



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 5, 2011

CERTIFIED MAIL #: 70090820000028071781

Rayvin Barclay, Administrator
Aarenbrooke Place - Storybook Way
104 North Storybook Way
Eagle, ID 83616

Dear Ms. Barclay:

Based on the Complaint Investigation survey conducted by our staff at Aarenbrooke Place - Storybook Way on **May 5, 2011**, we have determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Aarenbrooke Place - Storybook Way 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 **June 19, 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 **May 18, 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.

You have available the opportunity to question cited deficiencies through an informal dispute resolution

Rayvin Barclay, Administrator
May 5, 2011

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 (**May 18, 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 **May 18, 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 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 **June 4, 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 Aarenbrooke Place - Storybook Way.

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/gk

Enclosure

PRINTED: 05/05/2011
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R837	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2011
NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - STORYBOOK WAY		STREET ADDRESS, CITY, STATE, ZIP CODE 104 NORTH STORYBOOK WAY EAGLE, ID 83618		
(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 complaint investigation conducted 5/3/11 through 5/5/11 at your residential care/assisted living facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Definitions: abd = abdominal amt = amount CA = cancer CNA = Certified Nursing Assistant conts = continous dsg = dressing d/t = due to IDT = Interdisciplinary Team L = left min = minutes mod = moderate RN = Registered Nurse sm = small sl = slight	R 000	1) This resident discharged on 2/5/11. 2) We are reviewing all other residents to check for wounds that are not healing bi-weekly. We will also review any resident with outside services to ensure that no other resident has a wound that is not healing bi-weekly. If a wound is found that is not healing bi-weekly a 30 day notice will be issued 3) The policy for Unacceptable Admissions will be re-distributed, reviewed, and signed by all marketers, administrators, nurses. To ensure the admission are appropriate. See attached copies of the policy that has been signed by people involved. 4) Any new admissions that have a history or have a current skin issue will be reviewed by an Ashley Manor RN prior to admission to the facility. Any potential admit that has a wound that does not seem to be healing bi-weekly will not be admitted. 5) The steps have been put into place on 5/12/2011 the policy for Unacceptable Admission will be reviewed and signed by everyone by 5/26/11.	
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.	R 008		

Bureau of Facility Standards

R. DAVILA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator TITLE

5/13/2011

(X6) DATE

STATE FORM

6888

MN1411

If continuation sheet 1 of 5

*Review/Approved
Gloria Keathley*

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FORM APPROVED

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - STORYBOOK WAY		STREET ADDRESS, CITY, STATE, ZIP CODE 104 NORTH STORYBOOK WAY EAGLE, ID 83616		
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R 008	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based record review and interview, it was determined the facility failed to provide adequate care for 1 of 4 sampled residents (#3) who was admitted with an open wound that was not healing bi-weekly. Additionally, the facility retained 1 of 1 sampled residents (#3) who had a non-healing wound for which the drainage could not be contained. The findings include:</p> <p>IDAPA rule 16.03.22.152.06.b states "No resident will be admitted or retained who requires ongoing skilled nursing care not within the legally licensed authority of the facility. Such residents include:</p> <p>viii. A resident with open, draining wounds for which the drainage cannot be contained;</p> <p>x. A resident with any type of pressure ulcer or open wound that is not improving bi-weekly."</p> <p>Resident #3 was admitted to the facility on 9/15/10 with diagnoses that included a non-healing open breast cancer wound.</p> <p>A hospice "IDT Patient Care Plan of Care Review," dated 9/15/10, documented the resident had an "open breast CA wound" which required daily dressing changes.</p> <p>A "Skin Report," completed by the administrator and dated 9/16/10, contained a diagram of a human body with a rectangular box drawn from arm to arm across the chest area. It documented the resident had "drainage/discoloration d/t cancer." An arrow was drawn from the documentation to the box on the chest.</p> <p>A nursing assessment, dated 9/16/10, documented the resident had a history of breast</p>	R 008		

Bureau of Facility Standards
STATE FORM

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MNI411

If continuation sheet 2 of 3.

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NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - STORYBOOK WAY		STREET ADDRESS, CITY, STATE, ZIP CODE 104 NORTH STORYBOOK WAY EAGLE, ID 83616		
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R 008	Continued From page 2 cancer. There was no documentation the resident's wounds had been assessed by the nurse. "Nursing Narrative Notes" documented the following: *9/16/10 - The administrator requested to be present at dressing change "in order to do full skin assess." It further documented there was no bleeding but there was a moderate amount of drainage on the old dressing, "tan in color." *9/17/10 - "Wound very odiferous [sic] today. Bleed [sic] in shower but not during dressing change." *9/18/10 - "Removed old dsg, dsg with lots of drainage/blood...Wound with strong odor. Bleed [sic] fair amt during cleaning, saturating 4-5 pieces of 4 x 4 gauze." *9/19/10 - "Removed old dsg from chest. Very foul odor noted today. Old dsg had drainage and blood clear through. Some had leaked out on to bra." *9/21/10 - "Old dsg with lots of drainage & blood." *10/2/10 - "Wound remains unchanged." *10/3/10 - "Old dsg with mod amt tan drainage. Moderate amt of foul odor from wound." *10/10/10 - "Extra pad of wash cloth placed laterally down bra." The area was without odor but had a moderate amount of drainage. *10/28/10 - "Chest wound conts to spread under arm pit."	R 008		

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If continuation sheet 3 of 5

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NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - STORYBOOK WAY		STREET ADDRESS, CITY, STATE, ZIP CODE 104 NORTH STORYBOOK WAY EAGLE, ID 83816		
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R 008	Continued From page 3 *12/1/10 - "Wound conts slowly grow in size and extends from one armpit to the other." *12/25/10 - "...Shower done and chest bled mod amt from L side. After shower used Abd pad and held pressure for 5 min until bleeding stopped." *1/11/11 - " Wound with significant amt of drainage on old dsg. Bleed [sic] today during cleaning." *1/18/11 - "Wound has been draining quite a bit, [Name of CNA] has been padding the dressing with extra gauze when taking gauze & when taking gauze off it's saturated with fluid and blood." A facility progress note, dated 12/30/10, documented that "hospice has stated this week resident chest wound appear to be getting slightly worse." "Nursing Clinical Notes" documented the following: *10/22/10 - The wound "continued to slowly grow in size" and a new brown/black area was identified left of left nipple. *10/25/10 - The resident's wound continues to get larger. *11/12/10 - "Chest wound cont spread. Now goes underneath both arm plts and completely across chest, black area no longer present." *11/14/10 - "Chest wound with a lot of bleeding today, bleeding stopped when pressure applied with gauze pad."	R 008		

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MN1411

If continuation sheet 4 of 5

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R 008	Continued From page 4 *11/21/10 - "Wound conts to spread with more open sores." *1/8/11 - "Assessed and wound has apread into amplt with minimal drainage." *1/31/11 - "Also educated on disease progression and that her wound is worsening (growing, seeping more)." On 5/4/11 at 10:00 AM, the administrator stated she was not the administrator at the time of admission, but was aware the resident had the wound when admitted. She stated the facility RN assessed the resident and was also aware of the wound. The administrator stated sha was not aware of the rule regarding wounds healing bi-weekly and thought the rule only pertained to drainage that could not be contained. On 5/4/11 at 2:50 PM, a hospice nurse stated, the facility had difficulty keeping up with the resident's laundry because of the frequent clothing changes dua to the wound drainage. The facility admitted Resident #3 in September 2010 with a known non-healing open wound related to breast cancer. During the four months at the facility, the resident's wound continued to worsen and at times had bleeding and drainage that could not be contained. This resulted in inadequate care.	R 008		

Bureau of Facility Standards
STATE FORM

8870

MNI411

If continuation sheet 5 of 5

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 3 rows of non-core issues with handwritten dates and initials.

Response Required Date: 06/04/11
Signature of Facility Representative: [Handwritten Signature]
Date Signed: [Handwritten Dates]

Handwritten date: 5/5/2011



IDAHO DEPARTMENT OF
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May 9, 2011

Rayvin Barclay, Administrator
Aarenbrooke Place - Storybook Way
104 North Storybook Way
Eagle, ID 83616

Dear Ms. Barclay:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place - Storybook Way from May 3, 2011, to May 5, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004917

- Allegation 1: An identified resident did not receive baths because the facility had hot water issues for an extended period of time.
- Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not having sufficient personnel to correct a hot water issue in a timely manner. This resulted in an identified resident not receiving her bathes as outlined on her NSA. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2: The facility was not emptying a bedside commode after an identified resident used it.
- Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not emptying a bedside commode regularly, thus causing offensive odors and an unsanitary living environment for residents. The facility was required to submit evidence of resolution within 30 days.
- Allegation #3: The facility had not assisted an identified resident with her laundry.
- Findings #3: On 5/3/11 a tour of the facility was conducted. All residents' rooms were free of any accumulation of dirty laundry. Five residents interviewed stated they had

no problem getting laundry done as agreed upon.

On 5/4/11, the identified resident's record was reviewed. Several hospice notes documented the laundry basket was found full on several occasions. It was further documented, the hospice staff met with the administrator to discuss the laundry issue. There was no documentation the administrator investigated or attempted to resolve the laundry issue.

On 5/4/11, a hospice nurse stated the facility had difficulty keeping up with the resident's laundry because of frequent clothing changes related to wound drainage.

Substantiated. The facility was cited at IDAPA 16.03.22.350.02 for the administrator not investigating complaints. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility retained a resident with wounds that were not healing bi-weekly.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.152.b.x for admitting and retaining a resident who had wounds that were not healing bi-weekly. The facility was required to submit a plan of correction.

Allegation #5: An identified resident did not receive a refund because she did not give a 30-day notice of discharge

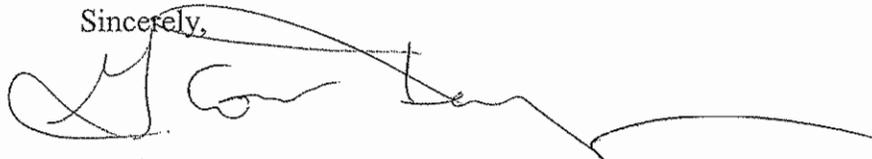
Findings #5: Between 5/3/11 through 5/5/11, an identified resident's closed record was reviewed. A billing statement, dated 3/21/11, documented the resident was refunded a partial month upon discharge.

On 5/4/11 at 9:24 AM, the identified resident's family confirmed the resident received reimbursement for a partial month stay at the facility.

Unsubstantiated.

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,



Gloria Keathley
Health Facility Surveyor



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
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May 9, 2011

Rayvin Barclay, Administrator
Aarenbrooke Place - Storybook Way
104 North Storybook Way
Eagle, ID 83616

Dear Ms. Barclay:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place - Storybook Way from May 3, 2011, to May 5, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004906

- Allegation #1: An identified resident did not receive baths because the facility had hot water issues for an extended period of time.
- Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not having sufficient personnel to correct a hot water issue in a timely manner. This resulted in an identified resident not receiving her baths as outlined on her NSA. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2: The facility was not emptying a bedside commode, which caused an unsanitary environment.
- Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not emptying a bedside commode regularly, thus causing offensive odors and an unsanitary environment for residents. The facility was required to submit evidence of resolution within 30 days.
- Allegation #3: The facility never got an identified resident out of bed.
- Findings #3: On 5/3/11, the identified resident's record was reviewed and contained documentation the resident had a debilitating illness and preferred to stay in her room, often in bed.
- On 5/4/11/at 9:15 AM, a family member stated the identified resident was able tell staff if she wanted to get up and move to the common areas.
- On 5/4/11 at 10:00 AM, the facility administrator stated caregivers got her up for meals but could not get her to engage in other activities.

Rayvin Barclay, Administrator

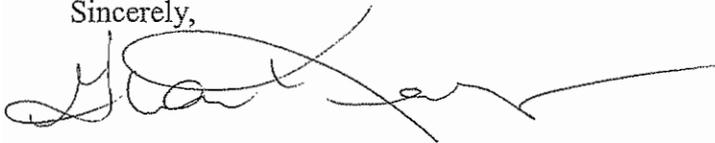
May 9, 2011

Page 2 of #

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, 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