



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

JUDY A. CORDENIZ – ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 12, 2012

Mike Grabenstein, Administrator
Coeur D'Alene Homes--Phase II
624 West Harrison
Coeur D'Alene, ID 83814

License #: Rc-863

Dear Mr. Grabenstein:

On May 24, 2012, a Complaint Investigation survey was conducted at Coeur D'Alene Homes--Phase II. 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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C.L. "BUTCH" OTTER – GOVERNOR
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May 30, 2012

Mike Grabenstein, Administrator
Coeur D'Alene Homes--Phase II
624 West Harrison
Coeur D'Alene, ID 83814

Dear Mr. Grabenstein:

An unannounced, on-site complaint investigation survey was conducted at Coeur D'Alene Homes--Phase II on May 24, 2012. During that time, interviews or record reviews were conducted with the following results:

Complaint # ID00005271

Allegation #1: An identified employee worked for over a month before a criminal history and background check was completed.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.04 for not ensuring an employee's fingerprints were submitted to the criminal history unit within 21 days of hire. The facility was required to submit evidence of resolution within 30 days.

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 **05/24/2012**. 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.

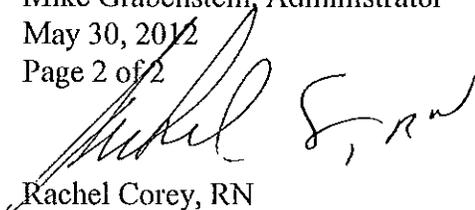
If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Mike Grabenstein, Administrator

May 30, 2012

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

rc/rc

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



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May 31, 2012

Mike Grabenstein, Administrator
Coeur D'Alene Homes--Phase II
624 West Harrison
Coeur D'Alene, ID 83814

Dear Mr. Grabenstein:

An unannounced, on-site complaint investigation survey was conducted at Coeur D'Alene Homes--Phase II on May 24, 2012. During that time, observations, interviews and record reviews were conducted with the following results:

Complaint # ID00005541

Allegation #1: Residents in the memory care unit did not receive assistance with toileting and transferring.

Findings #1: On 5/24/12, at 10:00 AM, a tour of the memory care unit was conducted. All residents present at the facility and their rooms were observed. The residents appeared clean and well-groomed; no odors were detected. Between 10:00 AM and 1:00 PM, residents were observed receiving assistance with toileting before lunch and after lunch. Staff were observed appropriately transferring residents for toileting, to attend lunch and to rest or attend an activity after lunch. None of the residents were observed to remain in one position for an extended period of time.

Between 10:00 AM and 1:00PM, 6 caregivers stated, they were instructed to toilet residents every two hours or more frequently, if indicated. They stated caregivers initialed the adult briefs and included a date and time after the care was provided. They further stated, they were instructed to reposition residents at least every two hours to prevent skin breakdown and other staff members were readily available to help reposition residents who required a two-person assist. The caregivers interviewed, stated they felt there was sufficient "teamwork" to meet the needs of the residents.

Between 10:30 AM and 12:30 PM, three family members were interviewed and stated they had always observed the residents to be clean and well-groomed; they expressed no concerns with the care provided.

Between 10:30 AM and 12:30 PM, two outside agency staff were interviewed and stated they had not observed the residents they cared for wet or soiled. They did not have any concerns regarding residents getting repositioned or toileted as needed.

At 11:00 AM, the LPN and the RN stated they did audit checks and visited the facility during all shifts to observe the care provided and to ensure staff were toileting and repositioning residents appropriately. They further stated, caregivers were instructed to initial, date and time the adult briefs after changing incontinent residents, so that it could be identified if residents were not toileted in a timely manner. The LPN further stated, she reviewed "Resident report sheets," where staff documented assistance with toileting, to identify any holes. She had not identified any holes or had concerns about residents not receiving the necessary care.

Three sampled records of residents who required extensive assistance with toileting and transferring were reviewed. There was no documentation in the record that the residents had any skin break down. Additionally, "Resident report sheets" were complete and documented when each resident was assisted with toileting.

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

Allegation #2: The administrator did not provide a written response to all complainants.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not providing a written response all all complainants. The facility was required to submit evidence of resolution within 30 days.

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 **05/24/2012**. 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.

Mike Grabenstein, Administrator

May 31, 2012

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Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Corey, RN". The signature is written in a cursive style with a large initial "R" and "C".

Rachel Corey, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

rc/rc

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

