

C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT—DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Bolse, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

February 22, 2012

Shirlie Meyer, Administrator Meyer Manor 3610 West Lamont Road Meridian, ID 83642

License #: RC-470

Dear Ms. Meyer:

On December 29, 2011, a Complaint Investigation was conducted at Meyer Manor. 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

Sonna Tenschule



C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DRECTOR LESLIE M. CLEMENT—DEPUTY DRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

December 30, 2011

Shirlie Meyer, Administrator Meyer Manor II 3610 West Lamont Road Meridian, ID 83642

Dear Ms. Meyer:

An unannounced, on-site complaint investigation survey was conducted at Meyer Manor II on December 29, 2011. During that time, observations, interviews or record reviews were conducted with the following results:

## Complaint # ID00005142

Allegation #1:

The administrator admitted a resident with a history of wandering and did not

provide a secure environment.

Findings #1:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.250.14

for admitting a resident with a cognitive impairment to an unsecured facility.

Allegation #2:

The facility did not report an elopement to Licensing and Certification.

Findings #2:

On 12/29/11, the identified resident's record was reviewed and contained an incident report dated 7/11/11. It documented the identified resident had left the

facility but did not get off the property.

On 12/19/11 at 10:15 AM, the administrator stated the resident did not get off

the property.

On 12/29/11 at 10:35 AM, a caregiver stated she did not recall the resident

leaving the property.

On 1/29/11 between 11:45 AM and 12:20 PM, three neighbors were

Shirlie Meyer, Administrator December 30, 2011 Page 2 of 2

interviewed and all stated they had not witnessed any resident wander off the

property.

Unsubstantiated, based on the definition of elopement. It could not be

determined the resident got off of the facility property.

Allegation #3: The facility did not refund a partial month's rent when a resident was discharged

after residing at the facility for three days.

Findings #3: Substantiated. However, the facility was not cited as the admission agreement,

signed by the resident's family on 7/11/11, documented the facility would not

give "partial months refunds."

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 12/29/2011. 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.

c:

Donna Henscheid, LSW

Health Facility Surveyor

Residential Assisted Living Facility Program

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

Reset Form

Print Form



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

Facility Name Meyer Manor	Physical Address 3610 West Lamont Road	Phone Number 208-888-4111
Administrator Shirlie Meyer	City Meridian	Zip Code 83642
Team Leader Donna Henscheid	Survey Type Complaint	Survey Date 12/29/11

## NON-CORE ISSUES

Item#	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	The facility's admission agreement did not meet the current rule requirements regarding fees, contested charges, and	· · · · · · · · · · · · · · · · · · ·	2/22/
		the facility's policy for when a resident transitions to Medicaid.		7-7
2	225.01	The facility did not evaluate an identified resident's behaviors.		2/20
3	225.02	The facility did not develop interventions for a resident's history of behaviors.		2/22
4	250.14	The facility did not provide a secure environment despite admitting residents with cognitive impairment.		2/20/
5	350.02	The administrator did not investigate an incident where a resident left the facility. Further, there were no interventions put into place to		2/22/
		keep the resident safe.		
Response 1 01/28/12	Required Date	Signature of Facility Representative	Date Signed	