



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

July 24, 2012

Christie Pernsteiner, Administrator
Good Samaritan Village, Mickey Assisted Living Center
640 North Eisenhower Street
Moscow, ID 83843

License #: RC-356

Dear Ms. Pernsteiner:

On June 7, 2012, a State Licensure survey was conducted at Good Samaritan Village, Mickey Assisted Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
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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June 11, 2012

Christie Pernsteiner, Administrator
Good Samaritan Village, Mickey Assisted Living Cen
640 North Eisenhower Street
Moscow, ID 83843

Dear Ms. Pernsteiner:

On June 7, 2012, a State Licensure survey was conducted at Good Samaritan Village, Mickey Assisted Living Center. 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 eight (8) non-core issue deficiencies were identified on the punch list and two (2) were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than July 7, 2012

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

Christie Pernsteiner

June 11, 2012

Page 2 of 2

residential care assisted living facility (RALF) program.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jamie Simpson', written in a cursive style.

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: 13R356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2012
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN VILLAGE, MICKEY ASSIST		STREET ADDRESS, CITY, STATE, ZIP CODE 640 NORTH EISENHOWER STREET MOSCOW, ID 83843		
(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	<p>Initial Comments</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 survey conducted on 6/05/2012 through 6/07/2012 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Good Samaritan Village, Mickey Assisted Living	Physical Address 640 N. Eisenhower St.	Phone Number 208-882-6560
Administrator Christie Pernsteiner	City Moscow	Zip Code 83843
Team Leader Gloria Keathley	Survey Type Licensure and Follow-up	Survey Date 06/07/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220	The admission agreements were not updated to reflect the current rules to include what happens when a resident transitions to Medicaid and how to contest charges.	7-24-12	
2	300.01	The facility nurse did not assess a change of condition for Resident #3 and a random resident. Further, the RN did not delegate all nursing tasks to 5 of 5 caregivers. ***REPEAT - cited 9/24/09***	7-9-12	
3	310.01.d	Unlicensed staff were interpreting a resident's sliding scale insulin dosage which does not meet the BON rules.	7-9-12	
4	320.02.b	Resident #3's NSA did not completely describe her ADL needs regarding dressing, grooming, toileting, wound interventions, etc.	7-9-12	
5	350.04	The administrator did not provide a written response to complainants.	7-9-12	
6	630.01	3 of 7 staff did not have documentation of dementia training.	7-24-12	
7	630.02	6 of 7 staff did not have documentation of mental illness training.	7-24-12	
8	711.08.b	There was no documentation the RN was contacted when residents had a change of condition. For example: Resident #3's blisters on her legs and a random resident's swollen toe. ***REPEAT - cited 9/24/09***	7-9-12	

Response Required Date 07/07/12	Signature of Facility Representative <i>Christie Pernsteiner</i>	Date Signed 6-7-12
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