



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 23, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7947

Kenneth Breeden, House Manager
Huckleberry Retirement Homes LLC - II
1408 Ponderosa Drive
Sandpoint, ID 83864

Dear Mr. Breeden :

Based on the follow up survey conducted by Licensing and Certification staff at Huckleberry Retirement Homes LLC - II on October 16, 2012, it was determined the facility failed to retain a licensed administrator for more than thirty (30) days.

This core issue deficiency substantially limits the capacity of Huckleberry Retirement Homes LLC - II 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 **November 5, 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 **December 5, 2012**. In order to correct this deficiency, the facility must retain an administrator responsible for the day to day operation of the facility, who is fully licensed as a residential care administrator (RCA) in the state of Idaho by the Bureau of Occupational Licenses.

You have the opportunity to question the cited deficiency 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

Assisted Living Facility 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 (November 5, 2012). The specific core issue deficiency 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 and Certification to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after November 5, 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 five (5) non-core issue deficiencies were identified on the punch list and three (3) were identified as repeat punches. Please review the non-core issue deficiencies and correct them to ensure further enforcement actions do not arise.

Two (2) of the repeat deficiencies, relating to evaluating behaviors and developing a program of formal interventions, have been cited on three (3) consecutive surveys, as follows:

- 08/12/09
- 06/29/12
- 10/16/12

These deficiencies, which have been cited on three consecutive surveys, are direct violation of the following administrative rules for Residential Care or Assisted Living Facilities in Idaho:

IDAPA 16.03.22.225.01 and 16.03.22.225.02.

01. Evaluation for Behavior Management. The facility evaluation must include the following; **a.** Identification if the resident behavior is transitory or permanent; **b.** Review of the resident's previous behaviors and activities; **c.** Review of baseline data including intensity, duration and frequency of the resident behavior; **d.** Identification of recent changes in the resident's life, such as death in the family, change in resident's daily routine, or changes in the Resident's Negotiated Service Agreement; **e.** Identification of environmental causes that could contribute to the resident's behavior such as excessive heat, noise, overcrowding, hunger, staffing; **f.** Rule out possible medical causes such as pain, constipation, fever, infection, or medication side effects; and **g.** Identification of events that trigger behavioral symptoms.

02. Intervention. The facility must develop an intervention for each behavioral symptom. **a.** All staff must be aware of and consistently implement each behavioral symptom intervention; **b.** The intervention needs to be the least restrictive; and **c.** Each intervention needs to be reviewed within seventy-two (72) hours of implementation, and from then on as appropriate, to evaluate the continued need for the intervention.

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 June 29, 2012 through October 16, 2012:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	2	12	108	\$ 25,920

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.

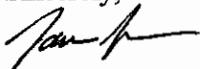
Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

**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.

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: Steve Millward, Licensing & Certification

PRINTED: 10/23/2012
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/22/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - II	STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DRIVE SANDPOINT, ID 83864
---	--

(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	<p>Initial Comments</p> <p>The following deficiency was cited during the follow-up survey conducted on 10/16/2012 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Rachel Corey, RN, BSN Health Facility Surveyor</p>	R 000		
R 004	<p>16.03.22.215.03 Licensed Administrator Requirement - 30 Days</p> <p>The facility may not operate for more than thirty (30) days without a licensed administrator.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations of the facility for a period of more than 30 days. This had the potential to impact 100% of the facility's residents.</p> <p>According to IDAPA 16.03.22.010.05, an administrator is defined as, "an individual, properly licensed by the Bureau of Occupational Licensing, who is responsible for day to day operation of a residential care or assisted living facility."</p> <p>On 10/16/12 at 8:55 AM, the house manager and facility owner were asked when the facility last had a licensed administrator. Both stated they were not sure of the exact date the former licensed administrator had left, but the owner</p>	R 004		

Bureau of Facility Standards

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

[Signature] TITLE

(X6) DATE

STATE FORM

8899

ELX112

If continuation sheet 1 of 2

PRINTED: 10/23/2012
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/22/2012
--	---	--	--

NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - II	STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DRIVE SANDPOINT, ID 83864
--	--

(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 004	<p>Continued From page 1</p> <p>stated it was sometime in August, 2012. They both confirmed the facility had gone more than 30 days without a licensed administrator.</p> <p>A review of the facility's correspondence maintained at Licensing and Certification on 10/22/12, documented the facility's prior licensed administrator reported she left employment with the facility on 6/29/12. The correspondence also documented the facility had no other licensed administrator on record.</p> <p>From 6/29/12 until 10/16/12, the facility operated a total of 108 days without a licensed administrator.</p>	R 004	<p>The facility will have a Licensed Administrator By December 5th 2012</p> <p>The facility will never allow a 30 day Laps without a Licensed Administrator again</p>	

