

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 22, 2013

Trista Wolfe, Administrator Pennsylvania Place 2087 S. Tollgate Way Boise, ID 83709

License #: RC-904

Dear Ms. Wolfe:

On February 7, 2013, a Complaint Investigation/ follow-up survey was conducted at Pennsylvania Place. 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 Maureen A. McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen A. McCann, RN

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

mmc/mmc

c:

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



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February 12, 2013

Trista Wolfe, Administrator Pennsylvania Place 2087 S. Tollgate Way Boise, ID 83709

Dear Ms. Wolfe:

An unannounced, on-site complaint investigation survey was conducted at Pennsylvania Place on February 7, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005671

Allegation #1:

The facility did not have PRN medication available when an identified resident

requested it.

Findings #1:

On 2/7/12 at 9:50 AM, the identified resident confirmed that one time in the past

the facility did not have her PRN medication available, but the facility had since

corrected the problem and it had not happened again.

Substantiated. However, the facility was not cited as the facility acted appropriately by identifying and correcting the problem prior to survey.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

Maureen McCann, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

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

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February 12, 2013

Trista Wolfe, Administrator Pennsylvania Place 2087 S. Tollgate Way Boise, ID 83709

Dear Ms. Wolfe:

An unannounced, on-site complaint investigation survey was conducted at Pennsylvania Place on February 7, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005748

Allegation #1:

The facility shared an identified resident's information with the resident's family

member, when the resident did not want information shared.

Findings #1:

On 2/7/13 at 10:55 AM, the identified resident confirmed she did make a complaint in the past when staff had spoken to her family member. However, the resident stated she now understood the staff was gathering information to assist her. Further, the resident stated the problem had been resolved prior to the survey.

On 2/7/13 at 2:30 PM, a staff member stated she had spoken to the identified resident's family member to gather historical information to assist the resident. The staff member further stated she no longer speaks with the resident's family without consenting with the resident first.

Substantiated. However, the facility was not cited as they acted appropriately by correcting the problem prior to the survey.

Allegation #2:

A caregiver withheld an identified resident's medication without notifying the nurse or physician.

Trista Wolfe, Administrator February 12, 2013 Page 2 of #3

Findings #2:

On 2/7/13 at 10:50, the identified resident stated the caregiver held her evening medication after she had returned to the facility under the influence of an illicit drug and alcohol.

On 2/7/13 at 2:40 PM, the caregiver stated the resident returned to the facility and appeared to be, and admitted to be, under the influence of of illicit drug and alcohol. The caregiver further stated she contacted the nurse, who directed her to hold the resident's evening medication.

On 2/7/13 at 1:25 PM, the facility nurse stated she had received a call from the caregiver after the resident had returned to the facility, appearing to be and admitting to be under the influence of an illicit drug and alcohol. The nurse further stated she had instructed the caregiver to hold the resident's evening medication which was sedating.

Unsubstantiated.

Allegation #3:

Facility staff told an identified resident she could not stay overnight at a friend's

house.

Findings #3:

On 2/7/13, between 9:30 AM and 1:00 PM, eight (8) residents stated they never had a problem if they wanted to stay at a friends house overnight.

On 2/7/13 at 10:55 AM, the identified resident denied she was told by staff she could not spend a night at a friend's house.

A copy of the facility's "House Rules," which were a part of the facility's admission agreement, included instructions for residents who had plans to be out of the facility over night.

Unsubstantiated. This does not mean the incident 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 02/07/2013. 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.

Trista Wolfe, Administrator February 12, 2013 Page 3 of #3

Sincerely,

Maureen McCann, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

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



MEDICAID L & C -- RALF PROGRAM 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	
Lansylvania Administrator	a Place	809 Lenneylvanie	whe.	208 424-6009 ZIP Code	T9_
Administrator		City	and the same of th		
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Súrvey Team Leader		Survey Type	Jollien -up	Survey Date 2/1/13	
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