



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

August 12, 2012

Viorel Boeru, Administrator
Advanced Assisted Living
601 West Blaine Avenue
Nampa, ID 83651

FILE COPY

License #: Rc-943

Dear Mr. Boeru:

On July 11, 2012, a Complaint Investigation and licensure survey was conducted at Advanced Assisted Living. 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 plan of correction and evidence of resolution.

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

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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

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

August 9, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7817

Viorel Boeru, Administrator
Advanced Assisted Living
601 West Blaine Avenue
Nampa, ID 83651

FILE COPY

Dear Mr. Boeru:

On July 11, 2012, a licensure/follow-up and complaint survey was conducted at Advanced Assisted Living. The facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho.

Please bear in mind that thirteen (13) non-core issue deficiencies were identified on the punch list and three (3) were identified as repeat punches. One (1) of the three (3) repeated non-core issue deficiencies (item #3 305.02) has been cited on four (4) consecutive surveys.

02/23/09- Initial Survey
12/30/10 - Licensure, follow-up and complaint investigation
12/16/11 - Licensure, follow-up and complaint investigation
07/11/12 - Licensure, follow-up and complaint investigation

This repeated deficiency was for the facility not ensuring that physicians' orders were correct and implemented for residents. This is a violation of the following administrative rules for Residential Care of Assisted Living Facilities in Idaho:

IDAPA 16.03.22.305. LICENSED PROFESSIONAL NURSE RESPONSIBILITY REQUIREMENTS.

02. Current Medication Orders. Assure the residents' medication orders are current by verifying that the medication listed on the medication distribution container, including over-the-counter-medications as appropriate, are consistent with physician or authorized provider orders. A copy of the actual written, signed and dated orders must be present in each resident's care record.

Another of the repeat non-core issue deficiencies (item #630.02) has been cited twice before: on the 02/23/09 and the 12/30/10 surveys.

This repeated deficiency was for the facility not ensuring staff received specialized training in mental illness.

IDAPA 16.03.630.02 TRAINING REQUIREMENTS FOR FACILITIES ADMITTING RESIDENTS WITH DIAGNOSIS OF DEMENTIA, MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR TRAUMATIC BRAIN INJURY.

A facility admitting and retaining residents with mental illness must train staff to meet the specialized needs of these residents. The means and methods of training are at the facility's discretion. The training should address the following areas .02 Mental Illness.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10).

Based on the findings that you have repeatedly failed to verify that residents' medications were correct and implemented per physicians' orders and failed to ensure staff had evidence of specialized training on mental illness, the Department is imposing the following penalties:

For the dates of December 16, 2011 through July 11, 2012:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	2	8	209	\$33,440

Maximum penalty allowed in any ninety day period per IDAPA 16.03.22.925.02.c: \$6,400.

Send payment of \$6,400 by check or money order, made payable to:

**Medicaid Licensing and Certification
3232 Elder Street
Boise, ID 83705**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license or the amount may be withheld from Medicaid payments to the facility.

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:

**Debby Ransom, R.N., R.H.I.T
Bureau Chief, Licensing and Certification
Department of Health and Welfare
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009**

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

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 **August 10, 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 the deficiencies still exist, the Department will have no alternative but to initiate further enforcement actions, which would include any or all of the following:

- 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. Additional 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 Assisted Living Facility (RALF) program.

Viorel Boeru
August 9, 2012
Page 4 of 4

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

MH/JS

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R943	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2012
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NAME OF PROVIDER OR SUPPLIER ADVANCED ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST BLAINE AVENUE NAMPA, ID 83651
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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 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 7/10/2012 through 7/12/2012 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards TITLE (X8) DATE

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

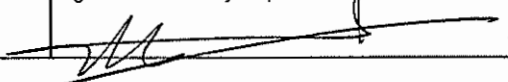


Facility Name Advanced Assisted Living	Physical Address 601 West Blaine Ave.	Phone Number 208-461-3616
Administrator Viorel Boeru	City Nampa	Zip Code 83651
Team Leader Matt Hauser	Survey Type Licensure, Follow-up and Complaint	Survey Date 07/11/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	1 of 4 staff records did not have documentation of a department criminal history background check. **REPEAT-cited 12/30/10	8/10/12 <i>MH</i>	
2	250.15	All resident rooms did not have an operating call system.	7/11/12 <i>MH</i>	
3	300.01	There were not quarterly (every 90 days) RN assessments for Residents #1, #2, and #3.	8/10/12 <i>MH</i>	
4	305.02	The facility nurse did not ensure medication orders were current for Resident #2. **REPEAT cited 2/23/09, 12/30/10 and 2/16/11**	8/10/12 <i>MH</i>	
5	310.04.e	There were no psychotropic medication reviews for Residents #1, #2, and #3.	8/12/12 <i>MH</i>	
6	320.01	Residents #1 and #2's NSA did not describe the frequency of services or how the services were to be delivered.	8/12/12 <i>MH</i>	
7	320.08	Resident #1's NSA was not updated annually.	8/10/12 <i>MH</i>	
8	625	4 of 4 staff records did not have documentation of 16 hours of orientation training.	8/10/12 <i>MH</i>	
9	630.02	4 of 4 staff records did not contain documentation of specialized training in mental illness. **REPEAT cited 2/23/09 and 12/30/10**	8/10/12 <i>MH</i>	
10	630.03	4 of 4 staff records did not contain documentation of specialized training in developmental disabilities.	8/10/12 <i>MH</i>	
11	640	3 of 4 staff records did not contain documentation of 8 hours of continuing education for 2011.	8/10/12 <i>MH</i>	
12	730.01.h	1 of 4 staff records did not contain documentation of RN delegation.	8/10/12 <i>MH</i>	
13	730.02.a	The facility did not maintain work records of personnel on duty at any given time for the last three years.	8/12/12 <i>MH</i>	

 Response Required Date
 08/10/12

 Signature of Facility Representative


 Date Signed
 7-11-2012



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Establishment Name <u>Advanced Assisted Living</u>		Operator <u>Vivian Boerj</u>	
Address <u>601 W Blaine Ave</u>		Map # <u>73651</u>	
County <u>Camden</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	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>3</u>	# of Retail Practice Violations	_____
# of Repeat Violations	_____	# of Repeat Violations	_____
Score	<u>3</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>Y</u> N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N (N/A)	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> (N) (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> (N) (N/O) (N/A)	19. Cold Holding (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> N (N/A)	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
<u>Meat / fridge</u>	<u>47</u>						
<u>Sausage / cooler / open</u>	<u>115</u>						

GOOD RETAIL PRACTICES (input checked box = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<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>Vivian Boerj</u>	Title <u>Admin</u>	Date <u>7-11-2012</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Colene Kralley</u>	Date <u>7/11/12</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702
208-334-5938

Page 2 of 2
Date 7/11/12

Establishment Name <u>Advanced Assisted Living</u>		Operator <u>Marel Booran</u>	
Address <u>1001 Blaine Ave</u>		<u>Alameda 73651</u>	
County <u>Canyon</u>	Estab #	EHS/SUR #	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

5 - The caregiver was observed not changing gloves or washing her hands between kitchen tasks - COS - The caregiver and administrator were educated on glove use and proper handwashing techniques -

12 - The caregiver was observed using furniture polish on the residents dining table - COS - Caregiver educated on the proper use of cleaning/sanitizing food contact surfaces -

19 - The fridge was temping above the 41° - It temped at 42° COS - Fridge temp control was lowered - Foods that had the potential to be hazardous were thrown away - The owner/administrator has ordered a new fridge due to the fridge's cooling system -

Person in Charge <u>Marel Booran</u>	Date <u>7/11/12</u>	Inspector <u>[Signature]</u>	Date <u>7/11/12</u>
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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

August 3, 2012

Viorel Boeru, Administrator
Advanced Assisted Living
601 West Blaine Avenue
Nampa, ID 83651

FILE COPY

Dear Mr. Boeru:

An unannounced, on-site complaint investigation survey was conducted at Advanced Assisted Living from 7/10/2012 to 7/11/2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005492

Allegation #1: The administrator did not provide an identified resident with privacy, by walking into her room without knocking.

Findings #1: The identified resident's closed record contained no documentation that her privacy had been violated or that the administrator had walked into her room without knocking.

Seven residents were interviewed on 7/10/12, from 8:45 AM through 11:00 AM, and stated the administrator always knocked prior to entering their rooms and never entered their rooms without their permission. When asked if they ever saw the administrator enter other residents' rooms without knocking, they all stated they had not.

On 7/10/12 at 1:44 PM, the lead caregiver was interviewed. She stated she never walked into residents' rooms without knocking. When asked if she ever went into a resident's room without their permission, she stated she would only do that in an emergency situation, if the resident did not respond. She stated she had never seen the administrator enter residents' rooms without knocking.

On 7/10/12 at 2:02 PM, the administrator stated he never goes into residents' rooms without knocking and added he would not unless he thought the resident was in danger.

On 7/10/12 at 2:45 PM, the administrator was observed to knock on every residents' door prior to entering, as he checked each resident's call system in their room.

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

Allegation #2: The administrator did not appropriately assist an identified resident with medications.

Findings #2: The identified resident's medication assistance record was reviewed and the medications, the physician orders and the medication assistance record were congruent. The resident's record contained a letter from the resident's spouse, to the resident, undated, which documented the spouse had written "You believe they are giving you meds (sic) that are not right for you. You think you know better than the doctor. But he or she knows better. As long as you keep holding on to that way of thinking, you will not get better."

Three residents were observed getting appropriate assistance with their medications on 7/10/12.

Seven residents were interviewed on 7/10/12, from 8:45 AM through 11:00 AM. They all stated they felt the administrator assisted them with their medications appropriately. All but one of the residents stated the administrator told them what medications they were receiving and what it was for. One resident stated the administrator did not always state what each medication was for, but preferred him not to.

On 7/10/12 at 1:46 PM, the lead caregiver was interviewed. She stated she told the residents what medications she was assisting them with, and generally what they were for. This was confirmed through observation.

On 7/10/12 at 2:05 PM, the administrator stated he told each resident, except one what each medication he assisted them with was and what they were for. The administrator stated one resident requested he not state the name of each of her medications for her. He also provided documentation that when two residents had expressed concerns about not being assisted appropriately with medications, he had wrote down each medication and the number of pills of each medication for each resident. Then he had the residents sign off that they had received them.

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

Viorel Boeru, Administrator

August 3, 2012

Page 3 of 3

Allegation #3: An identified resident did not receive a partial payment when she moved out of the facility.

Findings #3: Substantiated. The resident did not receive a partial payment as she did not provide a thirty day notice as required per her admission agreement.

The facility's policy stated "partial payment refunds will be given to residents who give a thirty days notice prior to leaving the facility."

The identified resident's record contained a letter, dated 4/6/12, which documented the resident had not given a 30-day notice to the facility prior to leaving the facility. The letter also documented the resident owed the facility \$340.00 prior to leaving without the thirty day notice.

On 7/10/12 at 2:05 PM, the administrator stated it was his policy to give residents refunds for partial months, if they gave a thirty day notice. He stated the identified resident had left without giving any notice, and owed the facility \$340.00 plus another months rent. The administrator provided documentation from social security checks (copies), and correspondence with the resident and her spouse.

Substantiated. Although the allegation occurred, it was not cited as the resident did not give a thirty day notice and had not paid the previous months rent in full.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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