



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

January 20, 2016

Larry Gilley, Administrator
Regency Columbia Village, LLC
3521 East Lake Forest Drive
Boise, Idaho 83716

Provider ID: RC-787

Mr. Gilley:

On December 10, 2015, a core deficiency follow-up survey was conducted at Regency Columbia Village, 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 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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December 15, 2015

Laree Dunn, Administrator
Regency Columbia Village, LLC
3521 East Lake Forest Drive
Boise, Idaho 83716

Provider ID: RC-787

Ms. Dunn:

On December 10, 2015, a follow-up visit to the core deficiency healthcare licensure and follow-up survey of June 12, 2015, was conducted at Regency Columbia Village, LLC. The core issue deficiencies issued as a result of the June 12, 2015 survey have 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 December 10, 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 January 9, 2016.

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

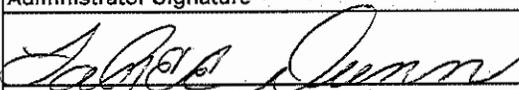


Facility REGENCY COLUMBIA VILLAGE, LLC	License # RC-787	Physical Address 3521 EAST LAKE FOREST DRIVE	Phone Number (208) 344-2954
Administrator Laree Dunn	City BOISE	ZIP Code 83716	Survey Date December 10, 2015
Survey Team Leader Matt Hauser, QMRP/QIDP	Survey Type Complaint Investigation and Follow-up	RESPONSE DUE: January 9, 2016	
Administrator Signature <i>Laree Dunn</i>	Date Signed 12-10-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01	The facility did not evaluate Resident #1, #2, #3, #4, #5, #6, #7 and #12's behaviors. **Previously cited 7/12/15**	1/20/16	<i>ML</i>
2	225.02	The facility did not develop interventions for Resident #1, #2, #3, #4, #5, #6, #7 and #12's behaviors. **Previously cited 7/12/15**	1/20/16	<i>ML</i>
3	225.04.d	The facility did not monitor possible side effects of medications for Residents on psychotropic medications.	1/20/16	<i>ML</i>
4	310.04	The facility's psychotropic medication reviews did not include behavioral updates to the physicians. **Previously cited 7/12/15**	1/20/16	<i>ML</i>
5	625.01	The facility allowed staff from a staffing agency to provide unsupervised assistance to residents prior to providing 16 hours of orientation training.	C.O.S. 12/10/15	
6	630.01	Staff from the staffing agency did not have documentation of specialized training for dementia.	C. O. S. 12/10/15	
7	630.02	Staff from the staffing agency did not have documentation of specialized training for mental illness.	C. O. S. 12/10/15	
8	630.03	Staff from the staffing agency did not have documentation of specialized training for developmental disability.	C. O. S. 12/10/15	
9	630.04	Staff from the staffing agency did not have documentation of specialized training for traumatic brain injury. **Previously cited 7/12/15**	C. O. S. 12/10/15	
10	711.01	The facility did not document the date, time, interventions, and the effectiveness of the interventions, when residents exhibited behaviors. **Previously cited 7/12/15**	1/20/16	<i>ML</i>
11				
12				
13				



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4	310.04.e	The facility's psychotropic medication reviews did not include behavioral updates to the physicians. **Previously cited 7/12/15**		
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December 15, 2015

Laree Dunn, Administrator
Regency Columbia Village, LLC
3521 East Lake Forest Drive
Boise, Idaho 83716

Provider ID: RC-787

Ms. Dunn:

Complaint # 5659

An unannounced, on-site complaint investigation was conducted at Regency Columbia Village, LLC between December 8, 2015 and December 10, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Allegation: The facility raised residents' rental rates without a 30 day notice.

Findings: Unsubstantiated.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

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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December 15, 2015

Laree Dunn, Administrator
Regency Columbia Village, LLC
3521 East Lake Forest Drive
Boise, Idaho 83716

Provider ID: RC-787

Ms. Dunn:

An unannounced, on-site complaint investigation was conducted at Regency Columbia Village, LLC between December 8, 2015 and December 10, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # 5672

Allegation #1: The facility raised residents' rates without giving a 30 day notice.

Findings: Unsubstantiated.

Allegation #2: The facility did not protect the identified residents' right to privacy.

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

Allegation #3: An identified resident's room was not maintained in a clean sanitary manner.

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

Please understand that we cannot always find evidence that corroborates or substantiates the events that you shared with us in order to resolve the problem completely. When the allegation is referred to as "unsubstantiated," it means that noncompliance with a regulation could not be proven. It does not mean that an incident did not occur or that a family member/visitor did not witness a problem.

Laree Dunn, Administrator
December 15, 2015
Page 2 of 2

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script, appearing to read "Matt Hauser", followed by a long horizontal line extending to the right.

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

MH/sc

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