



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

Alyssa Peterson, Administrator
Woodstone Assisted Living
491 Caswell Avenue West
Twin Falls, Idaho 83301

Provider ID: RC-1089

Ms. Peterson:

On November 17, 2015, a core deficiency follow-up survey was conducted at Woodstone Assisted Living - Bridgestone Living LLC. 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 Gloria Keathley, LSW, 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



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November 28, 2015

Val Belnap, Administrator
Woodstone Assisted Living
491 Caswell Avenue West
Twin Falls, Idaho 83301

Provider ID: 5586

Mr. Belnap:

On November 17, 2015, a follow-up visit to the healthcare initial licensure survey of July 30, 2015, was conducted at Woodstone Assisted Living - Bridgestone Living LLC. The core issue deficiency issued as a result of the July 30, 2015 survey has been 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 November 17, 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.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

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

JS/sc



Facility WOODSTONE ASSISTED LIVING - HERITAGE ASSISTED LIVING	License # RC-980	Physical Address 491 CASWELL AVE W	Phone Number (208) 734-6062
Administrator Val BeInap	City TWIN FALLS	ZIP Code 83301	Survey Date November 17, 2015
Survey Team Leader Gloria Keathley, LSW	Survey Type Follow-up	RESPONSE DUE: December 17, 2015	
Administrator Signature <i>Val BeInap</i> 11/17/15	Date Signed		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	215	The facility did not have an administrator from October 30, 2015 until November 17, 2015.	12-24-15	g
2	225.01	The facility did not develop a behavior management plan to address residents' behaviors. ***previously cited 7/30/2015***	12-24-15	g
3	225.02	The facility did not develop specific interventions for residents' behaviors. ***previously cited 7/30/2015***	12-24-15	g
4	305.02.b	The facility did not follow or implement physicians' orders for residents' blood glucose checks, treatments and medications. ***previously cited 7/30/2015***	12-24-15	g
5	305.03	The facility nurse did not document residents' changes in condition. ***previously cited 7/30/2015***	12-24-15	g
6	305.04	The facility nurse did not make recommendations regarding Resident #3's wounds. #3		
7	310.04.a	The facility did not document attempts for non-drug interventions prior to administration of psychotropic medications.	12-24-15	g
8	320.01	The facility's NSAs were not developed to clearly describe residents' care needs. ***previously cited 7/30/2015***	12-24-15	g
9	320.03	The NSAs were not signed by all relevant parties.	12-24-15	g
10	320.08	The facility did not update residents' NSAs when they experienced significant changes of condition. ***previously cited 7/30/2015***	12-24-15	g
11	330.02	Home health notes were destroyed and not maintained for three years.	12-24-15	g
12	350.07	The administrator did not notify Licensing and Certification of all reportable incidents.	12-24-15	g
13	451.02	Snacks were not offered between meals and at bed time.	12-24-15	g
14	710	The facility did not have a history and physical for Resident #1 prior to or on the day of admission.	COS	gk
15	711.01	The facility did not document residents' behaviors to include, the date and time, the interventions used and the effectiveness of the interventions.	12-24-15	g
16	711.08.f	The facility did not have care notes from outside agencies.	12-24-15	g
17	711.11	The facility did not document the reason medications were not given.	12-24-15	g
18	725.01	The facility did not maintain a current admission and discharge register.	COS	g