



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 23, 2016

Kurt Neely, Administrator  
Wellspring Meadows Assisted Living  
9873 North Buttercup Lane  
Hayden, Idaho 83835

Provider ID: RC-823

Kurt Neely:

On November 06, 2015, a healthcare licensure and follow-up survey was conducted at Wellspring Meadows Assisted Living. 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.

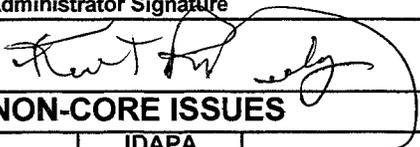
Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Donna Henscheid, LSW  
Team Leader  
Health Facility Surveyor

DH/sc



<b>Facility</b> WELLSPRING MEADOWS ASSISTED LIVING	<b>License #</b> RC-823	<b>Physical Address</b> 9873+9945 NORTH BUTTERCUP LANE	<b>Phone Number</b> (208) 762-9001
<b>Administrator</b> Kurt Neely	<b>City</b> HAYDEN	<b>ZIP Code</b> 83835	<b>Survey Date</b> November 6, 2015
<b>Survey Team Leader</b> Donna Henscheid, LSW	<b>Survey Type</b>		<b>RESPONSE DUE:</b> December 6, 2015
<b>Administrator Signature</b> 	<b>Date Signed</b> 11/6/15		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	1 of 1 staff members did not have the required state only background check completed. **Previously cited 8/25/11**	COS DH	
2	153.01	The abuse policy did not include exploitation or proper procedures for reporting to Adult Protection and law enforcement.	2/4/16	DH
3	250.10	The facility's water temperature exceeded 120 degrees.	COS	
6	335.03	Six of seven staff did not have evidence of infection control training. Further, there were no paper towels in residents' rooms who required personal care assistance. Staff over used gloves.	2/4/16	DH
8	310.04.e	The facility did not complete psychotropic medication reviews on all residents receiving psychotropic medications.	2/11/16	DH
9	350.02	The facility did not complete or document an investigation had been conducted when medications were missing.	12/10/15	DH
10	350.05	The facility did not appropriately report to Adult Protection or law enforcement.	2/4/16	DH
11	600.05	The facility administrator did not provide adequate supervision to ensure residents received their mechanical soft diets as outlined in the Idaho Dietary Manual.	COS	
12	600.06.a	The facility administrator did not schedule sufficient staff to ensure staff were available in each building to meet the residents needs at all times on the night shift.	12/10/15	DH
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November 17, 2015

Kurt Neely, Administrator  
Wellspring Meadows Assisted Living  
9873 Nth Buttercup Lane  
Hayden, Idaho 83835

Provider ID: RC-823

Kurt Neely:

An unannounced, on-site healthcare licensure and follow-up survey and complaint investigation were conducted at Wellspring Meadows Assisted Living between November 4, 2015 and November 6, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # 5520**

**Allegation #1:** Facility staff did not practice good infection control.

**Findings:** The facility was issued a deficiency at IDAPA 16.03.22.335.03 for the facility not having paper towels in rooms of residents who required care, for staff not being properly trained on infection control and for staff improperly wearing or over using gloves. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility restrained residents in recliners.

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

**Allegation #3:** The facility did not provide assistance with toileting and oral care according to residents' Negotiated Service Agreements.

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

**Allegation #4:** The facility woke residents up early in the morning against their wishes.

**Findings:** Substantiated. The facility was not cited under residents' rights. The facility was issued a deficiency at IDAPA 16.03.022.600.06.a for the administrator not scheduling sufficient staff to meet the needs of the residents. The facility was required to submit evidence of resolution within 30 days.

Kurt Neely, Administrator  
November 17, 2015  
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Allegation #5: The facility did not assist residents with their PRN (as needed) pain medications.

Findings: Unsubstantiated. However, the facility was issued deficiencies at IDAPA 16.03.22.350.02 and 350.05 for not properly investigating and reporting missing narcotics.

Allegation #6: The facility did not appropriately respond when narcotic medications were missing.

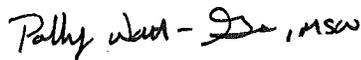
Findings: Substantiated. The facility was issued deficiencies at IDAPA 16.03.22.350.02 and 350.05 for not completing or documenting an investigation into missing narcotics and for not reporting to the appropriate agencies. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: The facility frequently did not have residents' medications available as ordered.

Findings: Unsubstantiated. Although the allegation may have occurred, it could not be determined 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,



Donna Henscheid, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/sc

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