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

April 2, 2013

Tammy Doss, Administrator
Arrow Point Assisted Living LLC
757 Lomax Street
Idaho Falls, ID 83401

License #: RC-942

Dear Ms. Doss:

On February 26, 2013, a Follow-Up and Complaint Investigation survey was conducted at Arrow Point Assisted Living 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
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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March 4, 2013

Tammy Doss, Administrator
Arrow Point Assisted Living LLC
757 Lomax Street
Idaho Falls, ID 83401

Dear Ms. Doss:

On February 26, 2013, a follow-up visit to the State Licensure, follow-up and Complaint survey of November 28, 2012, was conducted at Arrow Point Assisted Living LLC. The core issue deficiencies issued as a result of the November 28, 2012, survey have been corrected.

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. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 28, 2013.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

Reset Form | Print Form

IDAHO DEPARTMENT OF HEALTH & WELFARE

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	Physical Address	Phone Number
Arrow Point	757 Lomax Street	208-524-6320
Administrator	**City**	**Zip Code**
Tammy Doss	Idaho Falls	83401
Team Leader	**Survey Type**	**Survey Date**
Gloria Keathley	Complaint and Follow-up	02/26/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	Resident #4's admission agreement did not clearly describe the rates and how the rates were obtained. **Previously cited on		4-1-13
		11/18/12**		
2	260.06	The facility upkeep was not maintained. For example: A shower had a broken shower head, both shower rooms had rusty vents, the		4-2-13
		linoleum in the kitchen was rolling at the edges under a cabinet, there were burned out light bulbs in Rm#6, paint was chipped off handrails		
		and walls, a build-up of dust on carpeting along the baseboards, Rm #3 did not have a curtain rod and a hole was in closet door in Rm #6.		
3	305.05	The facility nurse did not follow-up on recommendations regarding wounds and insulin. The insulin record for Resident #1 contained an		4-2-13
		incorrect order for units given.		
4	455	The facility did not enough types and amount of food items to meet the planned menu and 7 day food supply.		4-2-13

Response Required Date	Signature of Facility Representative	Date Signed
03/28/13	Mistyn Phelps	2-26-13

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March 19, 2013

Tammy Doss, Administrator
Arrow Point Assisted Living Llc
757 Lomax Street
Idaho Falls, ID 83401

Dear Ms. Doss:

An unannounced, on-site complaint investigation survey was conducted at Arrow Point Assisted Living Llc from February 25, 2013, to February 26, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005816

Allegation #1: The facility had bedbugs.

Findings #1: On 2/26/13 at 2:50 PM, the facility house manager stated bedbugs were discovered on a resident's pillow and also had been discovered in the room next door. When the bedbugs were found, a pest control company was called immediately. Additionally, the mattresses/box springs were cleaned and enclosed in zippered mattress covers recommended by the pest control company. The rooms received a thorough cleaning. She further stated the bedbugs had not been seen in the two rooms in the last few weeks.

Billing statements from the pest control company showed the facility began treatment of the bedbug problem in October 2012 and the pest control company had continued the treatments up until February 2013.

Surveyors observed the two rooms that had the bedbug infestation. Mattresses and bedding were looked at and no bedbugs were observed.

Substantiated. However, the facility was not cited as they acted appropriately by hiring a pest control company to eliminate the bedbugs as soon as the bedbugs were discovered.

Allegation #2: An identified resident was not treated with respect by an identified staff.

Findings #2: Between 2/25/13 and 2/26/13, staff were observed working with residents and speaking appropriately to them. On 2/26/13, the identified resident was interviewed. The identified resident stated staff had never been disrespectful or had treated him unkindly. He further stated, staff had been very helpful to him. Three caregivers stated they had never seen another staff member be disrespectful to residents.

	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 was not maintained in an orderly manner.
Findings #3:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the upkeep of the facility. The facility was required to submit evidence of resolution within 30 days.
Allegation #4:	A facility shower leaked and there was mold in the hallway by the shower.
Findings #4:	On 2/25/13, a tour of the facility revealed no mold like substances on the carpet by the showers or in the shower rooms. Between 2/25/13 and 2/26/13, three facility employees stated they were not aware of any mold like substances in the shower rooms or on the carpeting in the hallway. Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.
Allegation #5:	There was not enough food items to meet the planned menu.
Findings #5:	Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not having enough types and amount of food items to meet the planned menu and the seven (7) day food supply. 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 **02/26/2013**. 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,

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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