



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

May 3, 2011

Jeremy Garner, Administrator
Spring Creek Manor - Meridian
253 East Calderwood Drive, Unit E
Meridian, ID 83642

License #: Rc-860

Dear Mr. Garner:

On March 23, 2011, a complaint investigation survey was conducted at Spring Creek Manor - Meridian, Spring Creek Manor V, 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rachel Corey, RN
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 25, 2011

Jeremy Garner, Administrator
Spring Creek Manor - Meridian
175 + 187 East Calderwood Drive
Meridian, ID 83642

Dear Mr. Garner:

On March 23, 2011, a Complaint Investigation survey was conducted at Spring Creek Manor - Meridian.

Please bear in mind that 8 non-core issue deficiencies were identified on the punch list and 2 were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than April 22, 2011

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,

A handwritten signature in black ink that reads "Rachel J. Core". The signature is written in a cursive style with a large initial 'R' and a trailing flourish.

Rachel Corey, RN
Team Coordinator
Health Facility Surveyor

Enclosure



Facility Name <i>Spring Creek Manor Meridian</i>	Physical Address <i>175 + 187 E Calderwood Drive</i>	Phone Number <i>884-6199</i>
Administrator <i>Jeremy Warner</i>	City <i>Meridian</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>Rachel Corey</i>	Survey Type <i>Complaint and follow-up</i>	Survey Date <i>3/23/11</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	154.02	The facility's fire policy was not congruent with what staff stated they were instructed to do.	4/22/11	
2	215.01	The administrator did not ensure the fire drill policy was implemented in regards to training all staff on appropriate fire drill procedures.	4/22/11	
3	300	The former administrator was performing nursing duties without a nursing license.	4/22/11	
4	350.02	The administrator did not investigate all incidents and accidents. *Repeat Punch*	5/2/11 RC	
5	350.07	A reportable incident involving resident #1 was not reported to Licensing and certification.	4/22/11	
6	410.02	The required amount of fire drills was not performed each quarter. *Repeat Punch*	4/22/11	
7	750.01	The fire drill reports identified problems encountered during fire drills, but there was no documentation for improvements.	5/2/11 RC	
8	730	A former staff member's personnel record was not maintained.	4/22/11	

Response Required Date <i>4/22/11</i>	Signature of Facility Representative 	Date Signed
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March 25, 2011

Jeremy Garner, Administrator
Spring Creek Manor - Meridian
253 East Calderwood Drive, Unit E
Meridian, ID 83642

Dear Mr. Garner:

An unannounced, on-site complaint investigation survey was conducted at Spring Creek Manor - Meridian on March 23, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004791

- Allegation #1:** Staff were not appropriately trained to provide supervision to residents during fire drills.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.01 for not ensuring all staff were trained on fire drill procedures. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not implement corrective actions after an identified resident fell during a fire drill.
- Findings #2:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for not investigating all accidents and incidents and at 16.03.22.154.02, for not ensuring all staff were knowledgeable on the appropriate fire drill policy. The facility was required to submit evidence of resolution within 30 days.

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.

Jeremy Garner, Administrator
March 25, 2011
Page 2 of 2

Sincerely,

A handwritten signature in black ink that reads "Rachel S, RN". The signature is written in a cursive style with a large, sweeping initial "R".

Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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Spring Creek Manor - Meridian
253 East Calderwood Drive, Unit E
Meridian, ID 83642

Dear Mr. Garner:

An unannounced, on-site complaint investigation survey was conducted at Spring Creek Manor - Meridian on March 23, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004819

Allegation #1: The former administrator performed nursing tasks without being a licensed nurse.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300 for the former administrator performing nursing duties without a nursing license. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The former administrator restricted caregivers' access to the facility nurse, when residents' had a change of condition.

Findings #2: On 3/23/11 between 9:00 AM and 3:15 PM, four caregivers stated the former administrator did not restrict their access to the facility nurse or tell them not to call the nurse when a resident experienced a change of condition. They further stated, the facility RN at that time, was not the current facility RN.

Three sampled resident records contained nursing assessments signed by the facility RN and documentation from caregivers when the facility nurse was called.

On 3/23/11 at 3:00 PM, the former facility RN was called, but could not be reached.

Jeremy Garner, Administrator
March 25, 2011
Page 2 of 2

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

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 that reads "Rachel E. Corey, RN". The signature is written in a cursive style.

Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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March 25, 2011

Jeremy Garner, Administrator
Spring Creek Manor - Meridian
253 East Calderwood Drive, Unit E
Meridian, ID 83642

Dear Mr. Garner:

An unannounced, on-site complaint investigation survey was conducted at Spring Creek Manor - Meridian on March 23, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004897

Allegation #1: Kitchen practices did not meet the Idaho food code in regards to leftovers.

Findings #1: On 3/23/11 between 9:00 AM and 11:30 PM, kitchen practices were observed. Leftovers were observed stored, marked and dated appropriately. Two cooks stated leftovers were kept for two or three days to be used as an alternative to the menu, if requested by a resident. Leftovers would be labeled and dated prior to being stored. They described cooling methods used for leftovers consistent with the Idaho Food code.

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

Allegation #2: Fire drills were not being completed as required.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.410.02 for not performing the required amount of fire drills each quarter. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Maintenance issues were not being corrected after pipes had frozen on two occasions.

Findings #3: On 3/23/11, during a tour of the facility, the facility was observed to be well

maintained.

On 3/23/11, the maintenance log was reviewed. It documented the corrective actions taken when the facility experienced broken pipes.

On 3/23/11 at 2:30 PM, the maintenance man stated he was not the maintenance man at the time the pipes had frozen, but was currently performing preventative steps every morning to keep the pipes from freezing again. He further stated, it was determined the pipes had been previously installed improperly, which was corrected.

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

Allegation #4: When an identified resident fell during an outing, the administrator did not investigate the incident and implement corrective actions.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for not investigating all incidents and accidents. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: A reportable incident was not reported to Licensing and Certification.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for not reporting an incident with an identified resident to Licensing and Certification. The facility was required to submit evidence of resolution within 30 days.

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,



Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

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