

HEALTH & WELFARE

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

FILE COPY

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

October 25, 2010

CERTIFIED MAIL #: 7000 1670 0011 3315 2153

Janice Van Leuven, Administrator Spring Creek Manor - Soda Springs 425 Spring Creek Drive Soda Springs, ID 83276

Dear Ms. Van Leuven:

Based on the follow-up survey conducted by our staff at Spring Creek Manor - Soda Springs on August 10, 2010, it was determined that the facility failed to correct non-core issue deficiencies cited at the state licensure survey of June 16, 2010. These deficiencies included Idaho Administrative Procedures Act (IDAPA) 16, Title 03, Chapter 22, Subsections 009, 225, 350.02, 625, 630.01, and 630.02.

The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) were to be submitted to this office by September 9, 2010. To date, the Department has not received this documentation. Please submit the completed punch list form and accompanying evidence of resolution to the Department by November 5, 2010.

These repeat deficiencies substantially limit the capacity of Spring Creek Manor - Soda Springs to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiencies are described on the enclosed Non-core Issues Punch List (a copy of which was reviewed and left with you at the exit conference). As a result of the survey findings, the Department is issuing the facility a provisional license, effective October 25, 2010, through April 25, 2011. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.

A provisional license may be issued when a faiclity is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. [emphasis added]

The conditions of the provisional license are as follows:

- 1. The provisional license shall be prominently displayed in the facility. Upon receipt of this provisional license, the facility shall return the full license to the Department currently held by the facility.
- 2. A consultant, with experience working as an administrator in Idaho, shall be obtained and paid for by the facility, and approved by the Department. This administrator consultant must have a current

Janice Van Leuven, Administrator October 25, 2010 Page 2 of 2

Residential Care Facility Administrator license, and may not also be employed by the facility or company that operates the facility. The administrator consultant must be allowed unlimited access to the facility and its systems for the provision of care to residents. The name of the consultant with the person's qualifications shall be submitted to the Department for approval no later than November 5, 2010.

- 3. The Department-approved consultant shall submit a weekly written report to the Department commencing on November 12, 2010, and every Friday thereafter. The reports shall address progress on correcting the deficiencies cited on the Non-Core Issues Punch List.
- 4. The facility shall maintain, on an ongoing basis, the deficient areas in a state of compliance.

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300 <u>no later than twenty-eight (28) days after this notice was mailed</u>. Any such request should be addressed to:

Raudy May, Deputy Administrator Division of Medicaid-DHW P.O. Box 83720 Boise, ID 83720-0005

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

When the consultant and the administrator agree that the facility is in full compliance, please notify the Department. An unannounced follow-up survey will be conducted to verify compliance. If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate further enforcement actions against Spring Creek Manor - Soda Springs.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, OMRP

Supervisor

Residential Assisted Living Facility Program

JS/sm

Enclosures

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13R491 08/10/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 425 SPRING CREEK DRIVE SPRING CREEK MANOR - SODA SPRINGS SODA SPRINGS, ID 83276 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 R 000 Initial Comments A follow-up survey was conducted at your residential care/assisted living facility on 08/10/2010 where repeat non-core deficiencies were cited. The surveyors conducting the standard survey were: Donna Henscheid, LSW **Team Coordinator** Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE

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



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	-	
	your Cle	4 Hanne Sodadson	1/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	208-5	17-01	-37
Admini	nice Ve	in-Leigner	City of Jamenia		276	
Survey	Team Leader	1	Survey-Type	Survey Date		
	MANGE	Hinchered _	Allew-up	8-10	-/0	
	-CORE ISSU	ES			L. 844	
ITEM	RULE# 16.03,22		DESCRIPTION		DATE RESOLVED	BFS
	009	Two of five staff dw no	of have criminal history backs	110cmJ	11/29/10	SIF
	,	Cherk NOCOMERTATION X	Bepunch			
2	225		velop a behavior management pr	agam for	11/29/10	9#
				/	, ,	
3	350.02	The administrator completed a complaint investigation on allegation			11/29/10	8//
		of inappropriate sexual touching but district complete a thorough				
		abuse investigation: (18	notifying Adil Protection & Beauty			And the second
Ц	625	One of five shall July	not have 16 hours of orientation	* Browner	11/29/18	9#
5	630.01	There of Five stall dw	1 not have dementing training the	PUNCY	11/29/10	911
G	630.02	Three of live stall did	not have dementia training * Prep not have mental illness training	, * Repuncir	11/29/10	DA
			- <u></u> -			
					<u> </u>	744
				_		Section 1
						2544.4c
						\$345.
Respor	nse Required Date	Signature of Facility Representative			Date Signed	and the state of the state of
9-0	7-10	Danies Van	Leurer		8/10/1	<i>(</i> c)