

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

April 23, 2012

Judie Williams, Administrator Aarenbrooke Place - Cory Lane, Ashley Manor LLC 9327 Cory Lane Boise, ID 83704

License #: RC-718

Dear Ms. Williams:

On February 2, 2012, a Complaint Investigation and State Licensure survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC. 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, LSW

Team Leader

c:

Health Facility Surveyor

Residential Assisted Living Facility Program

Donna Llenscherel

Bureau of Facility Standards

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDII B. WING			(X3) DATE SURVEY COMPLETED		
	13R718			D. WING_	02/02/2012				
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Bureau of Fac	ility Standards			_					

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

TITLE

(X6) DATE

8899

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 Aarenbrooke Place - Cory Lane	Physical Address 9327 Cory Lane	Phone Number 208-376-1300
Administrator Judy Williams	City Boise	Zip Code 83704
Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint	Survey Date 02/02/12

NON-CORE ISSUES

Item#	RULE# 16.03.22	DESCRIPTION	DATE L&C RESOLVED USE
1	009.03	Two employees were allowed to work without direct supervision prior to having criminal history checks completed.	4/23/1384
2	009.04	One employee's criminal history check was not completed within 21 days of hire.	4/23/128/
3	250.13.I	Closet doors were missing (in one room door leaning against the wall) and shared closets did not have substantial dividers.	4/23/13904
4	260.06	The facility was not maintained in a clean and sanitary manner. For example: various bathrooms had toilets dirty with fecal matter, various	4/3/12 84
		rooms had stained and torn linoleum, carpet was worn and stained, several room walls and doors were in need of paint, some of the	
		cupboard doors were worn, the three tan chairs in the living room area were stained/dirty, the carpeting outside the shower	l in the
		room in the left hallway as you enter the building was wet and the tile was cracked in the shower area, a urine odor was very strong around	
		the sleeping/sitting areas in Resident #2's and Resident #9's room. Throughout the survey, offensive odors were detected in the hallways.	
		In Resident #2's room the carpet near her bed was torn. **REPEAT PUNCH X2**	
5	300.01	One employee did not have current RN delegation and staff were not delegated colostomy care. **REPEAT PUNCH***	4/23/18 2014
6	300.02	A) The facility did not ensure Resident #2's mechanical soft and nectar thick diet orders were implemented. Nor did they ensure Resident	4/23/12 DIT
		#3's blood pressures were taken as ordered. B) The facility nurse did not assess when Resident #7 had a change in condition.	7 7 7 7
7	305.01	The facility RN did not document the response of wounds to their prescribed therapies/treatment. (monitor healing of wounds)	4/23/12 @N
8	305.02	The facility did not ensure oxygen was available as ordered. For example: monitoring to ensure the residents have oxygen in their tanks.	4/3/12 201
9	305.04	The facility RN did not document her recommendations to crush Resident #7's medications.	4/23/12 DH
Response 03/03/12	Required Date	Signature of Facility Representative	Date Signed Z-2-1Z

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 Aarenbrooke Place - Cory Lane	Physical Address 9327 Cory Lane	Phone Number 208-376-1300
Administrator Judy Williams	City Boise	Zip Code 83704
Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint	Survey Date 02/02/12

NON-CORE ISSUES

Item#	RULE# 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
10	310.01.a	Medications were observed unattended in the nurse's office and in an unlocked cupboard.	4/3/12 DH	
11	310.01.d	Staff were determining the required insulin dosage from the sliding scale.	4/3/12 2014	
12	310.01.f	Medication aides did not observe residents take their medications.	4/3/12 2011	
13	310.04.e	Behavior updates were not provided to each resident's physician who were conducting the psychotropic medication reviews.	4/23/12 20/1	
14	320.01	NSAs did not describe Residents #1, 2, 6 and 7's care needs. For example: Resident #1 and #6 required additional help with ADLs. Resident	4/23/12 8/	
_		#6's need for bed and w/c alarms and Resident #7's assistance with colostomy care.	7	
15	330.01	The facility RN did not sign and date all nursing assessments.	4/3/1284	
16	350.02	The administrator did not conduct an investigation of all accidents, incidents and bruising of an unknown origin.	4/23/12 01	
17	350.07	The facility did not report all reportable incidents to Licensing and Certification.	4/3/12 811	
18	451.02	Snacks were not offered between meals.	4/3/12 24	
19	625.01	3 of 10 staff did not have documentation of orientation training. **REPEAT PUNCH**	4/23/13 2011	
20	630	Staff stated the specialized mental illness training they received was not sufficient to meet the needs of the residents. **REPEAT PUNCH**	4/3/12 24	100
21	711.08.F	The facility did not have care notes available from outside agencies. For example: PSR and HH/HS.	4/3/12 211	
22	305.08	Colostomy care training was not completed.	4/3/12 9/1	
			7-7-64	
Response	Required Date	Signature of Facility Representative	Date Signed	
03/03/12		Ludie Williams	2-2-1	2

of Retail Practice

Violations

of Risk Factor

Violations



IDAHO DEPARTMENT OF

Operator

HEALTH & WELFAREFood Establishment Inspection Report

Food Protection Program, Division of Health 450 W. State Street, Bolse, Idaho 83720-0036 208-334-5938

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Food Establishment Inspection Report Page 2 of 2 Date 2-2-12

Food Protection Program, Office of Epidemiology 450 West State Street, Boise, Idaho 83702 208-334-5938

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Establishm	ent Name Norook	Pluce	Operator OUJIC Williams
Address	1 Cory	UNR	`
County	Estab # '	EHS/SUR.#	License Permit #

TY W	OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)
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	facility corrected on signit by posting in the dining room.
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C.L. "BUTCH" OTTER -- GOVERNOR RICHARD M. ARMSTRONG -- D. RECTOR LESLIE M. CLEMENT—DEPUTY DRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

February 7, 2012

Judie Williams, Administrator Aarenbrooke Place - Cory Lane, Ashley Manor Llc 9327 Cory Lane Boise, ID 83704

Dear Ms. Williams:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor Llc from January 31, 2012, to February 2, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005405

Allegation #1:

An identified resident did not receive the assistance needed to ensure he was

clean and free of offensive odors.

Findings #1:

Several times between 1/31/12 through 2/2/12, the identified resident was observed to be clean and well groomed. The resident was not observed to have any offensive body odors. Two caregivers and a housekeeper stated the resident attempted to manage his colostomy on his own and at times was found to have created a mess by not attaching it correctly.

reated a mess by not attaching it correctly.

On 2/1/12, at 9:15 AM, the identified resident stated the caregivers were good about helping him clean up after having accidents with his bowel or bladder.

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

Allegation #2:

A resident's bathroom was observed to have dried urine and feces on the walls,

toilet and floor.

Findings #2:

Between 1/31/12 and 2/2/12, the identified resident's room was observed to have a colostomy bag full of feces laying in the toilet. The resident's sheets were

also observed to have feces on them.

On 2/1/12 at 9:15 AM, the identified resident stated at times, the colostomy bag

Judie Williams, Administrator February 7, 2012 Page 2 of 4

came off, making a mess. He further stated, the caregivers were good about helping him clean up any messes.

On 2/1/12 at 1:25 PM, a caregiver stated the identified resident had feces all over his room and bathroom on a couple of occasions, from changing his colostomy. She stated sometimes he did not attach the bag correctly and the contents went all over the floor. She further stated staff frequently cleaned his room after accidents.

On 2/2/12 at 10:30 AM, a housekeeper stated two weeks ago she had to deep clean the resident's room three times because the resident had attempted to change his colostomy bag getting the contents all over the floors, carpet and walls.

While the staff frequently intervened to clean the identified resident's room, during the survey the identified residents room and other residents' rooms were observed to have cleanliness issues. Therefore, the facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean and sanitary manner. The facility was required to submit evidence of resolution within 30 days.

Allegation #3:

An identified resident was observed on one occasion with dried feces in-between the residents toes.

Findings #3:

On 2/1/12 at 9:15 AM, the identified resident stated at times the colostomy bag came off, creating a mess. He further stated, the caregivers were good about helping him clean up. He could not recall a time when he had dried feces between his toes. During the survey, the resident was observed to be clean and well groomed.

On 2/1/12 at 1:25 PM, a caregiver stated the identified resident did have feces on his feet one time. She stated the resident attempted to take care of his own colostomy bag. At times he did not attach the bag correctly and the contents got on the resident and the floor. She also stated when this happened, the resident was assisted with a shower.

Substantiated. However, the facility was not cited as they acted appropriately by identifying the problem and assisting the identified resident with a shower.

Allegation #4:

An identified resident was found without a colostomy bag attached to his colostomy device.

Findings #4:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.08

Judie Williams, Administrator February 7, 2012 Page 3 of 4

for not training caregivers on colostomy care and at IDAPA 16.03.22.320.01 for not updating the NSA to reflect his need for assistance with colostomy care. The facility was required to submit evidence of resolution within 30 days.

Allegation #5:

The facility did not crush a resident's medications as ordered. Findings #5: On 2/1/12 the identified residents record was reviewed. The identified resident's record did not include an order to crush medications.

On 2/1/12 at 11:05 AM, a medication aide stated the identified resident's medications were crushed per the residents request and the facility nurse's direction.

On 2/1/12 at 11:15 AM, the facility nurse stated there was no order to crush the resident's medications bur she gave a verbal instruction to crush them.

Unsubstantiated. It could not be determined during the complaint investigation if the identified resident's medications were consistently crushed. Therefore, the facility was issued a deficiency at IDAPA 16.03.22.305.04 for the facility nurse not documenting her recommendations to crush the identified resident's medications to ensure all staff were aware of her instructions. The facility was required to submit evidence of resolution within 30 days.

Allegation #6:

Falls were not always documented.

Findings #6:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22. 350.02 for the administrator not conducting an investigation of all incidents and accidents. Further, the facility was issued a deficiency at IDAPA 16.03.22.350.07 for not reporting incidents and accidents to Licensing and Certification. The facility was required to submit evidence of resolution within 30 days.

Allegation #7:

The facility caregivers were not transferring an identifed resident appropriately.

Findings #7:

Between 1/31/12 through 2/2/12, the identified resident was observed several times to transfer himself from a laying to sitting position without difficulty.

On 2/1/12 at 2:00 PM, a caregiver demonstrated to surveyors how she assisted the resident to a sitting position. She further stated, the resident was able to transfer himself and walked with the assistance of a walker.

The identified resident's Negotiated Service Agreement documented the identified resident was able to transfer himself and needed minimal assistance from the caregivers.

Judie Williams, Administrator February 7, 2012 Page 4 of 4

On 2/1/12 at 9:10 AM, the identified resident stated he was able to transfer himself, but if he needed assistance from caregivers, the caregivers assisted him.

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

Allegation #8:

An identified resident was not evaluated when he had a change in condition.

Findings #8:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 for not assessing an identified resident when he had a change in condition. The facility was required to submit evidence of resolution within 30 days.

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 02/02/2012. 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

Health Facility Surveyor

Donna Henschwil

Residential Assisted Living Facility Program

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



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

February 3, 2012

Judie Williams, Administrator Aarenbrooke Place - Cory Lane, Ashley Manor Llc 9327 Cory Lane Boise, ID 83704

Dear Ms. Williams:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor Llc from January 31, 2012 to February 2, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005346

Allegation #1: The facility was not maintained in a clean and sanitary manner.

Findings #1: Substantiated. The facility was issued a non-core deficiency at IDAPA

16.03.22.260.06 for not maintaining the facility in a clean and sanitary manner. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility's staff did not monitor residents' oxygen to ensure residents received

oxygen as ordered.

Findings #2: Substantiated. The facility was issued a non-core deficiency at IDAPA

16.03.22.305.02 for not ensuring residents' oxygen was available as ordered. The facility was required to submit evidence of resolution within 30 days.

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 02/02/2012. 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

Judie Williams, Administrator February 3, 2012 Page 2 of 2

Donna Henscheil

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Sincerely,

Donna Henscheid

Health Facility Surveyor

Residential Assisted Living Facility Program

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