



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT – DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

April 2, 2012

FILE COPY

Robbe Redford, Administrator
Hearthstone Village, Llc
Po Box 418
Kootenai, ID 83840

License #: Rc-922

Dear Mr. Redford:

On February 28, 2012, a Complaint Investigation survey was conducted at Hearthstone Village, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 plan of correction and evidence of resolution.

Should you have questions, please contact Matthew Hauser , Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matthew Hauser
Team Leader

Health Facility Surveyor
Residential Assisted Living Facility Program

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2012
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R 000	Initial Comments The following deficiency was cited during the complaint survey conducted on February 28, 2012 at your residential care/assisted living facility. The surveyors conducting the survey were: Matthew Hauser, QMRP Team Leader Health Facility Surveyor Rae Jean McPhillips, RN Health Facility Surveyor	R 000	Information on this document is required by regulation for licensure. Any information provided is not to be construed as an admission of guilt or that the facility in any way agrees with the findings of the survey team. R006
R 006	16.03.22.510 Protect Residents from Abuse. The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse. This Rule is not met as evidenced by: Based on record review and interview it was determined the facility failed to protect 1 of 1 sampled residents (Resident #2) when the facility did not report the allegation of sexual abuse to Adult Protection. This failure to report the allegation of abuse placed 100% of the facility's female residents at risk for sexual abuse. The findings include: IDAPA 16.03.22.153.01 documents "The facility must develop policies and procedures to assure that allegations of abuse, neglect and exploitation are identified, reported, investigated, followed-up with interventions to prevent reoccurrence and assure protection, and documented." The facility's "Incident and Complaint Policy" documented the following:	R 006	The incident in question occurred in February 2011, and there have been no incidents requiring reporting since that time. Soon after the situation the administrator discussed this situation with the local ombudsman. After this discussion the administrator contacted Adult protection regarding this situation. These discussions were not documented. Resident #2 expired in August 2011 of causes unrelated to this discussion. Resident #2 did not make any other statements of harm or injury after this situation. All new staff are instructed on issues and incidents that require reporting upon hire. This include minor reporting to supervisors or

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

STATE FORM

TITLE

Administrator

(X6) DATE

3/22/12

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R 006	<p>Continued From page 1</p> <p>* "Any resident involved in the investigation of an accident, incident, complaint or allegation of abuse... will be protected during the course of the investigation."</p> <p>* "The facility will notify the Idaho Commission on Aging or its Area Agencies on Aging (Adult Protection) and law enforcement in accordance with section 39-5303, Idaho Code."</p> <p>Idaho Statute 39-5303, documents that a residential care facility, serving vulnerable adults, must immediately report information to Adult Protection when they have reasonable cause to believe that a resident had been abused.</p> <p>Resident #2 was admitted to the facility on 2/27/11 with a diagnosis of dementia.</p> <p>On 2/28/12, the administrator provided surveyors with an undated, "Summary of Incident" report. The report documented that on 3/11/11, Resident #2 "indicated that she was afraid for her safety, that staff were trying to poison her, and that she had been raped." The report documented that according to Resident #2's family, guardian and a previous caregiver the resident "could make outlandish accusations regarding her care and the staff." The report further documented the administrator chose not to follow the facility's protocol of involving the police, because he believed it was a behavior situation and not an elder abuse situation. The report documented, the administrator's reasons for not reporting the allegations were "1. the resident had a history of these behaviors, both prior to her stay and while at our facility, 2. resident was aware of her actions and was capable of 'putting on a show', and 3. involving the police and protective services would have re-escalated a resolved situation."</p>	R 006	<p>administration and major issues that require reporting to Adult Protective Services and/or Local Police authorities.</p> <p>Staff have received informal training as to when and who to call in the event of a reportable incident.</p> <p>All Staff will receive formal updated Inservice training as to proper reporting on 4/5/12.</p> <p>The Nurse, House Manager and the Administrator will monitor for compliance.</p>

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R 006	<p>Continued From page 2</p> <p>There was no documentation the allegation was reported to Adult Protection. Additionally, there was no documentation of what interventions the facility put in place to ensure the protection of the resident or other female residents during the course of the investigation.</p> <p>On 2/28/12 at 9:50 AM, the administrator confirmed he had not reported the allegation of rape to Adult Protection because he believed it would escalate the resident's behavior. Further, he stated that he knew the allegation should have reported.</p> <p>The facility's failure to implement their policies and procedures for protecting residents while allegations were being investigated and failure to report the allegation of sexual abuse to Adult Protection, left Resident #2 and 100% of the female residents at risk for sexual abuse.</p>	R 006		



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March 9, 2012

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Robbe Redford, Administrator
Hearthstone Village, Llc
Po Box 418
Kootenai, ID 83840

Dear Mr. Redford:

An unannounced, on-site complaint investigation survey was conducted at Hearthstone Village, Llc from February 28, 2012, to February 28, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005015

Allegation #1: The facility administrator did not immediately report an allegation of sexual abuse to Adult Protection.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.510 for the administrator not implementing policies and procedures to keep residents free from abuse. The facility was required to submit a plan of correction.

A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

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 02/28/2012. 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.

Robbe Redford, Administrator
March 9, 2012
Page 2 of 2

Sincerely,



MATTHEW HAUSER
Health Facility Surveyor
Residential Assisted Living Facility Program

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mh/mh

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



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Po Box 418
Kootenai, ID 83840

Dear Mr. Redford:

An unannounced, on-site complaint investigation survey was conducted at Hearthstone Village, Llc on February 28, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005057

Allegation #1: Residents were left unsupervised at times, when staff left to assist other caregivers in the other building.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.03 for not having staff available in each building at all times. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: Physician's orders to keep an identified resident's leg elevated were not followed.

Findings #2: The identified resident's record documented she went to her physician, on 4/19/11, to address edema, cellulitis, redness and warmth of her left leg. Her physician ordered antibiotic treatment and to keep the leg elevated for the following 2 days, even if that required bed rest.

"Progress Notes," by the facility nurse, documented the identified resident stayed in bed with her legs elevated from 4/20/11 through 4/23/11. The nurse's "Progress Notes" also documented her leg improved, with decreased redness, pain and warmth by 4/23/11. On 4/24/11, the nurse's "Progress Notes" documented the nurse instructed staff to get the identified resident "out of bed

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and back to a normal schedule."

Five caregivers were interviewed on 2/28/12 from 9:00 AM - 1:30 PM. All five caregivers stated the identified resident's legs were kept elevated for two days, as ordered by her physician. They further stated the resident stayed in bed for two days and had a special chair to keep her leg elevated at other times. All five caregivers stated the identified resident's family member was at the facility often and made sure the resident's legs were elevated often.

On 2/28/12 at 10:30 AM, the facility nurse was interviewed. She confirmed the identified resident's legs were kept elevated for 2 days, as ordered by her physician. She also stated the resident had a special chair to keep her legs elevated at other times.

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

Please understand that we cannot always find evidence that corroborates or substantiates the events that you shared with us in order to resolve the problem completely. When the allegation is referred to as "unsubstantiated," it means that noncompliance with a regulation could not be proven. It does not mean that an incident did not occur or that a family member/visitor did not witness a problem.

The facility is required to resolve the practice(s) identified in our findings. We will continue to monitor the progress of the facility.

Thank you for bringing these concerns to our attention. If you have any questions, or if we can assist you further, please do not hesitate to call us at (208) 334-6626.

Sincerely,



MATTHEW HAUSER
Health Facility Surveyor
Residential Assisted Living Facility Program

mh/mh

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