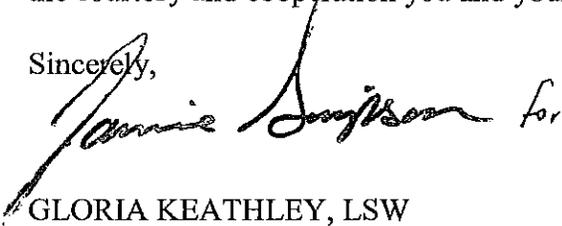
A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

Kimberly Johnson, Administrator
November 13, 2015
Page 2 of 2

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 November 5, 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,

A handwritten signature in cursive script, appearing to read "Gloria Keathley for".

GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/sc

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