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

October 25, 2010

Leslie Erfurth, Administrator Park Center Assisted Living 1212 Longmont Avenue Boise, ID 83706

Dear Ms. Erfurth:

An unannounced, on-site complaint investigation survey was conducted at Park Center Assisted Living LLC on August 18, 2010. Observations, interviews, and record reviews were conducted during that time with the following results:

### **Complaint # ID00004516**

Allegation #1: The facility did not follow proper infection control measures when disposing of

syringes.

Findings #1: On August 18, 2010, at 10:10 a.m., a tour of the facility was conducted. Syringes

were not observed anywhere within the facility's premises or outside the facility. A caregiver on duty stated the facility nurse was the only one who handled and

disposed of syringes.

On August 18, 2010, at 10:36 a.m., the facility nurse stated he disposed of syringes in a sharps container, which was then returned to the pharmacy or the hospital. At that time, the sharps container was observed locked in a cabinet in the "medication

room."

On August 18, 2010, at 12:15 p.m., the ombudsman stated she never observed

syringes anywhere within the facility on any of her visits.

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

verified during the complaint investigation.

Allegation #2: The facility allowed trash to accumulated and overflow onto the yard and sidewalk.

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## Findings #2:

On August 18, 2010, at 10:10 a.m., a tour of the facility was conducted. Trash was not observed in the yard or on the sidewalk, but was contained in two garbage containers. At 10:45 a.m., a caregiver stated she had never observed trash overflowing, but had witnessed squirrels getting into the trash due to one of the containers missing a lid. At 11:15 a.m., the administrator stated the garbage cans were sufficient to contain all of the trash created within a weeks time, but had witnessed animals getting into the trash on occasion.

On August 18, 2010, at 11:35 a.m., a family member stated she had visited the facility on many occasions and had never witnessed trash accumulating in the yard or sidewalk. She further stated the facility was always observed to be well maintained.

On August 18, 2010, at 12:15 p.m., the ombudsman stated she had never observed trash not contained within the garbage cans and had no concerns about the cleanliness of the facility.

Unsubstantiated. However, the facility was cited at IDAPA 16.03.22.260.03.c for not having a lid on one garbage container.

#### Allegation #3:

The facility did not provide adequate supervision.

#### Findings #3:

On August 18, 2010, between 10:10 a.m. and 1:00 p.in., observations of the facility were made. A caregiver was observed to be immediately available to residents during this time. The caregiver stated usually two staff were present for eight residents on the day shift. She felt sufficient staff were scheduled to meet the needs of the residents and provide adequate supervision. She further stated that residents were never left unattended without staff supervision. Caregivers were required to take breaks at separate times to ensure staff were always readily available.

On August 18, 2010, at 10: 20 a.m., a resident stated that staff "wait on me hand and foot." He further stated staff were always available to assist when he needed them.

On August 18, 2010, at 10:40 a.m., the facility nurse stated he would come to the facility almost daily to check on the residents and assist when necessary.

On August 18, 2010, at 11:35 a.m., a family member stated she visited the facility frequently and staff were always present assisting the residents with needed cares. She had no concerns regarding the supervision of residents.

On August 18, 2010, at 12:15 p.in., the ombudsman stated whenever she visited the facility, staff were readily available and she had no concerns regarding the supervision of residents.

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Unsubstantiated. Although the allegation may have occurred, it could not be verified during the complaint investigation.

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 COREY, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

RC/sm

c: 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

Facility Name		Physical Address	Phone Number	Phone Number	
Park Conker March Lourn		1912 Long Munt Aug	343-0	343-0832	
Administrator		City	ZIP Code	ZIP Code	
Legino	La Thomas	Book	8:704	80706	
Survey Team Leader		Survey Type	Survey Date	Survey Date	
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Response Require	d Date   Signature of Facility Representativ	Signature of Facility Representative			