

C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT—DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

February 10, 2012

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

License #: RC-467

Dear Ms. Martin:

On September 20, 2011, a Complaint Investigation and State Licensure 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 level:

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN, BSN

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program



C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - D.RECTOR LESLIE M. CLEMENT.--DEPUTY D'RECTOR RANDY MAY — DEPUTY ADMINISTRATOR LICENSING AND CERTIFICATION P.O. Box 83720 Bolse, Idaho 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

September 22, 2011

Karren Martin, Administrator Golden Age Heritage Home 155 East 3rd North Preston, ID 83263

Dear Ms. Martin:

On September 20, 2011, a Complaint Investigation, State Licensure survey was conducted at Golden Age Heritage Home. 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 23 non-core issue deficiencies were identified on the punch list and 7 were identified as repeat punches. 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 October 20, 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,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

Enclosure

FORM APPROVED **Bureau of Facility Standards** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 09/20/2011 13R467 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 155 EAST 3RD NORTH **GOLDEN AGE HERITAGE HOME** PRESTON, ID 83263 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 91.00 R 000 Initial Comments R 000 13.0 The residential care/assisted living facility was found to be in substantial compliance with the 211 Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure, follow-up and complaint survey conducted 9/15/2011 through 9/20/2011 at your facility. The surveyors conducting the survey were: Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor Gloria Keathley, LSW ſĒ Health Facility Surveyor 7 : 13 109 20

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

Bureau of Facility Standards

TITLE

(X6) DATE

Reset Form

Print Form



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 Golden Age Heritage Home	Physical Address 155 East 3rd North	Phone Number 208-852-2273-3044
Administrator Karren Martin	City Preston	Zip Code 83263
Team Leader RaeJean McPhillips	Survey Type Licensure, Follow-up and Complaint	Survey Date 09/20/11

NON-CORE ISSUES

Item#	RULE# 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	The facility did not complete a criminal history and background check on 1 of 8 employees.		
2	009.06.c	1 of 8 employees did not have a state-only background check completed by the Idaho State Police Bureau of Criminal Identification.		= 2
3	152.05.b.iii	One random resident had a bedrail.		10.1
4	220.01	The facility did not conduct an initial assessment on Resident #4 prior to or on the day of her admission.		
5	220.02	Resident #4 did not sign an admission agreement prior to or on the day of her admission.		
6	250.10	The hot water temperature exceeded the maximum allowed. **REPEAT DEFICIENCY**		
7	260.06	The facility was not maintained in a clean and sanitary manner, such as: dirty doors and carpet throughout the facility. Additionally,	-	
		there was an odor of urine at the front entry of the building, dining room and other locations near resident's rooms.		
8	260.13.1	One resident's room did not have doors on the closet.		
9	300.01	The current RN had not delegated all nursing tasks to 6 of 8 unlicensed assistive personnel. **REPEAT DEFICIENCY**		
10	305.03	The facility nurse did not document a nursing assessment of residents when they had a change in their mental or physical condition.		
11.	310.01	PRN and other prescribed medications were not in an approved distribution system, such as bubble packs. **REPEAT DEFICIENCY**		
12	310.01.d	A medication aide touched residents' medications without gloves. **REPEAT DEFICIENCY**		
13	320	The facility did not develop an NSA or interim plan of care for Resident # 4.		
14	350.02	The administrator did not investigate incidents or accidents. **REPEAT DEFICIENCY**		
Response 1 10/20/11	Required Date	Signature of Facility Representative	Date Signed	Jaconini (Spill Control

Reset Form

Print Form



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 Golden Age Heritage Home	Physical Address 155 East 3rd North	Phone Number 208-852- 2273 <i>3○</i> 14
Administrator Karren Martin	City Preston	Zip Code 83263
Team Leader RaeJean McPhillips	Survey Type Licensure, Follow-up and Complaint	Survey Date 09/20/11

NON-CORE ISSUES

Item #	RULE# 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
15	335.03	The facility did not follow proper infection control techniques when they did not provide liquid hand soap and paper towels	(See a market and the field by Chalander and Chalange passen)	
		for staff to wash their hands after providing personal cares to residents.		
16	430.03	The facility did not have a variance for one resident who did not want a bed in her room.		
17	451.02	Residents were not provided or offered snacks between meals and in the evening.		
18	451.03	The facility did not have a registered dietitian review or develop a therapeutic menu for diabetic residents.		
19	630.01	6 of 8 employees did not have specialized training in dementia. **REPEAT DEFICIENCY**		
20	630.03	6 of 8 employees did not have specialized training in development disabilities. **REPEAT DEFICIENCY**		
21	630.04	8 of 8 employees did not have specialized training in traumatic brain injury.		
22	640	7 of 8 employees did not have documentation of 8 hours of continuing education.		
23	645	2 employees who assisted with medications did not have evidence of medication certification.		
Response Required Date 10/20/11		Signature of Facility Representative	Date Signed	4.0000000000000000000000000000000000000

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Violations

Sep. 20. 2011 9:42AM

#of Risk Pactor

Violations

IDAHO DEPARTMENT OF

HEALTH & WELFAREFood Establishment Inspection Report

Food Protection Program, Division of Health 450 W. State Street, Bolze, Idaho 83710-0036 208-334-5938

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C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT—DEPUTY D.RECTOR
RANDY MAY —DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

September 22, 2011

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

Dear Ms. Martin:

An unannounced, on-site complaint investigation survey was conducted at Golden Age Heritage Home from September 15, 2011, to September 20, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004799

Allegation:

The facility did not conduct criminal history background checks on all

employees.

Findings:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.01

for not conducting a criminal history background check on an employee. The

facility was required to submit evidence of resolution within 30 days.

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,

Rae Jean McPhillips, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

Jamie Simpson, MBA, OMRP, Supervisor, Residential Assisted Living Facility Program