



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT – DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

February 22, 2012

Tina Wojcik, Administrator
PO Box 388
Blackfoot, ID 83221

License #: RC-204

Dear Ms. Wojcik:

On January 11, 2012, a State Licensure and follow-up survey was conducted at Cedar Living Center. 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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January 18, 2012

Tina Wojcik, Administrator
Cedar Living Center
270 Cedar Street
Blackfoot, ID 83221

Dear Ms. Wojcik:

On January 17, 2012, I sent you a letter in error as the letter did not address your repeat punch deficiencies.

On January 11, 2012, a State Licensure survey was conducted at Cedar Living Center.

Please bear in mind that 16 non-core issue deficiencies were identified on the punch list and 6 were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than February 10, 2012.

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit,

please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho residential care assisted living facility (RALF) program.

Sincerely,

A handwritten signature in black ink, appearing to be 'JAS', written over a light blue background.

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

Enclosure



Facility Name Cedar Living Center	Physical Address 27 Cedar Street	Phone Number 208-785-5890
Administrator Tina Wojcik	City Blackfoot	Zip Code 83221
Team Leader Donna Henscheid	Survey Type Licensure and Follow-up	Survey Date 01/11/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	One employee did not have a state police background check.		2/22/12 DH
2	225.01	4 of 4 residents had exhibited and documented behaviors that were not evaluated. For example: bed wetting, stealing, eating inappropriate foods, resisting ADLs, breaking rules regarding leaving the facility, throwing things, cussing and yelling at others. ** Repeat Punch **		2/10/12 DH
3	225.02	The facility did not develop interventions for each identified behavioral symptom for 4 of 4 residents. ** Repeat Punch **		2/10/12 DH
4	225.02.a	Staff did not consistently implement interventions for those behaviors that were identified. ** Repeat Punch **		2/22/12 DH
5	225.02.b	Staff did not consistently implement the least restrictive interventions. ** Repeat Punch **		2/22/12 DH
6	225.02.c	Interventions for 4 of 4 residents were not evaluated for continued need. ** Repeat Punch **		2/22/12 DH
7	250.13.l	There were no doors on some closets in residents' rooms.		2/10/12 DH
8	300.01	The facility nurse did not conduct nursing assessments when Residents had changes in condition. For example: a sore foot, fevers, vomiting, abdominal pain and possible infected wounds.		2/22/12 DH
9	305.02	The facility RN did not ensure Resident #2's medication orders were current.		2/22/12 DH
10	305.08	The facility RN did not provide education to staff regarding the following: 1) Resident #1's diabetic diet interventions and serious genetic disorder. 2) Resident #2's terminal medical diagnosis.		2/22/12 DH 2/22/12 DH
11	310.01.f	A medication aide did not observe a resident take his medications.		2/10/12 DH
12	310.04.e	Two residents did not have 6 month reviews of psychotropic medications and other 6 month reviews did not include behavior updates.	COS 1/11/12	DH
Response Required Date 02/10/12	Signature of Facility Representative <i>Tina Wojcik</i>		Date Signed 1/11/12	

Reset Form

Print Form



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MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Table with 3 columns: Facility Name, Physical Address, Phone Number; Administrator, City, Zip Code; Team Leader, Survey Type, Survey Date.

NON-CORE ISSUES

Table with 5 columns: Item #, RULE #, DESCRIPTION, DATE RESOLVED, L&C USE. Contains 4 rows of non-core issues.

Response Required Date: 02/10/12; Signature of Facility Representative: Tina Wojcik; Date Signed: 1/11/12