



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

May 6, 2010

Lisa Moore, Administrator
Assisted Living on Shamrock
4682 South Silvermaple Avenue
Boise, ID 83709

License #: RC-547

Dear Mrs. Moore:

On February 18, 2010, a State relicensure survey was conducted at Assisted Living on Shamrock. 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 Rae Jean McPhillips, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Rae Jean McPhillips, RN". The signature is written in a cursive, flowing style.

RAE JEAN MCPHILLIPS, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RJM/sm

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



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March 8, 2010

Lisa Moore, Administrator
Assisted Living on Shamrock
4682 South Silvermaple Avenue
Boise, ID 83709

Dear Mrs. Moore:

On February 18, 2010, a State licensure survey was conducted at Assisted Living on Shamrock. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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 evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 20, 2010.

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

Sincerely,

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

JS/sc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R547	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2010
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING ON SHAMROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 SHAMROCK AVENUE NAMPA, ID 83686
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey conducted at your facility. The surveyors conducting the survey were:</p> <p>Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Facility Name <i>Assisted Living on Shamrock</i>	Physical Address <i>2716 Shamrock Ave</i>	Phone Number <i>465-5923</i>
Administrator <i>Lisa Moore</i>	City <i>Nampa</i>	ZIP Code <i>83686</i>
Survey Team Leader <i>Rae Jean McPhillips</i>	Survey Type <i>Standard</i>	Survey Date <i>2/18/10</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
	16.03.22			
1	220.07c	2 OF 3 residents admission agreements need to be updated to reflect a 30 day discharge notice will be given.	<i>Rmw 4/6/10</i>	
2	260.06	The Facility's living environment was not maintained in a clean and orderly manner i.e. there is a broken window in the smoking room, all showers and bathtubs had significant hardwater buildup, 1 OF 4 toilet seats needed to be replaced, there were 6 missing electrical outlet covers missing, air return vents needed cleaning and the range hood vent had a very significant build up of grease.	<i>Rmw 4/6/10</i>	
3	250.13.i	1 OF 4 bedroom did not have screens on the windows	<i>Rmw 4/6/10</i>	
4	405.05	The clothes dryer vent had a large build up of lint	<i>Rmw 4/6/10</i>	
5	405.05F	The weekend staff's living quarters had a portable heater	<i>Rmw 4/6/10</i>	
6	600.06b	1 OF 2 employees did not have documentation of current CPR or 1st Aid	<i>Rmw 4/6/10</i>	
7	640	1 OF 2 employees did not have documentation of 8 hours of continuing education.	<i>Rmw 4/6/10</i>	

Response Required Date <i>3/20/10</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>2-18-10</i>
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