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

May 21, 2013

Janet Johnson, Administrator
Pocatello Assisted Living Center
520 Willard Avenue
Pocatello, ID 83201

License #: RC-804

Dear Ms. Johnson:

On March 28, 2013, a Complaint Investigation survey was conducted at Pocatello Assisted Living Center. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN, BSN

Rae Jean McPhillips, RN, BSN
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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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

| Facility Name | Physical Address | Phone Number |
|---|---|---|
| Pocatello Assisted Living Center | 520 Willard Avenue | 208-232-2610 |
| **Administrator** | **City** | **Zip Code** |
| Janet Johnson | Pocatello | 83210 |
| **Team Leader** | **Survey Type** | **Survey Date** |
| RaeJean McPhillips | Complaint | 03/28/13 |

## NON-CORE ISSUES

| Item # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | L&C USE |
|---|---|---|---|---|
| 1 | 350.02 | The administrator did not document an investigation when Resident #4 sustained an injury of unknown origin to her left wrist. | 4/26/13 | RM |
| 2 | 350.07 | The facility did not report Resident #4's injury of unknown origin to Licensing and Certification. ***Previously cited 6/18/2010*** | 4/26/13 | RM |
| 3 | 711.04 | There was no evidence Resident #4 was informed of the possible consequences when she refused assistance with personal hygiene. | 4/26/13 | RM |
| 4 | 711.08.c | There was no documentation of Resident #4's fractured wrist or how it occurred. | 4/26/13 | RM |
| 5 | 711.08.e | There was no documentation the facility nurse was notified when Resident #4 had a change in condition, such as a fractured wrist. | 4/26/13 | RM |
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| Response Required Date | Signature of Facility Representative | Date Signed |
|---|---|---|
| 04/27/13 | Kristina Bale | 3/27/13 |

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April 11, 2013

Janet Johnson, Administrator
Pocatello Assisted Living Center
520 Willard Avenue
Pocatello, ID 83201

Dear Ms. Johnson:

An unannounced, on-site complaint investigation survey was conducted at Pocatello Assisted Living Center from March 27, 2013, to March 28, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005871**

Allegation #1: The facility did not assist an identified resident with personal hygiene.

Findings #1: On 3/27/13, the identified resident's record was reviewed. The record contained a Uniform Assessment Instrument (UAI) and the Negotiated Service Agreement (NSA). The UAI documented the caregivers were to assist the resident with getting in and out of the shower and that the identified resident needed reminders with dressing. The NSA documented the resident was to receive assistance with a shower and assistance with dressing, if the resident requested the assistance.

On 3/28/13 at 11:20 AM, the identified resident stated that the caregivers helped with personal hygiene when requested. The resident was currently at a rehabilitation care center and looked forward to going back to the facility.

On 3/28/13 at 11:28 AM, the rehabilitation care center employees stated that the resident was clean and dressed appropriately when she was admitted to their facility and hospital paperwork did not document the identified resident had arrived at the hospital with an unkempt appearance.

On 3/28/13 at 11:35 AM, attempts were made to reach a family member of the identified resident to no avail.

Between 3/26/13 and 3/27/13, four caregivers stated the identified resident would refuse showers at times, however they were able to assist with showers by re-approaching the resident.

On 3/28/13, an outside agency that worked with the identified resident stated the facility always worked with the resident on hygiene matters. The outside agency worker further stated, the resident was resistive to cares at times.

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

Allegation #2: An identified resident had falls with injuries which were not documented by the staff.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08.e and at IDAPA 16.03.22.711.08.c for not documenting the facility nurse had been informed of a change in condition and for not having all documentation available regarding the incident. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not report injuries of unknown origin to Licensing & Certification.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for not notifying Licensing and Certification of an injury of unknown origin. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: Facility residents were unkempt and smelled dirty.

Findings #4: Between 3/27 and 3/28/13, residents were observed to be clean and well groomed; no body odors were detected. Staff were observed assisting a resident with combing his hair and another resident with his clothing.

The activities of daily living (ADLs) book was reviewed. The book contained documentation from caregivers for the current residents and what assistance they received for hygiene and showers.

On 3/27/13 during the tour of the facility, eight residents were interviewed and stated they received assistance with personal hygiene. They further stated, the caregivers were very good about assisting them with cares, when needed.

On 3/28/13, five caregivers stated residents received showers on a scheduled day. Residents received showers every other day or as needed.

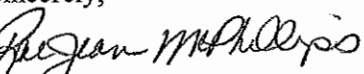
On 3/28/13 at 11:40 AM, an outside agency that worked with residents of the facility, stated the facility always worked with the residents on hygiene matters.

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

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 **03/28/2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office 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.

Sincerely,



Rae Jean McPhillips, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RJM/gk

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