



IDAHO DEPARTMENT OF HEALTH & WELFARE

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December 9, 2015

Kelly Martin, Administrator
Fairwinds – Sandcreek
3310 Valencia Drive
Idaho Falls, Idaho 83404

Ms. Martin:

On December 2, 2015, a core deficiency follow-up survey was conducted by Department staff Fairwinds - Sandcreek. The core issue deficiencies issued as a result of the July 7, 2015 healthcare licensure and follow-up survey have been corrected. However, the facility was cited with multiple repeat non-core issue deficiencies.

EVIDENCE OF RESOLUTION:

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 December 2, 2015. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.

Evidence of Resolution. Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.

The seventeen (17) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by **January 1, 2016**.

CIVIL MONETARY PENALTIES

Of the seventeen (17) non-core issue deficiencies identified on the punch list, eleven (11) were repeat punches. Three (3) of the repeat deficiencies was/were cited on each of the three (2) previous surveys, 8/12/2011 and 7/9/2015.

305.03 The facility nurse did not document she had assessed a resident's falls and another resident's complaints of dizziness.

310.04.e Psychotropic medication reviews did not include behavioral updates to the physician.

320.08 NSAs were not updated to reflect significant changes in residents' health status.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8)).

For the dates of September 3, 2015 through December 2, 2015:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	3	51	90	\$137,700

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 51 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$10,800

Send payment of \$10,800 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

**Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license.

ADMINISTRATIVE REVIEW

You may contest the civil monetary penalty by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received **no later than twenty-eight (28) days after this notice was mailed.**

Any such request should be addressed to:

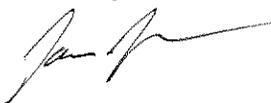
Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the above specified time period, this decision shall become final.

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



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

JS/sc

Enclosure

cc: Medicaid Notification Group



Facility FAIRWINDS - SANDCREEK	License # RC-661	Physical Address 3310 VALENCIA DRIVE	Phone Number (208) 542-6200
Administrator Kelly Martin	City IDAHO FALLS	ZIP Code 83404	Survey Date December 2, 2015
Survey Team Leader Gloria Keathley, LSW	Survey Type Follow-up	RESPONSE DUE: January 1, 2016	
Administrator Signature <i>Kelly Martin</i>	Date Signed 12/2-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.iii	Two residents had side rails attached to their beds. **Previously cited 7/9/15**		
2	225.01	Resident # 2's, #4's, #6's, #7's and #10's behaviors were not evaluated. **Previously cited 7/9/15**		
3	225.02	The facility did not develop interventions to address Resident #10's behaviors.		
4	305.02.b	The facility did not ensure residents received medications as ordered. For example: Resident #1 did not receive the correct dose of insulin, Resident #3 did not receive low-dose Aspirin for several days, and Resident # 7 and a Random Resident did not have portable oxygen to use during meals.		
5	305.03	The facility nurse did not document she had assessed Resident #6's falls and Resident #10's complaints of dizziness. ⁵ **Previously cited on 8/12/11 and 7/9/15**		
6	310.04.e	Psychotropic medication reviews did not include behavioral updates to the physician. **Previously cited 8/12/11 and 7/9/15**		
7	320.01	NSAs did not clearly describe residents' care needs. **Previously cited 7/9/15**		
8	320.08	NSAs were not updated to reflect significant changes in residents' health status. For example: Resident #1's and #5's wounds and preventative measures. **Previously cited 8/12/11 and 7/9/15**		
9	350.02	The administrator did not document an investigation of all incidents and complaints. **Previously cited 7/9/15**		
10	350.04	The administrator did not provide a written response to all complaints. **Previously cited 7/9/15**		
11	350.07	Falls with injuries requiring treatment were not reported to Licensing and Certification. **Previously cited 7/9/15**		
12	600.06.a	Approximately 50 residents resided on two levels of the facility and only one caregiver was scheduled for the night shift. **Previously cited 7/9/15**		
13	630.04	Two staff did not have evidence of traumatic brain injury training. **Previously cited 7/9/15**		
14	711.01	The facility did not track residents' behaviors.		
15	711.08	Care notes were not written by the person providing the care and services.		
16	711.11	There was no documentation describing why residents medications were not given.		
17	725.01	The admission and discharge register was not current.		