



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

April 29, 2010

Anita Burdick, Administrator
Bridgeview Estates - RCF
1828 Bridgeview Boulevard
Twin Falls, ID 83301

Dear Ms. Burdick:

On April 9, 2010, a State relicensure and complaint investigation survey was conducted at Bridgeview Estates - RCF. 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 May 9, 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/sm

Enclosures

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R404	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2010
NAME OF PROVIDER OR SUPPLIER BRIDGEVIEW ESTATES - RCF		STREET ADDRESS, CITY, STATE, ZIP CODE 1828 BRIDGEVIEW BOULEVARD TWIN FALLS, ID 83301		
(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
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 and complaint investigation conducted at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Bridgeview Estates - KCF	Physical Address 1727 Bridgeview Blvd	Phone Number 208-736-3933
Administrator Anita Burdick	City Twin Falls	ZIP Code 73301
Survey Team Leader Gloria Keathley	Survey Type Standard + Complaint	Survey Date 4-9-10

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	220	Resident # 4 did not have an updated admission agreement and Resident # 7 did not have a signed admission agreement.	5-24-10 <i>gr</i>	
2	225	Resident # 1, #5 + #6 did not have documented Behavior management plans which described the residents behavior or the interventions being implemented.		
3	300.01	The facility RN did not delegate assistance with medications to 4 of 7 personnel. The facility RN also did not complete 90 day nursing assessments for residents # 4 and # 5.	10/5/4/10 <i>gr</i> } <i>gr</i>	
4	305.02	The facility did not have all PRN medications available for residents # 1, # 5 and # 6. (REPEAT)	5-24-10 <i>gr</i>	
5	335.03	The facility caregivers did not consistently wash their hands in between assistance with medications and food service.	5-24-10 <i>gr</i>	
6	1040.03	7 of 70 caregivers did not have specialized training for Developmental Disabilities.	5-24-10 <i>gr</i>	

Response Required Date 5-19-10	Signature of Facility Representative <i>[Signature]</i>	Date Signed 5-19-10
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April 29, 2010

Anita Burdick, Administrator
Bridgeview Estates - RCF
1828 Bridgeview Boulevard
Twin Falls, ID 83301

Dear Ms. Burdick:

On April 9, 2010, a relicensure and complaint investigation survey was conducted at Bridgeview Estates - RCF. The survey was conducted by Gloria Keathley, LSW; and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00004564

Allegation: The facility did not follow an identified resident's admission agreement and overcharged for basic services.

Findings: On April 8, 2010, the identified resident's closed record was reviewed. The record documented that the resident was discharged to the hospital on August 12, 2008. The record also documented the facility's billing department was notified on August 14, 2008, that the resident was moving into long term care.

The identified resident's admission agreement, dated March 1, 2007, documented that the resident was responsible for paying the basic service rate when absent from the facility. The admission agreement also documented that the resident would be required to pay the basic service rate until the room was vacated and all resident's property was removed.

The "Communication to Business Office" form documented on August 14, 2008, that the resident received 17 days of credit for level of care. It also documented that the resident's belongings were moved out on August 30, 2008, and the resident received one day of credit for the room. This was congruent with the terms of the admission agreement.

Conclusion: Unsubstantiated.

Anita Burdick, Administrator

April 29, 2010

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 black ink that reads "Steve Millward for". The signature is written in a cursive style.

GLORIA KEATHLEY, LSW

Health Facility Surveyor

Residential Assisted Living Facility Program

GK/sm

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