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

October 30, 2009

FILE COPY

Jimmy Markham, Administrator
Markham Residential Care Inc
11525 3rd Street
Star, Idaho 83669

Dear Ms. Markham:

On October 28, 2009, a complaint investigation was conducted at Markham Residential Care Inc.

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 November 27, 2009.

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

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

Enclosure

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
Markham Residential Care	11525 3rd Street	286-7873
Administrator	**City**	**ZIP Code**
Jimmy Markham	Star	83669
Survey Team Leader	**Survey Type**	**Survey Date**
Rachel Corey	Complaint	10-28-09

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	225.01a-f	The facility did not evaluate behaviors for residents #1 and #2.	1/20/10 RC	
2	225.02a-c	The facility did not develop interventions for each behavior.	1/20/10 RC	
3	350.02	The administrator did not investigate a bruise of unknown injury.	1/20/10 RC	
4	350.07	The facility did not report all elopements with resident #1 and an injury of unknown origin with resident #2.	2/9/10 RC	
5	711.01a-c	The facility did not track all behaviors and interventions.	1/20/10 RC	

Response Required Date	Signature of Facility Representative	Date Signed
11/27/09	Lisa Eaton	10/30/09

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October 30, 2009

Jimmy Markham, Administrator
Markham Residential Care Inc
11525 3rd Street
Star, Idaho 83669

Dear Ms. Markham:

On October 28, 2009, a complaint investigation survey was conducted at Markham Residential Care Inc. The survey was conducted by Gloria Keathley, LSW and Rachel Corey, RN. This report outlines the findings of our investigation.

Complaint # ID00004203

Allegation #1: The facility retained an identified resident who was self-injurious.

.Findings: On October 27, 2009 at 1:10 PM, the identified resident's psychosocial rehabilitation (PSR) worker stated the resident would throw "temper tantrums", but was not self-injurious.

On October 27, 2009 at 2:00 PM, the house manager stated the identified resident would pull her hair or hit furniture during "temper tantrums," but had never injured herself. She further stated staff were to assist the resident to the floor during "temper tantrums," so she would not harm herself on furniture, until the outburst would resolve.

On October 27, 2009, the resident's record was reviewed and the Negotiated Service Agreement, Uniform Assessment instrument and daily log notes did not document any behaviors leading to injuries.

On October 27, 2009 and October 28, 2009, the identified resident was observed and no behaviors where evident during observation.

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

Allegation #2:	The facility did not have behavior management plans in place to assist staff in dealing with residents' behaviors.
Findings:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.225.01.a-f. and 225.02.a-c. for not documenting an evaluation of residents' behaviors and documenting interventions for each behavior. The facility was required to submit evidence of resolution within 30 days.
Allegation #3:	The facility did not monitor or track residents' behaviors.
Findings:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.01.a-c. for not tracking all behaviors and interventions. The facility was required to submit evidence of resolution within 30 days
Allegation #4:	The facility did not respond appropriately when a resident exhibited a behavior.
Finding:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.225.02.a-c for not documenting interventions for behavioral symptoms. The facility was required to submit evidence of resolution within 30 days.
Allegation #5:	The facility did not conduct an investigation into a bruise of an unknown origin.
Findings:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for not investigation a bruise of unknown injury. 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,

RACHEL COREY, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

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

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October 30, 2009

Jimmy Markham, Administrator
Markham Residential Care Inc
11525 3rd Street
Star, Idaho 83669

Dear Ms. Markham:

On October 28, 2009, a complaint investigation was conducted at Markham Residential Care Inc. The survey was conducted by Gloria Keathley, LSW and Rachel Corey, RN. This report outlines the findings of our investigation.

Complaint # ID00004281

Allegation #1: The facility did not respond appropriately when an identified resident left the facility multiple times.

Findings: Substantiated. The facility was issued deficiencies at IDAPA 16.03.22.225.01.a-f. and 225.02.a-c. for not documenting an evaluation of behaviors and documenting interventions for behaviors. The facility was also issued a deficiency at IDAPA 16.03.22.350.07 for not reporting all elopements to Licensing and Certification 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,

RACHEL COREY, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

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