



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

April 4, 2011

**CERTIFIED MAIL #: 70090820000028071736**

Jimmy Markham, Administrator  
Markham Residential Care Inc  
11525 3rd Street  
Star, ID 83669

Dear Ms. Markham:

Based on the licensure and complaint investigation survey conducted by our staff at Markham Residential Care Inc on **March 22, 2011**, we have determined that the facility failed to protect residents' right to be treated with dignity and respect..

This core issue deficiency substantially limits the capacity of Markham Residential Care Inc to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **May 6, 2011**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **April 17, 2011**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Jimmy Markham, Administrator  
April 4, 2011

You have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**April 17, 2011**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for Licensing & Certification to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **April 17, 2011**, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov) under the heading of Forms and Information.

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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **April 21, 2011**.

Please bear in mind that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Markham Residential Care Inc.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program  
Medicaid Licensing & Certification

JS/sc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R583</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/22/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARKHAM RESIDENTIAL CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>11525 3RD STREET STAR, ID 83669</b>		
(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 following deficiency was cited during the licensure, follow-up and complaint survey conducted 3/21/11 through 03/22/11 at your residential care/assisted living facility. The surveyors conducting the survey were:  Matt Hauser, QMRP Team Coordinator Health Facility Surveyor  Gloria Keathley, LSW Health Facility Surveyor  Definitions:  BMP= Behavior Management Plan Phone= Telephone TV= Television 0700= 7:00 AM	R 000	R000: The resident has had a new BMP put into place. We are currently working on BMP for all residents so no rights are infringed upon. A residents phone line has <sup>o</sup> been installed. Staff have also been educated on the new BMPs and how to properly implement them. As Admin Designer I will be going through the BMP's and seeing once a week to see	
R 008	16.03.22.520 Protect Residents from Inadequate Care.  The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.  This Rule is not met as evidenced by: IDAPA 16.03.22.010 defines Inadequate Care as: "When a facility...engages in violations of resident rights...."  Based on record review and interview with residents and staff, it was determined the facility failed to protect 1 of 4 sampled residents' (Resident #2) right to be treated with dignity and respect. The findings include:	R 008		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Theresa Markham Admin Designer* TITLE *Admin Designer* (X6) DATE *05/19/11*

STATE FORM 6899 D1Q611 If continuation sheet 1 of 3

PRINTED: 05/17/2011  
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R583	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/22/2011
NAME OF PROVIDER OR SUPPLIER  MARKHAM RESIDENTIAL CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 11525 3RD STREET STAR, ID 83669		
(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 008	<p>Continued From page 1</p> <p>A). IDAPA 16.03.22.550.03.b. "Each resident has the right to be treated with dignity and respect."</p> <p>Resident #2 was admitted to the facility on 5/4/10, with diagnosis which included borderline personality disorder.</p> <p>A care note, dated 3/3/11, documented Resident #2 had a dispute with her roommate and was calling the roommate derogatory names while on the phone. It further documented, "Phone &amp; TV privileges [sic] taken away until 03-05-11, at 0700."</p> <p>On 3/21/11, the facility's house rules in the resident's record were reviewed. The house rules did not refer to any loss of television or phone privileges for using derogatory language.</p> <p>On 3/21/11, Resident #2's BMP was reviewed and did not document losing TV or phone privileges as part of her behavioral interventions.</p> <p>Resident #2's record did not document she had been informed of and agreed to having privileges taken away if she called other residents derogatory names.</p> <p>On 3/21/11 at 2:08 PM, the lead caregiver stated she heard about Resident #2's privileges being taken away because the resident called her roommate a derogatory name, but she was not at the facility when the incident occurred.</p> <p>On 3/21/11 at 2:57 PM, Resident #2 stated she did not agree with having her phone and TV privileges taken away.</p> <p>On 3/22/11 at 10:55 AM, Resident #2's roommate stated the facility staff took Resident #2's TV and</p>	R 008	<p>designated I will go through the BMP's once a week to check on any behaviors &amp; progress met. At this time I can see if anything needs to be changed, removed, or updated. As of May 19, 2011 we have been cleared by states inspectors.</p>	

Bureau of Facility Standards  
STATE FORM

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D1Q611

If continuation sheet 2 of 3

PRINTED: 05/17/2011  
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R583	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/22/2011
NAME OF PROVIDER OR SUPPLIER  MARKHAM RESIDENTIAL CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 11525 3RD STREET STAR, ID 83669		
(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 008	Continued From page 2 phone privileges away. She further stated [Resident #2's name] felt bad and cried when this happened.  The facility failed to protect Resident #2's rights when she was subject to arbitrary punishment of telephone and television restrictions without her agreement.	R 008		

Bureau of Facility Standards  
STATE FORM

4899

D1Q611

If continuation sheet 3 of 3



**ASSISTED LIVING**  
**Non-Core Issues**  
**Punch List**

Facility Name Markham Residential Care INC	Physical Address 11525 3rd Street	Phone Number 208-286-7873
Administrator Jimmy Markham	City Star	Zip Code 83669
Team Leader Matt Hauser	Survey Type Licensure, Follow-up and Complaint	Survey Date 03/22/11

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	Three of five staff records reviewed did not have a completed Department criminal history background check.	4/28/11	MH
2	219.02	Resident #3's record did not include an interim care plan to guide services.	4/28/11	MH
3	260.06	The facility was not maintained in a <del>and</del> clean manner; examples include rust stains in toilets and showers, dusty vents in both hallways,	4/28/11	MH
4	310.04.e	Residents' #1 and #2 did not have a documented six month review of their psychotropic medications by their physician Repeat	5/16/11	MH
5	335.03	The facility shared bathrooms did not have paper towels, thus this did not allow for proper infection control with hand washing. -	5/16/11	MH
6	451.01	The facility did not have menus planned, signed and approved by a registered dietician.	4/28/11	MH
7	635.01	Four of five employees did not have documented 16 hours of job related orientation.	4/28/11	MH
8	630.02	Four of five employees did not have documented mental illness training. Repeat	4/28/11	MH
9	630.03	Four of five employees did not have documented developmental disability training.	5/16/11	MH
10	711.01	Residents #1, #2 and #3 did not have documentation of behavior management records that included the date and time of the specific behavior, what intervention was used and the effectiveness of the intervention. Repeat	4/28/11	MH

Response Required Date 04/24/11	Signature of Facility Representative <i>Christy DeRoche</i>	Date Signed
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# Food Establishment Inspection Report

Establishment Name: <u>MARKHAM RC</u>		Operator: <u>Jimmy Markham</u>	
Address: <u>115.5 3rd street</u>		City: <u>STAR</u>	Zip: <u>83024</u>
County Estab #: <u>Ada</u>	EHS/SUR.#	Inspection time:	Travel time:
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up:
Date: _____		Date: _____	

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

Critical Violations	Good Retail Practices
# of Risk Factor Violations: <u>2</u>	# of Retail Practice Violations: <u>0</u>
# of Repeat Violations: <u>1</u>	# of Repeat Violations: <u>0</u>
Score: <u>1</u>	Score: <u>1</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection

## RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection

	Demonstration of Knowledge (2-102)	COS	R
<u>Y</u> _N	1. Certification by Accredited Program or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>		
<u>Y</u> _N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<u>Y</u> _N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<u>Y</u> _N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	7. Handwashing Facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Sources</b>		
<u>Y</u> _N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<u>Y</u> _N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> _N	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	18. Hot Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<u>Y</u> _N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<u>Y</u> _N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<u>Y</u> _N	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> _N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approval Procedures</b>		
<u>Y</u> _N	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance      N = no, not in compliance  
 N/O = not observed      N/A = not applicable  
 COS = Corrected on-site      R = Repeat violation  
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>2nd floor</u>	<u>50</u>						

## GOOD RETAIL PRACTICES ( = not in compliance )

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensils & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Christy Deschamps</u> (Print) <u>Christy Deschamps</u> Title _____ Date _____	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inspector (Signature) <u>Matt Hauer</u> (Print) <u>Matt Hauer</u> Date <u>5/16/11</u>	



Establishment Name <i>Aluckin RC.</i>	Operator <i>Jimmy Markham</i>
Address <i>11525 3rd St.</i>	<i>STAR ID 83669</i>
County Estab # <i>EHS/SUR.#</i>	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

# 1 - Bleach water/sanitizer for food contact surface cleaning was too strong - staff discarded sanitizer and re-mixed appropriate amount with assistance from supervisors

CCS - 3/21/11 *[Signature]*



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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April 4, 2011

Jimmy Markham, Administrator  
Markham Residential Care Inc  
11525 3rd Street  
Star, ID 83669

Dear Ms. Markham:

An unannounced, on-site complaint investigation survey was conducted at Markham Residential Care Inc from March 21, 2011, to March 22, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004918

Allegation #1: The facility did not follow a menu that was approved by a dietician.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01 for not having menus signed and approved by a registered dietician. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: An identified resident did not receive a medication as ordered by the physician.

Findings #2: On 3/21/11 at 8:45 AM, the facility administrator stated the identified resident's record was stolen from the facility by a former employee. Only the January's medication assistance record (MAR) was available at the facility to review. The January MAR documented the resident missed 14 days of a medication. The administrator responded appropriately by conducting an investigation as soon as she was aware of the missed medication. The administrator implemented a plan to prevent future occurrences which included terminating some staff, retraining all other staff, and revising their medication policy. The facility also implemented a three way check on medications.

Substantiated. However, the facility was not cited as they acted appropriately by implementing new policies and procedures to prevent reoccurrence.

Allegation #3: The owner was drawing more money from an identified resident's funds than the agreed to amount on the admission agreement.

Findings #3: Between 3/21/11, an identified resident's closed record was reviewed. The record contained documentation the facility was the payee for the identified resident.

On 3/21/11 the identified resident's admission agreement was reviewed and contained the

Jimmy Markham, Administrator

April 4, 2011

Page 2 of #

amount agreed upon by the facility and resident. The amount agreed upon concurred with the accounting the administrator provided. Further, the identified resident's bank statements and the administrator's accounting were compared and found to be congruent.

Unsubstantiated.

Allegation #4: The facility did not maintain a record of residents' personal funds.

Findings #4: On 3/21/11 at 9:15 AM, the facility administrator stated she was payee for two residents. The resident's spending accounts and ledgers of all expenditures for each resident were reviewed. The bank statements and the administrator's accounting were compared and found to be congruent.

Unsubstantiated.

Allegation #5: The facility did not track controlled substances.

Findings #5: On 3/21/11, the controlled substance record was reviewed for the last three months. The dates and amount of the medication received were documented on the controlled substance tracking log. The controlled substance tracking log documented the medications were counted by two medication aides at the end of each shift. A review of the narcotic tracking log documented the counts were correct and properly documented.

On 3/22/11 at 2:24 PM, the medication aide stated when she gave a controlled substance, she documented the medication on the medication assistant record and on the controlled tracking sheet.

Unsubstantiated.

Allegation #6: Facility staff did not have medication certification.

Findings #6: On 3/21/11, the facility administrator stated three former employee records were stolen from the facility by a former employee. The former employee records could not be reviewed.

On 3/22/11, five current staff records were reviewed and all contained documentation of medication certification.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #7: The facility caregivers were not delegated to assist with medications.

Findings #7: On 3/21/11, the facility administrator stated three former employee records were stolen from the facility by a former employee. The former employee records could not be reviewed.

On 3/22/11, five current staff records were reviewed and all contained documentation of nursing delegation to assist residents with medications.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #8: The facility RN had not been to the facility for five months.

Jimmy Markham, Administrator

April 4, 2011

Page 3 of #

Findings #8: On 3/21/11, three current residents' records were reviewed and contained quarterly RN assessments. The RN assessments documented the RN had been to the facility quarterly and as needed. The records documented that over the last twelve months the facility RN had visited the facility at least every other month.

On 3/21/11 at 10:00 AM, the administrator designee and LPN stated the facility RN was available when needed and had visited the facility regularly.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #9: The facility had three residents in a room designed for two.

Findings #9: On 3/21/11, a facility tour was conducted and no bedrooms were observed to have more than two residents residing in them.

On 3/21/11 at 3:13 PM, two caregivers and two residents stated the former administrator designee had placed three residents into a room meant for two. They further stated the current administrator moved one resident as soon as she became aware of the situation.

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

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,



Matt Hauser  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



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Jimmy Markham, Administrator  
Markham Residential Care Inc  
11525 3rd Street  
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Dear Ms. Markham:

An unannounced, on-site complaint investigation survey was conducted at Markham Residential Care Inc from March 21, 2011, to March 22, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00004919**

Allegation #1: The facility failed to provide medical care for a resident which resulted in hospitalization.

Findings #1: On 3/21/11 at 8:45 AM, the facility administrator stated the identified resident's record was stolen from the facility by a former employee. Only the January's medication assistance record (MAR) was available at the facility to review. The January MAR documented the resident missed 14 days of a medication. The administrator responded appropriately by conducting an investigation as soon as she was aware of the missed medication. The administrator implemented a plan to prevent future occurrences which included terminating some staff, retraining all other staff, and revising their medication policies and procedures. The facility also implemented a three way check on medications.

Substantiated. However, the facility was not cited as they acted appropriately by implementing new policies and procedures to prevent reoccurrence.

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,

Matt Hauser  
Health Facility Surveyor  
Residential Assisted Living Facility Program