IDAHO DEPARTMENT OF HEALTH & WELFARE

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

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

October 31, 2012

Bryon Martin, Administrator
Golden Age Heritage Home
Po Box 47
Preston, ID 83263

License #: RC-467

Dear Mr. Martin:

On September 12, 2012, a Complaint Investigation and Follow-up survey was conducted at Golden Age Heritage Home. As a result of that survey, deficient practices were found. The deficiencies were cited at the following levels:

- 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

Donna Henscheid, LSW
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

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DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 21, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7879

Bryon Martin, Administrator
Golden Age Heritage Home
PO Box 47
Preston, ID 83263

Dear Mr. Martin:

Based on the Follow-up Survey and Complaint Investigation conducted by our staff at Golden Age Heritage Home on **September 12, 2012,** we have determined that the facility failed to protect residents from the possibility of abuse. Although this is a new core deficiency, you did have a core deficiency at the Golden Age Heritage - East (now part of your Golden Age Heritage Home license) on May 9, 2012. It is your responsibility to maintain your facilities in compliance with the rules for residential care facilities.

This core issue deficiency substantially limits the capacity of Golden Age Heritage Home 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.

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)?
- By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **October 3, 2012**, and keep a copy for your records.

Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop. **We urge you to begin correction immediately** and thus avoid further enforcement action. Correction of this deficiency must be achieved by October 27, 2012.

You have 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 I IDR meeting. The request for the meeting must be made with ten (10) business days of receipt of the statement of deficiencies (**October 3, 2012**). 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 October 3, 2012, 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 eight (8) non-core issue deficiencies were identified on the punch list and two (2) were identified as repeat punches. One of the repeat deficiencies, not having documentation the nurse was notified after a resident had experienced a change of condition, was previously cited on two (2) consecutive surveys. Please review the non-core issue deficiencies and correct them to ensure further enforcement actions do not arise.

One (1) of the repeat deficiencies, relating to failure to have residents assessed after a change in their health, has been cited on three (3) consecutive surveys, as follows:

9/12/12 - Complaint and Follow-up survey
5/09/12 - Complaint Investigation
9/20/11 - Licensure and Follow-up survey

This deficiency, which has been cited on three consecutive surveys, is a direct violation of the following administrative rules for Residential Care or Assisted Living Facilities in Idaho:

> **IDAPA 16.03.22.305. LICENSED PROFESSIONAL NURSE RESPONSIBILITY REQUIREMENTS.**
> **03. Resident Health Status.** Conduct a nursing assessment of the health status of each resident by identifying symptoms of illness, or any changes in mental or physical health status.

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

> ***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 the records of the Department at the time noncompliance is established.*
>
> ***b.*** *Repeat deficiency is ten dollars ($10).*

Based on findings that you failed to have residents assessed by the nurse after a change in their health status, the Department is imposing the following penalties:

For the dates of September 20, 2011 through September 12, 2012:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
$10.00	1	44	358	$157,520

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:

Licensing and Certification

Mail your payment to:

Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009

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.

PAST DUE CIVIL MONETARY PENALTIES

Civil monetary penalties in the amount of $6,400 were imposed on Golden Age Heritage Home based upon the findings of the complaint investigation completed on May 9, 2012. Additionally, civil monetary penalties in the amount of $6,400 were imposed on Golden Age Heritage Home - East based upon the findings of the complaint investigation of that facility, also completed on May 9, 2012. Notifications of these penalties were mailed to the facilities on May 22, 2012. These facilities have since merged into one license under the name Golden Age Heritage Home. No request to contest these penalties was received by this office within the timeline stated in the notice of civil monetary penalties.

As noted above, interest accrues on all unpaid penalties at the legal rate of interest for judgments effective the date of the initial assessment of the penalty, which was **May 22, 2012.** (IDAPA 16.03.22.925.04.a)

Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license. (IDAPA 16.03.22.925.05)

Send payment of $12,800 plus interest by check or money order, made payable to:

Licensing and Certification

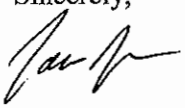
Mail your payment to:

Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009

Payment of the past due Civil Monetary Penalties must be received in this office by October 9, 2012, or revocation actions will be taken.

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/tfp

cc: Medicaid Notification Group
Steve Millward, Licensing & Certification

PRINTED: 09/19/2012
FORM APPROVED

Bureau of Facility Standards

RECEIVED OCT - 3 2012 BY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13R467		C 09/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE HERITAGE HOME	155 & 175 EAST 3RD NORTH PRESTON, ID 83263

(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 following deficiency was cited during the complaint investigation and follow-up survey conducted on 9/10/12 through 9/12/12 at your residential care/assisted living facility. The surveyors conducting the survey were: Donna Henscheid, LSW Team Leader Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Matt Hauser, QMRP Health Facility Surveyor Definitions: AP = Adult Protection/Idaho Commission on Aging or its Area Agencies on Aging IV = Intravenous LPN = Licensed Practical Nurse	R 000	**Corrective Action:** There are two parts to the corrective action, the **first** being staff training regarding being able to know when they, themselves, need to notify Adult Protection because they themselves have a mandatory reporting requirement. **Second**, is staff (direct care staff, administrative staff and nursing staff) doing better at documenting, investigating and the nurse assessing when there is "bruising of unknown origin." The first part of this corrective action or "staff training" regarding adult protection will be addressed in large part through inservice training provided by Susan Conquest, Region 5 Adult Protection. She has offered to provide this inservice training at our facility, in a staff meeting, at our facility. The exact date of this meeting has yet to be determined, but will be completed before the October 27, 2012 deadline noted in our correspondence from the survey/complaint instigation letter.	
R 006	16.03.22.510 Protect Residents from Abuse. The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to implement policies and procedures to protect 1 of 1 sampled residents (Resident #1) and potentially 100% of the residents from the possibility of abuse. The findings include: IDAPA 16.03.22.520 documents, "The	R 006		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10-3-12

PRINTED: 09/19/2012
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R467	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED C 09/12/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HERITAGE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 155 & 175 EAST 3RD NORTH PRESTON, ID 83263		

(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 006	Continued From page 1 administrator must assure that policies and procedures are implemented to ensure that all residents are free from abuse." IDAPA 16.03.22.010.01 documents, "Abuse. The non-accidental act of sexual, physical, or mental mistreatment, or injury of a resident through the action or inaction of another individual." The facility's procedure for "Accidents, Incidents or Complaints" included the following abuse reporting information: *"The administrator will complete an investigation and written report of the findings within thirty (30) calendar days for each accident, incident, complaint, or allegation of abuse, neglect or exploitation." *"The facility must notify the Idaho Commission on Aging or its Area Agencies on Aging and law enforcement in accordance with Section 39-5303, Idaho Code." Resident #1, a 90 year old, was admitted to the facility, on 7/7/12, with a diagnosis of congestive heart failure. A home health "Daily Visit Note," dated 9/7/12, documented the resident was unsteady on his feet and required 2 people to assist with transfers. It documented the resident slid out of his chair to the floor. There was no documentation the resident was assessed after the incident to determine if any injury or bruising had occurred. Nursing notes, dated 9/8/12, documented the resident was sent to the hospital by ambulance due to complaints of dizziness. There was no	R 006	Additionally, on September 22, 2012, an emergency staff meeting was held wherein existing staff were trained to document any "bruising of unknown origin." They were trained to always fill out an incident report to document any "bruising of unknown origin." Additionally, they were trained to document in the daily log any "bruising of unknow origin." The facility nurse was also trained at the same time regarding the importance of incident reports to document "bruising of unknown origin" so that an appropriate investigation can be conducted by the administrator and an assessment made by the nurse. **Identifying Other Residents and Corrective Action:** In the future, other residents who may have "bruising of unknown origin" will be identified sooner because staff will prepare appropriate incident reports to document this. Also, facility administrator, upon seeing incident report, will investigate the "bruising of unknown origin"	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R467	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 09/12/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HERITAGE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 155 & 175 EAST 3RD NORTH PRESTON, ID 83263		

(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 006	Continued From page 2 documentation in the resident's record the resident had been assessed by the facility nurse when he returned to the facility. Further, there was no documentation of any bruising noted on the resident. A hospital face sheet and a hospital "Patient Progress Note", obtained by the surveyors from AP, documented the resident was admitted to the hospital on 9/8/12 and was discharged on 9/9/12 with "various" bruises noted on the resident's legs, back, arms and abdomen. Photographic evidence, taken at the hospital on 9/9/12 and obtained by the surveyors from AP, documented the following: *No less than four large dark purple and yellowish/brown bruises, located on the left rib cage and waist area, ranging from quarter to baseball in size. *No less than eight dark purple and yellowish/brown bruises, located on the back and side of his left calf and thigh, ranging from dime to quarter in size. *Two dark purple circular bruises, located on the inside of the right arm, at least half-dollar in size. *Large dark purple and yellowish/brown bruises located up and down the left arm. *No less than three dark purple and yellowish/brown bruises, located on the lower right leg, ranging from dime to quarter in size. *A large dark purple/yellowish/brown bruise located on the right abdomen area, baseball size.	R 006	by interviewing staff to determine if there is a known cause for the bruising. Additionally, the facility nurse, upon seeing the incident report, will assess the residents bruising to help determine the origin of bruising. **Measures in Place to Insure does not Recur**: Please see the responses above which describe in detail how incident reports, daily logs, investigation by administrator and assessment by nurse will all, together, insure that "bruising of unknown origin" will not recur without appropriate assessment and investigation. **Monitoring of Corrective Action "QA"**: Also, as noted above, the administrator and the nurse will verify on a regular basis that incident reports are being completed whenever there is "bruising of unknown origin" and that appropriate and timely investigation and assessments are being done. Additionally, whenever a resident returns from	

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NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HERITAGE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 155 & 175 EAST 3RD NORTH PRESTON, ID 83263		

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R 006	Continued From page 3 A hospice admission assessment, obtained by surveyors, dated 9/9/12, documented the resident had bruising to his hands and left elbow "from trips" to the emergency room. There was no further documentation the resident had bruising on any other areas of his body. On 9/11/12 at 3:50 PM, a caregiver stated the bruising on the resident's arm was from getting his blood drawn at the hospital. The caregiver stated she did not know where the "bruise on his belly" came from, but "imagined it's from when they took him to the hospital." Further, she stated she did not report it to anyone because she "assumed" it was from a "gait belt or something." On 9/11/12 at 3:55 PM, two caregivers were unable to describe what the procedure was for reporting bruising of an unknown origin. On 9/11/12 at 4:23 PM, the LPN stated if bruises were noted, "I'm not sure (who staff report to), if it's a skin tear, they would notify me." The LPN confirmed she was not aware of Resident #1's bruising. 9/11/12 at 4:25 PM, when asked about the abuse policy, another caregiver stated, "I don't know." The caregiver stated she noticed the bruise on the resident's left hand and "assumed" it was from having an IV while in the hospital. 9/11/12 at 4:50 PM, the administrator was shown the photos of Resident #1's multiple bruises. He confirmed the bruises were not reported to him and no investigation had been conducted. Facility staff failed to report Resident #1's bruises to the facility nurse or administrator. The facility nurse did not assess the resident when he	R 006	a stay in the hospital, the nurse will perform an assessment to determine level of care and/or change of condition. At this time, the nurse will also assess for "bruising of unknown origin." **Date Completed**: The above items are completed and implemented at the time of submission of the plan of correction, October 3, 2012, with the exception of the in-service training provided to us by Region 5 Adult protection, but that will be completed by October 27, 2012.	

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NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HERITAGE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 155 & 175 EAST 3RD NORTH PRESTON, ID 83263		

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R 006	Continued From page 4 returned to the hospital and the bruising continued to go unreported. By not reporting the bruising to adult protection and conducting an investigation, the facility could not identify the source of the resident's injuries to rule out the possibility of abuse.	R 006		

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Golden Age Heritage Home	155 & 175 East 3rd N	208-852-2273
Administrator	**City**	**Zip Code**
Bryon Martin	Preston	83263
Team Leader	**Survey Type**	**Survey Date**
Donna Henscheid	Complaint and Follow-up	09/12/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	153.01	The facility did not have a policy or procedure to direct staff regarding what to do if residents have bruising of an unknown		10/15/12
		origin.		
2	225.01	The facility did not develop a behavior management program to address Resident #3's behaviors such as hitting, kicking, urinating in		10/15/12
		inappropriate places and going into other residents' rooms.		
3	305.03	The facility nurse did not assess Resident #3's skin tears and falls and did not assess Resident #1 after he was hospitalized twice.		10/31/12
		REPEAT - previously cited 9/20/11 and 5/9/12		
4	310.01.d	Staff were directed to give medication by unlicensed personnel.		10/15/12
5	350.01	The administrator was not notified of all accidents and incidents involving Resident #1 and Resident #3.		10/31/12
6	711.01. a thru c	The facility did not document Resident #3's behaviors to determine what interventions were effective.		10/15/12
7	711.08,e	There was no documentation the facility nurse was notified after Resident #3 had experienced a change of condition. ***REPEAT -		10/31/12
		previously cited on 5/9/12***		10/31/12
8	730.01.f	5 of 5 staff records did not contain documentation of CPR/First Aide.		

Response Required Date	Signature of Facility Representative	Date Signed
10/12/12		9/12/12

IDAHO DEPARTMENT OF HEALTH & WELFARE

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

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 19, 2012

Bryon Martin, Administrator
Golden Age Heritage Home
PO Box 47
Preston, ID 83263

Dear Mr. Martin:

An unannounced, on-site complaint investigation survey was conducted at Golden Age Heritage Home from September 10, 2012, to September 12, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005707

Allegation #1: Identified residents were not treated with dignity and respect by the administrator.

Findings #1: On 9/11/12, five of the six identified residents were interviewed, one of them no longer resided at the facility. One resident stated he had issues with money but had worked it out with the administrator and did not want the matter discussed any further. Two residents stated the administrator at times "raised his voice" but they did not feel they were being yelled at or demeaned in any way. One resident stated he was not aware of a time when anyone had "barged" in on him while he was showering.

Between 9/10/12 and 9/12/12, five caregivers and a home health nurse were interviewed. All denied ever hearing the administrator yelling at or being disrespectful to the residents.

On 9/11/12 at 1:10 AM, the administrator denied yelling at or being disrespectful to the residents. The administrator stated one of the residents was very hard of hearing and he often does raise his voice for her to hear him.

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

Allegation #2: The administrator directed staff to give as-needed (PRN) medications to residents without consulting the nurse.

Findings #2: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.310.01.d for staff being directed to give PRN medications by unlicensed personnel. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not schedule at least one caregiver trained in CPR and First Aid.

Findings #3: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.730.01.f for not having documentation that caregivers covering all shifts had CPR and First Aid training. 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 . 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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/tfp

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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

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PHONE 208-334-6626
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September 19, 2012

Bryon Martin, Administrator
Golden Age Heritage Home
PO Box 47
Preston, ID 83263

Dear Mr. Martin:

An unannounced, on-site complaint investigation survey was conducted at Golden Age Heritage Home from September 10, 2012, to September 12, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005727

Allegation #1: The facility did not report to Adult Protection or investigate bruising of an unknown origin.

Findings #1: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.510 for not protecting residents from possible abuse. The facility was required to submit a plan of correction within 10 days.

A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

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

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/tfp

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