C.L. "BUTCH" OTTER – Governor RICHARO M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator OIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

March 12, 2010

Charlene Humpherys, Administrator Cedar Crest Residential Care 1200 East 6th South Mountain Home, ID 83647

Dear Ms. Humpherys:

On March 3, 2010, a complaint investigation survey was conducted at Cedar Crest Residential Care. The survey was conducted by Matthew Hauser, RD, QMRP, Rachel Corey, RN, and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00004342

Allegation #1: The facility did not investigate when an identified resident had an injury of unknown

origin.

Findings #1: On March 3, 2010, the identified resident's record contained an incident report

documenting an investigation into an unwitnessed fall that resulted in significant bruising. The resident was evaluated at the hospital at the time of the fall and the

facility RN assessed the resident and followed up on the resident's status.

On March 3, 2010, at 9:50 a.m., the administrator described the investigation that took place, which was consistent with the incident report. She further described interventions that were put in place to prevent the incident from reccurring.

Unsubstantiated. Although the allegation may have occurred, it could not be

verified during the complaint investigation.

Allegation #2: The facility did not report to Licensing and Certification when a resident was found

to have an injury of unknown origin.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for

not reporting an unwitnessed fall resulting in injury. The facility was required to

submit evidence of resolution within 30 days.

Charlene Humpherys, Administrator March 12, 2010 Page 2 of 2

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,

RACHEL CORY

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

RC/sm

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

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