



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 13, 2011

Melissa Wolfe, Administrator  
Hillcrest Manor, Llc  
4660 Hatchery Road  
Eagle, ID 83616

License #: Rc-910

Dear Ms. Wolfe:

On April 12, 2011, a complaint investigation and state licensure survey was conducted at Hillcrest Manor, 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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April 15, 2011

Melissa Wolfe, Administrator  
Hillcrest Manor, Llc  
3901 West Hillcrest Drive  
Boise, ID 83705

Dear Ms. Wolfe:

On April 12, 2011, a complaint investigation and state licensure survey was conducted at Hillcrest Manor, Llc. The facility was found to be providing a safe environment and safe, effective care to residents.

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

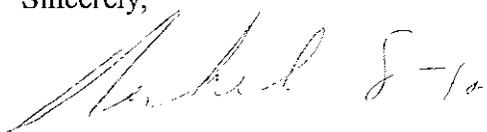
Please bear in mind that 8 non-core issue deficiencies were identified on the punch list and 4 were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than May 12, 2011

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 cursive script, appearing to read "Jamie Simpson".

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:  <b>13R910</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/12/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST MANOR, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 WEST HILLCREST DRIVE BOISE, ID 83705</b>
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(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
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R 000	<p><b>Initial Comments</b></p> <p>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 and complaint survey conducted on 4/11/11 through 4/12/11 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards TITLE (X6) DATE

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

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 8 rows of non-core issues with handwritten dates and 'RC' notations.

Table with 3 columns: Response Required Date, Signature of Facility Representative, Date Signed.



IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Division of Health  
450 W. State Street, Boise, Idaho 83720-0036  
208-334-5938

Establishment Name <u>Hillcrest Manor</u>	Operator <u>Melissa Wolfe</u>
Address <u>3901 W. Hillcrest Dr.</u>	<u>Boise ID 83705</u>
County <u>ADA</u>	Estab # _____ EHS/SUR # _____
Inspection Type: <u>Standard</u>	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.	

# of Risk Factor Violations <u>0</u>	# of Retail Practice Violations <u>1</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>0</u>	Score _____
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>N</u>	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>X</u>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<u>X</u>	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u>	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>X</u>	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u>	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u>	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
<u>X</u>	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u>	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u>	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>X</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u>	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u>	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

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

**GOOD RETAIL PRACTICES (X = not in compliance)**

	COS	R		COS	R		COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Food and non-food contact surfaces constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	37. Food label/bondion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Plumbing installed, cross-connection, back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
						42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
						43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
						44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
						45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
						46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
						47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
						48. Specialized processing methods	<input 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>[Signature]</u> (Print) <u>Krista Weber</u> Title <u>Operator</u> Date <u>4/12/11</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>Matt Hauser</u> Date <u>4/12/2011</u>	



# Food Establishment Inspection Report

Food Protection Program, Division of Health  
450 W. State Street, Boise, Idaho 83720-0036  
208-334-5938

Page 2 of 2  
Date 4/12/11

Establishment Name <i>Hillcrest Manor</i>	Operator <i>Melissa Wolfe</i>
Address <i>3901 W. Hillcrest Drive</i>	<i>Boise ID 83705</i>
County Estab # <i>ADA</i>	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#30 - Bake pans had cooked on debris and needed scrubbed,

Person in Charge <i>[Signature]</i>	Date <i>4/12/11</i>	Inspector <i>[Signature]</i>	Date <i>4/12/11</i>
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PHONE: (208) 334-6626  
FAX: (208) 364-1888

April 22, 2011

Melissa Wolfe, Administrator  
Hillcrest Manor  
4660 Hatchery Road  
Eagle, ID 83616

Dear Ms. Wolfe:

An unannounced, on-site complaint investigation survey was conducted at Hillcrest Manor from April 11, 2011, to April 12, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004702

Allegation #1: The facility did not respond appropriately after it was reported an identified resident may have received the wrong medications on 7/19/10.

Findings #1: On 4/11/11 at 11:47 AM, the administrator stated a family member of an identified resident reported to her concerns the resident may have received the wrong medications on 7/19/10, as he had been drowsy that day. The administrator stated, upon investigation, it was determined the resident had noticed a different color pill than usual that morning. The different colored pill was an aspirin that had been yellow, but was switched to an orange colored pill. She confirmed the resident had been drowsy that day, but there was no indication the resident had been given the wrong medications. She further stated, during this time, other residents were interviewed and none stated they had concerns with medication errors. Additionally, the caregiver was observed passing medications and no concerns were identified.

"MAR Progress notes," dated 7/19/10, documented the caregiver went through the residents 8:00 AM medications with him while she was giving them and noticed a different colored aspirin than usual. The notes further documented, the nurse and administrator were contacted regarding the different colored aspirin. The resident received his remaining morning medications; the resident appeared "normal" during this time.

"Behavior Management Progress Notes," dated 7/19/10, documented the identified resident was walking, and talking slower than normal. The resident stated he was tired from not sleeping and refused to have 911 called. The nurse was notified and instructed staff to provide lunch for the resident, then to have the resident lay down. Progress notes further documented, the daughter brought the resident to the ER; the resident returned with no concerns identified.

The emergency department report, dated 7/19/10, documented there were no abnormalities and "physical exam is without any obvious pathology."

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

Allegation #2: The facility did not follow their medication assistance policy and an identified resident received the wrong medications on 7/21/10.

Findings #2: Substantiated. However, the facility was not cited, as they responded appropriately.

On 4/11/11, the identified resident's record documented he received the wrong medications on 7/21/10 and was immediately taken to the ER. The administrator came in to finish passing medications, as the caregiver who made the medication error was terminated. All residents were interviewed by the administrator to determine if they had any medication concerns. The facility nurse also came in to speak with the residents one to one. An audit was conducted on the medication assistance records and compared with the medications available at the facility. To prevent further occurrences, it was determined the nurse would bubble-pack all medications, including those from the VA. Residents were instructed on how to be actively involved during medication pass, including steps to take to be proactive. Further, pictures of the residents were placed in front of the medication assistance record sheets.

On 4/11/11 at 10:00 AM, two caregivers were interviewed and stated since the medication error that occurred, they have been audited by the administrator several times to ensure they were assisting with medications appropriately. They further stated, the facility nurse also observed them when he was in the facility.

On 4/11/11 at 1:30 PM, the facility nurse stated he felt the administrator responded appropriately after the medication error occurred. He further stated, he observed the process staff used to assist with medications when he visited

the facility and had no concerns with the the competency of the current staff.

On 4/11/11 from 10:00 AM until 3:30 PM, eight residents were interviewed. Several confirmed a medication error had occurred at one time, but all stated t hey felt the facility responded appropriately when the incident occurred and felt the current staff were competent to assist with medication.

On 4/11/11 at 2:00 PM, medication assistance was observed. The caregiver viewed a picture of the resident on the computer screen and compared the listed medication with the bubble-pack. He stated the resident's name to the resident and listed the resident's medication. The resident confirmed this was correct and the caregiver observed the resident swallow the medication.

Allegation #3: The facility did not respond appropriately when an identified resident had a change of condition.

Findings #3: On 4/11/11 the identified resident's record was reviewed. "Behavior Management Progress Notes," dated 7/19/10, documented the identified resident was walking, and talking slower than normal. The resident stated he was tired from not sleeping and refused to have 911 called. The nurse was notified and instructed staff to provide lunch for the resident, then to have the resident lay down. Progress notes further documented, the daughter brought the resident to the ER; the resident returned with no concerns identified.

On 4/11/11 from 10:00 AM until 3:30 PM, eight residents stated the facility called the nurse if they were ill and they would receive the necessary medical treatment. The identified resident denied there was ever a time when he did not receive medical care in a timely manner.

On 4/11/11 at 10:00 AM, two caregivers stated they called the facility nurse for anything unusual going on with the residents or they would call 911 during an emergency.

On 4/11/11 at 1:30 PM, the facility nurse stated, staff called him for any changes of condition observed. He would determine whether the residents should be further evaluated or he would come into the facility to assess them.

On 4/11/11, two other residents' records were reviewed. Both contained documentation of the notification of the facility nurse for observed changes of condition. There were no concerns identified with the facility's response to changes of condition. Incident and accident reports documented residents received the necessary medical treatment for any changes of condition.

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

**Allegation #4:** The administrator did not adequately train and supervise a new employee to assist with medications.

**Findings #4:** On 4/11/11, the identified employee's record and three other employee records were reviewed. Each contained the required 16 hours of orientation, medication assistance certification, and delegation from the facility nurse to assist with medications.

On 4/11/11 at 10:00 AM, two caregivers stated that prior to assisting with medications, they took a medication certification course. Further, they were observed and trained by the facility nurse and administrator to ensure they followed the appropriate procedures. They further stated, the administrator and nurse completed frequent audits on their medication assistance procedures to ensure everything was done appropriately.

On 4/11/11 at 1:30 PM, the facility nurse stated prior to allowing caregivers to assist with medications, they must have passed the medication certification course, have demonstrated the correct procedures, and be able to pass his verbal quizzes. He further stated, the identified caregiver had met all the requirements to assist with medications. He had no initial concerns about her ability to assist with medications. If he had any concerns about the competency of a new employee, he would not delegate to them and they would not assist with medications.

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

**Allegation #5:** The facility falsified documentation.

**Findings #5:** On 4/11/11, at 10:00 AM, two caregivers were interviewed and stated they had never been told to document things which were not true and were taught to document the specific events of any unusual occurrence. At 1:30 PM, the facility nurse stated he had no concerns with how the facility documented unusual events and found them to be factual.

On 4/11/11, three sampled residents' records and incidents and accident reports were reviewed. Interviews regarding care issues were congruent with what was documented in the record. There was no evidence that the facility falsified

Melissa Wolfe, Administrator  
April 22, 2011  
Page 5 of 5

documentation.

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

Allegation #6: The administrator did not follow-up in writing to a complainant.

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not responding to complainants in writing. 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,

A handwritten signature in cursive script, appearing to read "Rachel S. Corey".

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

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