

C.L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

April 9, 2007

Vickie McCuistion, Administrator Streamside Assisted Living 1355 Edgewater Circle Nampa, ID 83686

License #: RC-862

Dear Ms. McCuistion:

On February 9, 2007, a complaint investigation survey was conducted at Streamside 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact, Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

Karen McDannel, RN

KM/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: Isb@idhw.state.id.us

March 15, 2007

Vickie McCuistion, Administrator Streamside Assisted Living 1355 Edgewater Circle Nampa, ID 83686

Dear Ms. McCuistion:

On February 9, 2007, a complaint investigation survey was conducted at Streamside Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

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. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 29, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Care Assisted Liviing Program

JS/slc

Enclosure

ACILITY STANDARDS

BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

HEALTH & WELFARE

ASSISTED LIVING
Non-Core Issues
Punch List

				BFS						6 (20) 6 (50) 6 (50)		35.6 455.9 3.655.9							
53		40		DATE RESOLVED							ANNABARI ANNABARA AN							Date Signed	319107
Phone Number	ZIP Code	Survey Date		数据的现在分词 化阿拉克克 医多种囊丛 阿塞奇斯斯氏病 化医阳素性病 医腹腔炎 不通一种 医甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	to have		lee	~			Advird-ind-ind-indexessations and indexessations are indexessations and indexessations are indexessations and indexessations are indexessations ar								
Physical Address S. Edge Water Childs		Raint Morretraction			mot address , a resident's runt	All like		is then midded helpelland or											
A Sign H		ader Deven	É ISSUES		550,000 Ju facility dill	nellos astadis	550.20 A resudent was	In heavons off	Gron- sammered.		P. Control of the Con	200	-44				,	red Date Signature of Facility Representative	1 Sat Make
Facility Name	Administrator	Survey Team Leader	ပြ	ITEM RU # 16.0	75.5	ANALYSIS ANA	2 550								ny sala ny sa			Response Required Date	39101



C.L. "BUTCH" OTTER -- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

March 14, 2007

Vickie McCuistion, Administrator Streamside Assisted Living 1355 Edgewater Circle Nampa, ID 83686

Dear Ms. McCuistion:

On February 9, 2007, a complaint investigation survey was conducted at Streamside Assisted Living. The survey was conducted by Donna Henscheid, LSW, Mark Grimes, Life Safety Code Inspector, and Karen McDannel, RN. This report outlines the findings of our investigation.

Complaint # ID00002548

A caregiver, who is 17 years old is working directly with residents. Allegation #1:

Based on observation, interview and record review it could not be determined that a Findings:

caregiver who was under 18 years of age was working directly with residents.

On February 9, 2007 at 12:30 p.m., staff records were reviewed and revealed the employee was hired to work as kitchen staff. The record further revealed the kitchen

staff worker was not 18 years old.

On February 9, 2007 at 12:35 p.m., the administrator confirmed the employee was under 18 years old. She stated, "The employee's duties are not related to resident care. The employee is currently in the CNA program, once she has completed her

course we will train her to resident care."

Unsubstantiated. Although it may have occurred, it could not be determined during Conclusion:

the complaint investigation conducted on February 9, 2007.

The food is of poor quality, including being served cold. Allegation #2:

Based on interview and review of the facility's menu it could not be determined the Findings:

Vickie McCuistion, Administrator March 14, 2007 Page 2 of 3

facility's food quality was poor and meals were being served cold.

On February 9, 2007 from 10:30 a.m. until 1:30 p.m., eight random residents were interviewed regarding the quality of the facility's food and if the meals were served at the proper temprature. The residents all agreed the food was of very high quality and served at the proper temperatures. The residents further stated they did not have a problem with being served pizza for lunch.

At 10:45 a.m., the administrator informed the survey team that a kitchen staff employee called in sick. The employee was to help with the noon meal. Due to her illness, the facility had pre-ordered pizza for all the residents. The residents were offered additional food choices to accompany their lunch.

Conclusion:

Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on February 9, 2007.

Allegation #3:

There is no heat in the hallways.

On February 9, 2007 at 10:15 a.m., during the initial tour of the facility it was observed several rooms were unoccupied and doors were left opened to the hallways. The temperature was slightly cooler in the hallways than in residents rooms or gathering areas. Ten random residents were interviewed regarding the hallways temperatures. Residents stated they were not uncomfortable with the temperatures in the hallways.

Conclusion:

Substantiated. However, the facility was not cited as they acted appropriately by closing the unoccupied room doors to ensure the hallways remained warmer.

Allegation #4:

A resident required the use of an electric wheelchair for mobility. The facility requested the resident have an inside wheelchair and an outside wheelchair to protect the facility's carpets from being soiled.

Substantiated: State deficiences related to the allegation are cited

Findings:

Refer to the Non-core Issue Punch List Item #1; Rule IDAPA 16.03.22.550.13

Conclusion:

Substantiated. On January 17, 2007, the facility did not ensure a resident had the right to have access outside the facility while using her electric wheelchair.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for <u>Residential Care or Assisted Living Facilities in Idaho</u>. Non-core issues were identified and included on the Punch List.

Vickie McCuistion, Administrator March 14, 2007 Page 3 of 3

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

KAREN MCDANNEL, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

Karen mc Dannel, RN

KM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number									
Sheam Side AL	1355 S. Edgewater Cricle	440 - (ZIP Code	7097								
Administrator	City	**************************************									
Vickie mccinition	Survey Type	Q .									
Survey Team Leader	Survey Type \										
Karen Mc Dannel,	Complaint Investigation	7									
NON-CORE ISSUES											
ITEM RULE# / 16.03.22, 2	DESCRIPTION		DATE RESOLVED	BFS USE							
1 550:03 The facility did not	address a resident's right	to have		1 19 1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
access outside the	- Accelitio			3000000							
2 550.20 A resident was a	Sun a 30 day dischurae no	liec		100 000 00							
for reasons other	Thou medical below Brusal of	3		10 00 00 10 00 10 00							
Anon-payment.	Grand June Day Stagnas and C			100 00 00							
phymence.			***************************************								
											
·											
				18000000							
Response Required Date Signature of Facility Representative			Date Signed	(1000年)							
3/9/07 Motor			81910	7							