



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

March 7, 2013

Colleen Wilt, Administrator
Overland Court Generations Memory Care
10172 West Smoke Ranch Drive
Boise, ID 83709

License #: Rc-972

Dear Ms. Wilt:

On January 11, 2013, a Complaint Investigation and State Licensure/Follow-up survey was conducted at Overland Court Generations Memory Care. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN, BSN
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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FAX: 208-364-1888

January 11, 2013

Colleen Wilt, Administrator
Overland Court Generations Memory Care
10172 West Smoke Ranch Drive
Boise, ID 83709

Dear Ms. Wilt:

A Complaint Investigation and State Licensure/Follow was conducted at Overland Court Generations Memory Care between 01/08/13 and 01/11/2013. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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, on **01/11/2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. 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 program.

Sincerely,

Rae Jean McPhillips
Health Facility Surveyor
Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R972	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2013
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NAME OF PROVIDER OR SUPPLIER OVERLAND COURT GENERATIONS MEMORY	STREET ADDRESS, CITY, STATE, ZIP CODE 10172 WEST SMOKE RANCH DRIVE BOISE, ID 83709
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up and complaint survey conducted on 1/8/13 through 1/11/13 at your facility. The surveyors conducting the survey were:</p> <p>Rae Jean McPhillips, RN Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

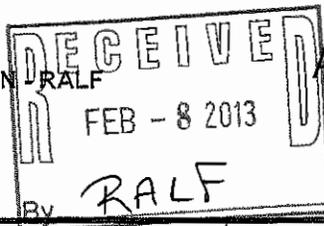
(X6) DATE

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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Overland Court Generations Memory Care	Physical Address 10172 West Smoke Ranch Drive	Phone Number 208-322-0955
Administrator Coleen Wilt	City Boise	ZIP Code 83709
Survey Team Leader Rae Jean McPhillips	Survey Type Licensure, follow-up survey and complaint investigation	Survey Date January 10, 2013 <i>JJ MNC</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	215.16.03.22	The facility did not have a licensed administrator 28 days.	<i>2/22/13 Rm</i>	
2	215.13	The facility did not notify licensing and certification, in writing, within 3 business days of a change in the administrator.	<i>2/22/13 Rm</i>	
3	250.10	The water temperatures were below 105 degrees F. ***Previously cited on 9/1/11***	<i>2/22/13 Rm</i>	
4	305.03	The facility nurse did not complete a change of condition assessment when Resident #1 experienced a significant weight loss and Resident #7 unexpectedly lost a tooth.	<i>2/22/13 Rm</i>	
5	320.08	Residents' NSAs were not updated when they had a change of condition such as weight loss, dietary needs or when hospice services were added.	<i>2/22/13 Rm</i>	
6	320.03	NSAs were not signed by all applicable parties such as the administrator, conservator or legal guardian. ***Previously cited on 9/1/11***	<i>2/22/13 Rm</i>	

Response Required Date February 9, 2013	Signature of Facility Representative <i>Coleen Wilt</i>	Date Signed <i>2/11/13</i>
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JJ MNC



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January 15, 2013

Colleen Wilt, Administrator
Overland Court Generations Memory Care
10172 West Smoke Ranch Drive
Boise, ID 83709

Dear Ms. Wilt:

An unannounced, on-site complaint investigation survey was conducted at Overland Court Generations Memory Care from January 9, 2013 to January 11, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005637

- Allegation #1:** The facility did not complete an assessment on an identified resident after the resident had change in condition.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the facility nurse not completing an assessment after an identified resident had a change in condition. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not keep an identified resident's room clean.
- Findings #2:** Between 1/8/13 and 1/11/13, the identified resident's room was inspected three times. All three times the room was observed to be clean. Additionally, observations of the entire facility were conducted. The facility was observed to be clean and odor free.

On 1/9/13 at 10:21 AM, the area Ombudsman stated during a visit in July 2012, she observed the resident's room to be clean. She stated on the day of her visit, the room was clean and odor free.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #3: The facility did not assist an identified resident with bathing.

Findings #3: Between 1/9/13 and 1/10/13, the identified resident was observed to be clean and well-groomed. Additionally, all residents residing at the facility were observed to be clean and well-groomed.

On 1/9/13, the identified resident's record was reviewed. Assistance of daily living (ADL) check sheets, dated May through December 2012, documented the resident was assisted with bathing twice a week.

On 1/9/13, two staff members were interviewed and stated the identified resident received assistance with bathing two times a week and it was recorded on the ADL sheets.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #4: An identified resident was not assisted with eating.

Allegation #4: On 1/9/13, the identified resident's record was reviewed. An NSA documented the identified resident required assistance with cutting her food and encouragement from staff to eat.

On 1/8/13, two meals were observed. During both meals, the identified resident was observed eating independently and her meat was observed to be cut into pieces. There were five staff members in the dining room assisting other residents with eating as needed. Further, the staff members were also observed offering encouragement to eat to other residents sitting at the tables.

On 1/8/13, three staff members were interviewed and all three stated the amount of staff observed in the dining room during the survey was the standard.

On 1/8/13, at 4:30 PM, a hospice nurse was interviewed and stated there was always appeared to be adequate staff to assist residents with eating.

On 1/8/13 at 5:10 PM, another resident's family member stated she was at the facility almost every evening and had observed residents receiving assistance with eating as needed.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Colleen Wilt, Administrator
January 15, 2013
Page 3 of 3

Allegation #5: An identified resident had sustained numerous falls.

Findings #5: The identified resident's record and the facility's incident and accident reports were reviewed on 1/9/13. An incident report, dated 6/30/12, documented the resident sustained a fall while she attempted to self-transfer out of her wheelchair. The incident report documented the resident was assessed by the facility nurse and had not incurred an injury. There were no other documented instances of the resident falling. Additionally, the resident's record did not document any other falls.

On 1/9/13 and 1/10/13, four caregivers stated they did not remember the resident sustaining numerous falls. They stated, that although the resident used a wheelchair, there were times in the past that she had attempted to transfer herself from the wheelchair to her bed. They said there was one instance they had found her on the floor and assumed that she had tried to transfer herself and fell.

Unsubstantiated. This does not mean the incidents did not take place; it only means that the allegation could not be proven.

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, on **01/11/2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

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,



Rae Jean McPhillips
Health Facility Surveyor
Residential Assisted Living Facility Program

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