



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

August 5, 2011

TereseSackos, Administrator
Ivy Place Residence - Ivy Place Inc
1307 North 25th Street
Boise, ID 83702

Dear Ms. Sackos:

On August 3, 2011, a State Licensure, Follow-up and Complaint Investigation survey was conducted at Ivy Place Residence - Ivy Place Inc. 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 one (1) was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than September 2, 2011

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 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: 13R685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2011
NAME OF PROVIDER OR SUPPLIER IVY PLACE RESIDENCE - IVY PLACE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 NORTH 25TH STREET BOISE, ID 83702		
(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 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 8/1/11 through 8/3/11 at your facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Rae Jean McPhillips, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Ivy PLace Residence	Physical Address 1307 N 25th St	Phone Number 208-426-8033
Administrator Linda Simon	City Boise	Zip Code 83702
Team Leader Gloria Keathley	Survey Type Licensure, Follow-up and Complaint	Survey Date 08/03/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	157.01.d.v	An employee did not follow the facility's policy when they made a medication error.	9-6-11 gm	
2	215.13	The facility did not notify Licensing & Certification of an administration change within 3 days.	9-6-11 gm	
3	220	Two of three residents' records did not contain updated admission agreements.	9-6-11 gm	
4	260.06	Resident #4's bathroom cabinet doors were broken.	9-6-11 gm	
5	310.01.c	There was no temperature log on the medication refrigerator.	9-6-11 gk	
6	310.02	The facility retained unused, outdated or discontinued medications for more than 30 days.	9-6-11 gm	
7	310.04.e	The facility did not ensure physicians reviewed Residents' #1 and #3 use of psychotropic medications every six months, nor did they provide behavioral updates *REPEAT*	9-6-11 gm 2	
8	711.11	Caregivers did not document the reasons medications were not given.	9-6-11 gm	

Response Required Date 09/02/11	Signature of Facility Representative 	Date Signed 8-3-11
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IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Establishment Name <u>Five Place Residence</u>			Operator <u>Terese Sackos</u>		
Address <u>1307 N. 25th St</u>			City <u>Boise 83702</u>		
County <u>Ada</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>0</u>	# of Retail Practice Violations _____
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>0</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 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 <u>(N/A)</u>	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 <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice 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 <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>(N/A)</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N <u>N/A</u>	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 <u>(N/A)</u>	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>Hand Soap</u>	<u>50</u>	<u>pudding</u>	<u>40</u>				
<u>upstart</u>	<u>40</u>						

GOOD RETAIL PRACTICES (= 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>Terese Sackos</u>	Title <u>DWNER</u>	Date <u>8-3-11</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Glenn K...</u>	Date <u>8-3-11</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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August 8, 2011

Terese Sackos, Administrator
Ivy Place Residence - Ivy Place Inc
1307 North 25th Street
Boise, ID 83702

Dear Ms. Sackos:

An unannounced, on-site complaint investigation survey was conducted at Ivy Place Residence - Ivy Place Inc from August 1, 2011, to August 3, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005125

Allegation #1: Caregivers violated residents rights by yelling and isolating residents when they "misbehaved." Additionally, caregivers used "as needed" medications inappropriately to control residents' behaviors.

Findings #1: Between 8/1 and 8/3/11 three caregivers were interviewed. All stated they had never heard caregivers raise their voices at residents. Two caregivers stated, when a resident had disruptive behaviors they would first attempt to redirect the resident, by offering fluids, food or activities. They stated that if these interventions were not successful they would take the resident to a quiet area to talk with and calm them. They stated residents were never forced to their rooms, shut in their rooms or isolated. Additionally all stated, "as needed" medications were only used as a last resort when all interventions failed. They further stated, that prior to assisting residents with "as needed" medications they contacted the RN for directions.

On 8/1/11 at 11:35 AM, a hospice nurse stated three of the residents were receiving hospice services through her agency. She said that she visited the facility at least three to four times a week. She stated she had never heard caregivers yell or speak inappropriately to residents. Additionally, she stated she reviewed their medication assistance records at least weekly. She stated that none of the residents, who were receiving her services, received medications inappropriately. She also stated that she had never observed a resident who appeared to be over medicated.

On 8/2/11, three residents' family members were interviewed. All stated they

had never witnessed or heard caregivers speak to residents in a harsh or disrespectful manner. They stated the caregivers were always gentle with the residents.

Three of five residents' medication assistance records (MAR) were reviewed. None of the records indicated an overuse of "as needed" medications. Additionally, the MAR contained documentation that the caregivers had contacted the RN for direction prior to assisting residents with "as needed" medication.

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

Allegation #2: Residents were denied their choice of foods.

Findings #2: None of the five residents, who currently reside at the facility, were interviewable due to their diagnoses of advanced dementia. During the survey, from 8/1 through 8/3/11, caregivers were observed to offer residents their choice of beverages and food.

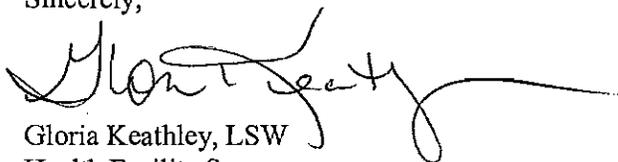
Between 8/1 and 8/3/11, three caregivers were interviewed. They stated when a resident, who has a therapeutic diet, such as a diabetic diet, requested food that was not on their diet they were offered an approved alternative. They further stated, however they would not deny a resident what they requested, even if not an approved alternative, because it was the resident's right to choose.

On 8/3/11 at 11:00 AM, the facility owner stated she always bought foods that would meet a therapeutic diet. She additionally stated if a resident requested a food item that was not on their therapeutic diet, the resident had the right to choose and receive the item.

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

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,



Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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August 8, 2011

Terese Sackos, Administrator
Ivy Place Residence - Ivy Place Inc
1307 North 25th Street
Boise, ID 83702

Dear Ms. Sackos:

An unannounced, on-site complaint investigation survey was conducted at Ivy Place Residence - Ivy Place Inc from August 1, 2011, to August 3, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005094

Allegation #1: An identified caregiver was doing blood draws on a resident, but was not properly licensed to do so.

Findings #1: Substantiated. However, the facility was not cited as there are no rules in assisted living that pertain to unlicensed caregivers performing blood draws. Additionally the identified caregiver was trained and certified to do blood draws and had been delegated by the facility RN to perform this task.

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,

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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August 8, 2011

Terese Sackos, Administrator
Ivy Place Residence - Ivy Place Inc
1307 North 25th Street
Boise, ID 83702

Dear Ms. Sackos:

An unannounced, on-site complaint investigation survey was conducted at Ivy Place Residence - Ivy Place Inc from August 1, 2011, to August 3, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004948

Allegation #1: Staff were not delegated to assist with medications.

Findings #1: On 8/2/11 four employees' personnel records were reviewed. All records contained signed delegation forms, from the current RN, delegating assistance with medications to the employees. Additionally, four employees stated the RN observed them assisting residents with medications prior to the delegation. They stated all employees, who assisted with medications, had received delegation from the RN.

Unsubstantiated.

Allegation #2: A resident was given the wrong dose of a pain medication.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.157.01.d.v for an employee not following the facility's policy when they made a medication error. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility RN and physician were not notified when a staff member made a medication error.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.157.01.d.v and 16.03.22.711.11 for an employee not following the facility's policy regarding medications. The facility was required to submit evidence of resolution within 30 days

Allegation #4: Staff were instructed not to document falls.

Findings #4: Between 8/1/11 and 8/3/11, four caregivers were interviewed about not documenting falls. All four caregivers stated they had never been instructed not to document when a resident fell or sustained an injury. They further stated at no time had they heard another caregiver be told not to document falls or other incidents. Additionally, they stated that even if a resident slid off a bed or sustained a minor injury an incident report was created.

Terese Sackos, Administrator

August 8, 2011

Page 2 of 3

On 8/2/11 at 11:30 AM, the facility owner stated that caregivers were instructed to create an incident report on every injury, fall or bruise regardless of severity. She stated that at no time were caregivers instructed not to fill out an incident report.

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

Allegation #5: There was not sufficient caregivers scheduled to meet the care needs of the residents.

Findings #5: On 8/1/11 through 8/3/11, two caregivers were observed to be working at the facility on the morning shift and into the evening shift. There was one caregiver on duty at night for the five residents currently living at the facility. The caregivers were observed assisting residents in a timely manner.

On 8/2/11, between 3:00 PM and 4:00 PM, three different residents' family members were interviewed. All three families stated the caregivers could be busy at times; however, their family member received the cares required to meet their needs.

On 8/2/11 at 10:13 AM, the facility owner stated, "If staffing is needed, then we add people to the schedule."

On 8/2/11, four caregivers from different shifts were interviewed. All four caregivers stated they were able to take care of the residents' needs. They further stated when the facility had a full census, staff were added when needed.

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

Allegation #6: An identified resident fell twice during the evening shift, on 2/8/11, and was not evaluated by a nurse.

Findings #6: On 8/2/11 the identified resident's record, including hospice documentation, and the facility's incident reports were reviewed. Additionally, four caregivers were interviewed.

Neither the resident's record nor the incident reports documented the resident fell on the evening of 2/8/11.

Three of the caregivers interviewed worked at the facility when the alleged incidents occurred. All stated they could not recall the identified resident falling twice on 2/8/11. They stated that if a resident fell, an incident report would be created.

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

Allegation #7: The facility did not follow their policy and notify the identified resident's family when he fell on 2/8/11.

Findings #7: On 8/2/11 the identified resident's record and the facility's incident reports were reviewed. Additionally, four caregivers were interviewed.

Terese Sackos, Administrator

August 8, 2011

Page 3 of 3

Neither the resident's record nor the incident reports documented the resident fell on the evening of 2/8/11.

Three of the caregivers interviewed worked at the facility when the alleged incidents happened. All stated they could not recall the identified resident falling twice on 2/8/11. They stated that if a resident fell, an incident report would be created.

Two family members stated the facility was very good at contacting them if there was an incident or a concern.

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,



Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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