



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT – DEPUTY DIRECTOR
RANDY MAY – DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 5, 2011

Terese Sackos, Administrator
Amber Lane Residence - Amber Lane, Inc
1819 West Bannock Street
Boise, ID 83702

License #: RC-744

Dear Ms. Sackos:

On June 29, 2011, a Follow-Up and Complaint survey was conducted at Amber Lane Residence - Amber Lane, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 plan of correction and evidence of resolution.

Should you have questions, please contact Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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

July 7, 2011

CERTIFIED MAIL #: 7009 0820 0000 2807 1866

Terese Sackos, Administrator
Amber Lane Residence - Amber Lane, Inc
1819 West Bannock Street
Boise, ID 83702

FILE COPY

Dear Ms. Sackos:

Based on the Follow-Up and Complaint Investigation survey conducted by our staff at Amber Lane Residence - Amber Lane, Inc on **June 29, 2011**, we have determined that the facility failed to protect residents from potential abuse documenting and investigating injuries of unknown origin.

This core issue deficiency substantially limits the capacity of Amber Lane Residence - Amber Lane, Inc 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. As a result of the survey findings, the Department is issuing the facility a provisional license, effective July 7, 2011, through December 31, 2011. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) give the Department the authority to issue a provisional license:

935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.

A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when noncore issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.

The conditions of the provisional license are as follows:

- 1. A registered nurse or licensed residential care administrator consultant, with at least three years experience working in a residential care assisted living facility in Idaho, and has specialized training and expertise in abuse investigations, and incident reporting and tracking shall be obtained and paid for by the facility, and approved by the Department. This consultant must have an Idaho license, and may not also be employed by the facility or company that operates the facility. The consultant must be allowed unlimited access to the facility and its systems for the provision of care to residents. The name of the consultant with the person's qualifications will be submitted to the Department for approval no later than July 13, 2011**

2. **The Department approved consultant will submit a weekly written report to the Department commencing on July 15, 2011 and every Friday thereafter. The reports will address progress on correcting the deficiencies on the Statements of Deficiencies and Non-Core Issues Punch Lists.**
3. **The facility will maintain, on an ongoing basis, the deficient area in a state of compliance in accordance with the submitted Plan of Correction;**
4. **A provisional license is issued which is to be prominently displayed in the facility. Upon receipt of this provisional license return the full license, currently held by the facility.**
5. **When the consultant and the administrator agree the facility is in full compliance, they will notify the Department and a follow-up survey will be conducted.**

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

**Randy May
Deputy Administrator
Division of Medicaid-DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036**

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

You have an opportunity to make corrections and thus avoid further enforcement action. Correction of this deficiency must be achieved by **August 13, 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 **July 20, 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 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 (**July 20, 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 **July 20, 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 twelve (12) 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 **July 29, 2011**.

Four of the non-core issue deficiencies were repeat deficiencies.

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.

Subsequent to correcting these deficiencies, please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in another or additional 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

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 Amber Lane Residence - Amber Lane, Inc.

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

JS/smo

Enclosure

c: Pam Mason, Program Manager, Regional Medicaid Services, Region IV - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R744	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/29/2011
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NAME OF PROVIDER OR SUPPLIER AMBER LANE RESIDENCE - AMBER LANE, INI	STREET ADDRESS, CITY, STATE, ZIP CODE 1819 WEST BANNOCK STREET BOISE, ID 83702
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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>Initial Comments</p> <p>The following deficiency was cited during the follow-up survey and complaint investigation conducted on 6/28/2011 through 6/29/2011 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Matthew Hauser, QMRP Health Facility Surveyor</p> <p>Abbreviations :</p> <p>CG = caregivers L = left pts = patient's RN = registered nurse</p>	{R 000}	<p>Amber Lane Residence 1819 W Bannock Boise, Id 83702</p> <p>Plan of Correction: R 006 16.03.22.510 Protect Resident from Abuse</p> <p>Deficiency: The Administrator failed to investigate skin tears and bruises of unknown origin.</p> <p>Plan of Correction: Administrator has followed up with residents physician and received documentation that area in question was in fact a skin cancer of long standing. (See Attachment)</p> <p>Administrator has followed up with family and they to state area in question is in fact not a bruise and is a skin cancer of long standing</p>	
{R 006}	<p>16.03.22.510 Protect Residents from Abuse.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse.</p> <p>This Rule is not met as evidenced by: Between 4/4/11 and 4/7/11, a licensure survey was conducted. During the survey, the following deficiency was identified: The administrator failed to investigate skin tears and bruises of unknown origin for 2 of 3 sampled residents.</p> <p>The administrator submitted a plan of correction which included, the "Administrator and RN will</p>	{R 006}		

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JUL 22 2011
FACILITY STANDARDS

Bureau of Facility Standards
[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administ.

(X6) DATE
7/22/11

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R744	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/29/2011	
NAME OF PROVIDER OR SUPPLIER AMBER LANE RESIDENCE - AMBER LANE, INI		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 WEST BANNOCK STREET BOISE, ID 83702		
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{R 006}	<p>Continued From page 1</p> <p>follow-up and investigate all incidents within 24 hours of reporting. All investigation(s) will be documented in an event report..."</p> <p>On 6/28/11 and 6/29/11, a follow-up survey was conducted to verify implementation of the above plan of correction. The findings of this survey include:</p> <p>Based on observation, record review and interview it was determined the administrator failed to investigate a bruise of unknown origin for 1 of 3 sampled residents (#3).</p> <p>According to IDAPA 16.03.22.510, "The administrator must assure that policies and procedures are implemented to ensure that all residents are free from abuse."</p> <p>According to IDAPA 16.03.22.011.09, an incident is defined as "An event that can cause a resident injury."</p> <p>According to IDAPA 16.03.22.350.02, "The administrator or designee must complete an investigation and written report of the finding within thirty (30) calendar days for each accident, incident..."</p> <p>Resident #3 was admitted on 10/26/10 with diagnoses including dementia.</p> <p>"Hospice Nurse Visit and Care Plan" note, dated 5/20/11, documented, "per CG [caregivers first name] (5/11/11) small brown bruise under L eye is caused by pts eyeglasses"</p> <p>On 6/28/11, the resident was observed to have an inch long brown mark on the skin under her left eye, partially obscured by the lower rim of her</p>	{R 006}	<p>and wish NOT to have it treated. (see attachment)</p> <p>Administrator has educated Facility Nurse in the expectations of facility that nurse will investigate/follow-up on all reports of injury or possible signs of injury within a reasonable time frame as set by Facility Standards or by agreement in writing with Amber Lane policy and procedure.</p> <p>Administrator has educated Hospice agency in question, in proper reporting to Administrator for any sign of injury.</p> <p>Administrator has educated all resident caregivers in appropriate documentation technique to include accurate verbiage, description of injury,</p>	

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NAME OF PROVIDER OR SUPPLIER AMBER LANE RESIDENCE - AMBER LANE, INI		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 WEST BANNOCK STREET BOISE, ID 83702		
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{R 006}	<p>Continued From page 2</p> <p>eyeglasses. The resident's eyeglasses sat approximately 1.5 centimeters away from the skin. The area appeared to be bruised.</p> <p>Between 6/28/11 and 6/29/11, three caregivers stated they thought the brown mark was from the resident's eyeglasses. One caregiver stated she was not sure what caused the mark. The four caregivers referred to the mark as a bruise. Another caregiver stated a resident's family member thought the mark was a growth or mole.</p> <p>On 6/28/11 at 2:50 PM, the administrator stated, "They (staff) should have done an event report... They (hospice) went back and forth on that - it is not a bruise... it was caused by her eyeglasses." When asked how the glasses caused the mark when they sat away from the skin on the resident's face, the administrator stated, "They think she fell asleep on the glasses." The administrator confirmed there was no facility documentation regarding the mark on the resident's face.</p> <p>Facility progress notes dated 4/1/11 through 6/28/11, did not contain any documentation of a brown mark on the resident's face.</p> <p>There was no facility event report found which documented the mark on the resident's face.</p> <p>There was no facility documentation of an investigation to determine the cause of the mark.</p> <p>The facility did not conduct an investigation to rule out potential abuse and determine the cause of the injury so corrective actions could be implemented to prevent reoccurrence.</p> <p>During the follow-up survey, it was determined</p>	{R 006}	<p>by describing how area looks, (color etc.) feels (raised, swollen etc.), and with accurate measurement rather than stating area looks like a bruise, or area is a bruise, etc. or speculating what site might be.</p> <p>Administrator has educated all resident caregivers on how and when to notify Administrator, how and when to notify Facility RN, how and when to notify Hospice RN.</p> <p>Administrator is educated on compliance of completion of investigation and writing a report of the findings within thirty (30) calendar days of each report of sign of injury or questionable sign of injury.</p> <p>Administrator has investigated above claims of deficiency</p>	

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER AMBER LANE RESIDENCE - AMBER LANE, IN		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 WEST BANNOCK STREET BOISE, ID 83702		
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{R 006}	Continued From page 3 the administrator failed to implement the plan of correction when an investigation was not completed after Resident #3 presented with a mark of an unknown origin under her left eye. This failure to investigate and to implement the previous plan of correction, resulted in the facility remaining out of compliance with IDAPA 16.03.22.510: Requirements to protect residents from abuse. REPEAT DEFICIENCY	{R 006}	by state surveyors; Donna Henschel LSW, Team coordinator, Maureen McCann RN, Health Facility Surveyor, and Matthew Hauser, OMRP Health Facility Surveyor, and is satisfied any deficiency that resident has been abused is unsubstantiated. Administrator will file the appropriate forms and will be requesting a formal review. Date Completed 7/22/2011 Jesse [Signature]	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-8826 Fax: (208) 364-1888



ASSISTED LIVING
Non-Core Issues
Punch List

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DIV. OF MEDICAL

Facility Name Amber Lane	Physical Address 1819 West Beacock	Phone Number 208-336-5604
Administrator Terese Sackos	City Boise	Zip Code 83702
Team Leader Donna Henscheid	Survey Type Complaint and Follow-up	Survey Date 06/29/11

NON-CORE ISSUES

Item #	RULE #	DESCRIPTION	DATE RESOLVED	LAST USE
1	009	One staff member did not have evidence of a criminal history background check.	6-29-11	
2	225	Residents #1 and #2 did not have behavior management plans that included interventions being used. *REPEAT PUNCH*	6-30-11	
3	300.01	5 of 5 staff did not have nursing delegation from the current facility nurse. The facility nurse did not assess residents after they had a change of condition. For example: Resident #1's skin tear in her calf, Resident #2's bruising, falls and change in behavior and when Resident #3 had cyanotic episode and lesion on her face. *REPEAT PUNCH*	7-21-11 7-28-11	
4	305.07	The facility nurse did not review medications for adverse effects for Resident #2.	7-28-11	
5	305.08	The facility nurse did not provide training and education to staff regarding transfer techniques for residents with fragile skin issues.	7-28-11	
6	320	Resident #1's NSA was not updated to include accurate outside providers or information regarding how to protect the resident's fragile skin. Resident #2's NSA was not updated to include a change of condition and behaviors. Resident #3's NSA does not include the resident's dietary needs and specific mobility needs. *REPEAT PUNCH*	8-4-11 7-28-11	
7	350.07	The facility did not notify Licensing and Certification of reportable incidents. For example: A random resident had a bruise of an unknown origin.	6-30-11	
8	451.03.c	Resident #2 did not have a physician order for a mechanical soft or pureed diet as documented by the hospice and facility nurses.	6-30-11	
9	711.01	Residents #1 and 2's behaviors were not tracked. *REPEAT PUNCH*	6-30-11	
10	730.01.f	2 of 3 staff records did not contain documentation of first aid training.	6-30-11	
Response Required Date 07/29/11		Signature of Facility Representative <i>Terese Sackos</i>	Date Signed 7-27-11	

8/11/11 RH
8/11/11 RH
10/9/11
11/11/11
RN assess
8/11/11 RH
8/11/11 RH
8/11/11 RH
8/11/11 RH
8/11/11 RH



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July 7, 2011

Terese Sackos, Administrator
Amber Lane Residence - Amber Lane, Inc
1819 West Bannock Street
Boise, ID 83702

Dear Ms. Sackos:

An unannounced, on-site complaint investigation and follow-up survey was conducted at Amber Lane Residence - Amber Lane, Inc from June 28, 2011, to June 29, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005121

Allegation #1: The facility did not document all bruises of an unknown origin.

Findings #1: Substantiated. The facility was issued a core deficiency at 16.03.22.510 for not documenting and investigating bruises of an unknown origin. The facility was required to submit a plan of correction within 10 days.

Allegation #2: The facility did not investigate all bruises of an unknown origin.

Findings #2: Substantiated. The facility was issued a core deficiency at 16.03.22.510 for not documenting and investigating bruises of an unknown origin. The facility was required to submit a plan of correction within 10 days.

Allegation #3: The facility did not seek medical attention for an identified resident in a timely manner.

Findings #3: On 6/28/11 the identified resident's record was reviewed. On 5/30/11, staff documented the identified resident was "not feeling very well." It documented the staff contacted the hospice nurse and was instructed by the hospice nurse to give the resident cough medication and Tylenol. It further documented the identified resident was seen by a hospice nurse again on 5/31/11 and 6/1/11.

The identified resident was transferred to hospital on the evening of 6/1/11.

On 6/29/11, a family member stated she was "perfectly happy" with the way the facility responded when the identified resident was ill. She stated, "The second she spiked a fever the staff were on top of it."

Unsubstantiated.

Allegation #4: An identified caregiver assisted residents with medications without having proper medication certification.

Findings #4: On 6/28/11 the identified caregiver's employee record was reviewed. It documented the caregiver completed a medication certification course on 2/18/11.

December 2010, January and February 2011 MARs (medication assistance records) were reviewed. There was no documentation the identified caregiver had assisted with medications until 2/19/11.

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

Allegation #5: The administrator did not provide appropriate supervision when she did not address staff that worked under the influence of drugs or alcohol.

Allegation #5: On 6/28/11, five employee records were reviewed and did not contain documentation of any disciplinary action for drug or alcohol use on the job.

Between 6/28/11 and 6/29/11, six staff members, two registered nurses and a family member were interviewed. All denied ever suspecting a caregiver was working under the influence of drugs or alcohol.

On 6/28/11, the administrator stated she has not had reason to complete employee drug testing.

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

Allegation #6: The facility allowed two identified employees to work without clearing their criminal history background checks.

Findings #6: On 6/28/11, the identified employees' records were reviewed. Both identified

Terese Sackos, Administrator
July 7, 2011
Page 3 of 3

employees had evidence of cleared criminal history and background checks.

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,



Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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