



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

JUDY A. CORDENIZ – ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 18, 2012

Lisa Moore, Administrator
Midland Manor
9766 W. Mossy Cup Str
Boise, ID 83709

License #: RC-854

Dear Mrs. Moore:

On March 16, 2012, a State Licensure, Follow-up and Complaint Investigation survey was conducted at Midland Manor. 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, 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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

March 19, 2012

Lisa Moore, Administrator
Midland Manor
9 South Midland Boulevard
Nampa, ID 83651

Dear Mrs. Moore:

On March 16, 2012, a State Licensure, Follow-up and Complaint Investigation survey was conducted at Midland Manor.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that twenty-five (25) non-core issue deficiencies were identified on the punch list and seven (7) were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than April 15, 2012

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

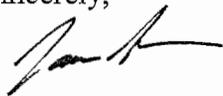
Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to

avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho residential care assisted living facility (RALF) program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R854	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2012
NAME OF PROVIDER OR SUPPLIER MIDLAND MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 9 SOUTH MIDLAND BOULEVARD NAMPA, ID 83651		
(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)	(X5) COMPLETE DATE
R 000	Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up/complaint survey conducted on 03/15/2012 through 03/16/2012 at your facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Midland Manor	Physical Address 9 S Midland Blvd	Phone Number 208-466-5175
Administrator Lisa Moore	City Nampa	Zip Code 83651
Team Leader Gloria Keathley	Survey Type Licensure, Follow-up and Complaint	Survey Date 03/16/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	The facility nurse did not have a criminal history background check. **REPEAT**	5-7-12 gk	
2	210	The facility did not provide an activity program to meet all rules.	5-7-12 gk	
3	250.08	The facility did not have adequate lighting in the hallways and sleeping rooms.	5-7-12 gk	
4	250.13.c	Four residents resided in a multi-bed sleeping room. <i>Licensed for 7 residents + then to 6 residents</i>	5-7-12 gk	
5	250.13.j	A wall in the large bedroom did not run from the floor to ceiling.	6/1/12	
6	260.05.b	Towels were worn and frayed.	5-7-12 gk	
7	260.06	The facility was not maintained in a clean, safe and orderly manner. Such as: the carpeting in the south bedroom was worn and stained, paint was chipping off the walls throughout the facility and on the outside trim, the bathroom door off the kitchen did not latch, the vinyl flooring in the dining room was torn and stained, the back bedroom toilet was leaking. the caulking in each bathroom was stained, in the large bathroom the vanity drawers were off track, the sheet rock in the large bathroom had a hole and was cracked, the awning on the patio was leaking, an old dishwasher was in the yard, the bushes surrounding the facility were overgrown and tools that could be hazardous to the residents were stored on the patio. **REPEAT**	6/1/12 gk	
8	305.02	Resident #3 did not have a physician's order for a diet and his NSA documented he required a therapeutic diet.	5-7-12 gk	
9	310.01	Resident #1's prescription medication was in a multi-dose container.	5-7-12 gk	
10	310.01.a	Medications in the refrigerator were unsecured. **REPEAT**	5-7-12 gk	

Response Required Date 04/15/12	Signature of Facility Representative 	Date Signed 3-16-12
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Midland Manor	Physical Address 9 S Midland Blvd	Phone Number 208-466-5175
Administrator Lisa Moore	City Nampa	Zip Code 83651
Team Leader Gloria Keathley	Survey Type Licensure, Follow-up and Complaint	Survey Date 03/16/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
11	310.04.e	The facility did not ensure Resident #1 had a psychotropic medication review conducted every 6 months.	5-7-12	
12	320.08	Resident #2 and Resident #3's NSA were not reviewed and updated yearly.	5-30-12	
13	335.03	The facility bathrooms did not have paper towels to ensure proper hand washing.	5-7-12	
14	430.02	A random resident's dresser in the large bedroom was missing drawers.	6-11-12	
15	430.03	A resident's bed in the south bedroom was not in good repair. **REPEAT**	5-7-12	
16	451.01.d	The facility did not serve the planned menu.	5-7-12	
17	451.02	The facility did not provide snacks to the residents as required per the rules.	5-7-12	
18	455	The facility did not have sufficient food to meet the menu and nor was there a 2 day supply of perishable foods.	5-7-12	
19	600.05	The maintenance man supervised residents while the house manager went grocery shopping and he had not received the necessary orientation and training.	5-7-12	
20	625.01	The maintenance man had not received orientation training. **REPEAT**	5-7-12	
21	630.02	The maintenance man had not received specialized mental illness training. **REPEAT**	5-7-12	
22	630.03	The maintenance man had not received specialized developmental disability training. **REPEAT**	5-7-12	
23	645	The house manger did not have 8 hours of continuing education.	5-7-12	

Response Required Date 04/15/12	Signature of Facility Representative 	Date Signed 3-16-12
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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

Table with 3 columns: Facility Name, Physical Address, Phone Number; Administrator, City, Zip Code; Team Leader, Survey Type, Survey Date.

NON-CORE ISSUES

Table with 5 columns: Item #, RULE #, DESCRIPTION, DATE RESOLVED, L&C USE. Contains two rows of data with handwritten dates.

Response Required Date: 04/15/12
Signature of Facility Representative: [Handwritten Signature]
Date Signed: 3-16-12



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

Page 2 of 2
Date 3/15/12

Table with 4 columns: Establishment Name, Operator, Address, and License Permit #. Contains handwritten information for Midland Muzer.

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

5. The cook was observed drying her hands on a cloth towel and did not always wash hands between tasks. Evidence of Resolution due March 26 2012. Leftovers were not date marked. A consumer advisory was not posted and the cook stated some products requested under hood were not posted where items visible to residents. Unapproved containers were observed storing leftovers in the freezer. The cook discussed the containers and verbalized an understanding of the importance of using appropriate containers.

Person in Charge, Date 3-16-12, Inspector, Date 3/15/12



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P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

March 26, 2012

Lisa Moore, Administrator
Midland Manor
9766 W. Mossy Cup Str
Boise, ID 83709

Dear Mrs. Moore:

An unannounced, on-site complaint investigation survey was conducted at Midland Manor from March 15, 2012, to March 16, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005437

Allegation #1: The facility did not have the food items available to meet the planned menu.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not having the food necessary to meet the planned menu. The facility was also issued a deficiency at IDAPA 16.03.22.451.01.d for not serving the planned menu. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not maintain a sufficient food supply.

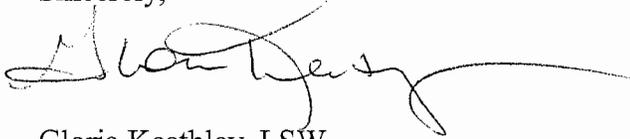
Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not maintaining a sufficient food supply including two (2) days of perishable foods. The facility was required to submit evidence of resolution within 30 days.

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 **03/16/2012**. 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.

Lisa Moore, Administrator
March 26, 2012
Page 2 of #

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,

A handwritten signature in black ink, appearing to read "Gloria Keathley", with a long horizontal flourish extending to the right.

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

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