



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

Brenden Benjamin, Administrator
Jefferson House
2940 South Mayflower Way
Boise, Idaho 83709

Provider ID: RC-793

Mr. Benjamin:

On 12/16/2015, a complaint investigation was conducted at Jefferson House. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rae Jean McPhillips, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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



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December 29, 2015

Brenden Benjamin, Administrator
Jefferson House
2940 South Mayflower Way
Boise, Idaho 83709

Provider ID: RC-793

Brenden Benjamin:

An unannounced, on-site complaint investigation was conducted at Clarity Assisted Living on December 16, 2015. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5519

Allegations: The facility did not ensure residents received their medications as ordered by their physicians.

Findings: Substantiated. The facility was issued two deficiencies; IDAPA 16.03.22.305.b for not ensuring residents received medications as ordered, and IDAPA 16.03.22.711.11 for staff not documenting why medications were not given.

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 16, 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 15, 2016.

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,

Rae Jean McPhillips, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RM/sc

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



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|--|--|--|----------------------------------|
| Facility JEFFERSON HOUSE | License # RC-793 | Physical Address 2113 West Jefferson Street | Phone Number (208) 424-7882 |
| Administrator Brenden Benjamin | City Boise | ZIP Code 83704 | Survey Date December 16, 2015 |
| Survey Team Leader Rae Jean McPhillips, RN, BSN | Survey Type Complaint Investigation | RESPONSE DUE: January 15, 2016 | |
| Administrator Signature <i>Jennifer Pearson</i> | Date Signed 12-16-15 | | |

NON-CORE ISSUES

| Item # | IDAPA Rule # 16.03.22. | Description | Department Use Only | |
|--------|---------------------------|---|---------------------|----------|
| | | | EOR Accepted | Initials |
| 1 | 305.02.b | The facility did not ensure residents' medications were given as ordered by their physicians. | | |
| 2 | 711.11 | Facility staff did not document why medications were not given. | | |
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