



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 22, 2013

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living LLC
1964 Ririe Circle
Idaho Falls, ID 83404

License #: Rc-1028

Dear Ms. Butikofer:

On February 27, 2013, a Complaint Investigation and Follow-Up survey was conducted at Eagle Rock Assisted Living LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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March 13, 2013

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living LLC
755 Lomax
Idaho Falls, ID 83404

Dear Ms. Butikofer:

On February 27, 2013, a follow-up visit to the initial survey of November 29, 2012, was conducted at Eagle Rock Assisted Living LLC. The core issue deficiencies issued as a result of the November 29, 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 29, 2013.

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

Sincerely,

Donna Henscheid
Donna Henscheid, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/tfp



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MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
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Reset Form

Print Form

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Eagle Rock Assisted Living	Physical Address 755 Lomax Street	Phone Number 208-552-2860
Administrator Toni Butikofer	City Idaho Falls	Zip Code 83401
Team Leader Donna Henscheid	Survey Type Complaint and Follow-up	Survey Date 02/27/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	260.06	The environment was not maintained in a clean and orderly manner. For example: A kitchen cabinet door was hanging by one hinge, paint was chipped off the bar area surrounding the kitchen counter, curtain rods were bent or broken in residents' rooms, vents in the hallways were covered with dust and grime, residents rooms were cluttered and had offensive odors, and wallpaper was torn off the wall in the first room on the right next to the dining room.	3/5/13 3/5/13 3/5/13 3/5/13	3/23/13DH
2	305.06	The facility RN did not assess Resident #2's ability to self-administer insulin, Resident #1's ability to have medications at bedside and #4's ability to use a insulin pump.	2/2/13	3/23/13DH
3	310.01.a	Medications stored in the refrigerator were not secured.	2/4/13	3/23/13DH
4	320.03	Resident #2's NSA was not signed by the resident.	2/12/13	3/23/13DH
5	320.06	A copy of Resident #2's NSA was not given to the resident.	2/12/13	3/23/13DH
6	711.08.f	Resident #1's current home health notes were not available.	3/6/13	3/23/13DH
Response Required Date 03/29/13	Signature of Facility Representative <i>T Butikofer</i>		Date Signed 02/27/13	



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March 13, 2013

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living LLC
755 Lomax
Idaho Falls, ID 83404

Dear Ms. Butikofer:

An unannounced, on-site complaint investigation survey was conducted at Eagle Rock Assisted Living LLC from February 26, 2013, to February 27, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005920

Allegation #1: The facility did not assess an identified resident's ability to self-medicate prior to taking her medications and insulin away from her.

Findings #1: Substantiated. Although the facility RN assessed the identified resident on 12/19/12, the assessment contradicted what the facility allowed the resident to do regarding self-administration of her insulin. The facility was issued a deficiency at IDAPA 16.03.22.305.06 for the facility nurse not appropriately assessing the identified resident's ability to self-administer medications.

Allegation #2: The facility packed up an identified resident's belongings and did not return them to the resident.

Findings #2: On 2/26/13, the identified resident's room was observed to contain several boxes in various stages of being packed. A green headboard, that belonged to the identified resident, was seen in the garage, but there were no other boxes of personal belongings observed.

On 2/26/13, the administrator and the assistant administrator stated the resident's belongings were packed up by staff for a room change. The assistant administrator stated the room change did not occur because the facility issued the resident a discharge notice,

so the move was not necessary. They both stated the identified resident's belongings were returned to her and in her room.

Unsubstantiated.

Allegation #3: The facility retaliated against an identified resident by discharging her after the family filed a complaint with Licensing and Certification.

Findings #3: On 2/26/13, the identified resident's record was reviewed. A letter addressed to the identified resident, dated 1/29/13, documented the resident was being discharged because the facility could "no longer provide the level of care" the resident required.

Complaint intake information, taken by Licensing and Certification, documented the complaint was received on 2/20/13. This was 22 days after the discharge notification was given to the resident.

On 2/26/13, the administrator, assistant administrator and the facility RN, stated the identified resident was not compliant with her agreement to show staff her blood glucose readings, account for all carbohydrates consumed and keep an accurate log of all her readings. They further stated, since the last survey on 11/28/12, they worked with the resident to ensure the orders were current and followed accurately, but the resident refused to cooperate with them, leaving them no choice but to discharge her.

Unsubstantiated.

Allegation #4: The facility did not inform a family member and power of attorney of an identified resident's changes of condition.

Findings #4: On 2/26/13 at 11:30 AM, the resident was observed in her room when taking medications. The resident was observed to be alert and capable of making her needs known.

On 2/26/13, the identified resident's record was reviewed. A Durable Power of Attorney for Healthcare documented a family member was appointed to communicate the identified resident's wishes and was effective only when the resident was unable to communicate the instructions herself.

Substantiated, but not cited because the resident was capable of making her own decisions. Although it may be a good practice for facilities to keep families informed of changes, if the resident allows, there is no rule regarding this.

Anthonia Butikofer, Administrator
March 13, 2013
Page 3 of 3

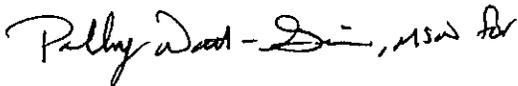
Allegation #5: The facility did not provide the identified resident or family member a copy of the resident's Negotiated Service Agreement (NSA/careplan) when requested.

Findings #5: Substantiated and cited at IDAPA 16.03.22.320.06 for the facility not providing a copy of the NSA to the resident. However, there is no rule regarding providing a copy to the family member when the resident is competent to sign their own paperwork.

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 February 27, 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 by March 29, 2013.

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,



Donna Henscheid, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/TFP

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