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) 334-5747
FAX: (208) 364-1811

September 5, 2007

Linda Miller, Administrator
Rosetta Assisted Living-Eastridge
1970 East 17th Street #103
Idaho Falls, ID 83404

License #: RC-746

Dear Ms. Miller:

On August 22, 2007, a complaint investigation survey was conducted at Rosetta Assisted Living - Eastridge. 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Polly Watt-Geier, MSW

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

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August 31, 2007

Linda Miller, Administrator
Rosetta Assisted Living-Eastridge
1970 East 17th Street #103
Idaho Falls, ID 83404

Dear Ms. Miller:

On August 22, 2007, a complaint investigation survey was conducted at Rosetta Assisted Living - Eastridge. The facility was found to be providing a safe environment and safe, effective care to residents.

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 September 21, 2007.

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

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

IDAHO DEPARTMENT OF
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August 31, 2007

Linda Miller, Administrator
Rosetta Assisted Living-Eastridge
1970 East 17th Street #103
Idaho Falls, ID 83404

Dear Ms. Miller:

On August 22, 2007, a complaint investigation survey was conducted at Rosetta Assisted Living - Eastridge. The survey was conducted by Maureen McCann, RN, Polly Watt-Geier, MSW, Debra Sholley, LSW and Jamie Simpson, MBA, QMRP. This report outlines the findings of our investigation.

Complaint # ID00002724

Allegation #1: The facility did not keep a record of an identified resident's personal property, which included a ring and a set of lower dentures.

Findings: Review of the identified resident's record on August 21, 2007 revealed a "Personal Possessions Record" dated Februaury 8, 2007. It documented the resident had dentures, but did not document the resident had a ring at the time of admission. The facility administrator and staff were interviewed from August 21, 2007 through August 22, 2007. They stated they had never seen a ring on the resident's hand because it was so swollen. They also stated the resident's dentures had been lost for a few days, but had been found and used when the resident ate his meals and snacks.

Conclusion: Unsubstantiated.

Allegation #2: An identified resident had a bruise of unknown origin around his neck area and the facility did not complete an investigation.

Findings: Review of the identified resident's record between August 21, 2007 and August 22, 2007, revealed no documented evidence the identified resident had a bruise of unknown origin. Additionally, the hospital records dated February

28, 2007 were reviewed and documented the resident had "multiple areas of almost petechial-like hemorrhages present across his chest. He also has some patchy-type of hemorrhages present across his face. He has some ecchymosis (bruising) present over his anterior tibial (front of leg) region." Per Taber's Cyclopedia Medical Dictonary, (2001), petechiae is defined as, "small, purplish, hemorrhagic spots on the skin." The facility administrator and caregivers were interviewd between August 21, 2007 through August 22, 2007. They stated they had not seen bruising on the resident's neck or chest, but did see discoloration which looked like broken blood vessels at the time of the resident's passing.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #3: The administrator failed to provide adequate supervision of residents when an identified resident was found by family lying on the living room floor and caregivers did not assist or intervene.

Findings: Review of the identified resident's record on August 21, 2007, revealed no documented evidence the resident had a fall and was found on the floor. On August 21, 2007 at 3:28 p.m., the administrator stated she was not aware of a time the resident fell and was laying on the floor nor was she aware the resident laid on the floor without assistance from caregivers. On August 22, 2007 between 8:14 a.m. and 8:42 a.m., two caregivers were interviewed. They stated the resident would sometimes sit down and lay on the floor to rest while ambulating. They stated on each occasion they assisted him up off of the floor.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #4: Staff did not assist or supervise an identified resident to assure adequate intake.

Findings: On August 22, 2007 between 7:35 a.m and 8:34 a.m., three residents were observed needing assistance from caregivers to recieve adequate nutritional intake. During the observation the caregivers did not consistenly assist or supervise the residents to ensure the residents received an adequate nutritional intake.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.625.03.a for not consistently assisting and/or cueing residents to ensure they received adequate nutrional intake. The facility was required to submit evidence of resolution within 30 days.

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,

Polly Watt-Geier, MSW

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Polly Watt-Geier, MSW, Health Facility Surveyor

IDAHO DEPARTMENT OF HEALTH & WELFARE

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
Rosetta East Ridge	1177 Eastridge Court	(208)-734-9422
Administrator	**City**	**ZIP Code**
Lisa Janod	Twin Falls	83301
Survey Team Leader	**Survey Type**	**Survey Date**
Pollyn Watt-Geier	Complaint	8/22/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	350.02	The facility did not investigate and develop a written report of findings within 30 days for each complaint.		
2	625.03.a	The facility ~~did not~~ staff did not consistently assist and/or cue residents to ensure they received adequate nutritional intake.		

Response Required Date	Signature of Facility Representative	Date Signed
9/22/07	Lisa P Janod	8/22/07