



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.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

January 1, 2013

Kimberly Clark, Administrator
Edgewood Spring Creek Ustick Llc
P.O. Box 13336
Grand Forks, ND 58208

FILE COPY

License #: Rc-1004

Dear Ms. Clark:

On November 1, 2012, a Complaint Investigation and state Licensure survey was conducted at Edgewood Spring Creek Ustick Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 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



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HEALTH & WELFARE

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

November 11, 2012

FILE COPY

Kimberly Clark, Administrator
Edgewood Spring Creek Ustick Llc
P.O. Box 13336
Grand Forks, ND 58208

Dear Ms. Clark:

A Complaint Investigation and state Licensure, was conducted at Edgewood Spring Creek Ustick Llc between 10/30/2012 and 11/1/2012. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 11/01/2012. 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.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. 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 program.

Sincerely,

Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2012
NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK USTICK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3165 N MERIDIAN ROAD MERIDIAN, ID 83646		
(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 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 investigation survey conducted on 10/30/2012 through 11/1/2012 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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

STATE FORM

6899

OWYH11

If continuation sheet 1 of 1

Reset Form

Print Form



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

Table with 3 columns: Facility Name, Physical Address, Phone Number; Administrator, City, Zip Code; Team Leader, Survey Type, Survey Date.

NON-CORE ISSUES

Table with 5 columns: Item #, RULE #, DESCRIPTION, DATE RESOLVED, L&C USE. Contains 6 rows of non-core issues.

Table with 3 columns: Response Required Date, Signature of Facility Representative, Date Signed.



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

Edgewood Spring Creek

Establishment Name <u>U.S. Slicer</u>	Operator <u>Kimberly Clark</u>
Address <u>3165 N. Meridian Rd</u>	<u>Meridian ID 836046</u>
County <u>ADA</u>	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 _____	# of Retail Practice Violations _____
# of Repeat Violations _____	# of Repeat Violations _____
Score _____	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	Potentially Hazardous Food Time/Temperature				COS	R	
<input checked="" type="radio"/> Y	<input type="radio"/> N	1. Certification by Accredited Program, or Approved Course, or correct responses, or compliance with Code		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)						<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	<input type="radio"/> N	2. Exclusion, restriction and reporting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	<input type="radio"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	<input type="radio"/> N	4. Discharge from eyes, nose and mouth (2-401)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination						<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Y	<input type="radio"/> N	5. Clean hands, properly washed (2-301)		<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory						
<input checked="" type="radio"/> Y	<input type="radio"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A		22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Y	<input type="radio"/> N	7. Handwashing facilities (5-203 & 6-301)		<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations						
Approved Source						<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/O	<input type="radio"/> N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Y	<input type="radio"/> N	8. Food obtained from approved source (3-101 & 3-201)		<input type="checkbox"/>	<input type="checkbox"/>	Chemical						
<input type="radio"/> Y	<input type="radio"/> N	9. Receiving temperature / condition (3-202)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A		24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Y	<input type="radio"/> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> Y	<input type="radio"/> N			25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						Conformance with Approved Procedures						
<input type="radio"/> Y	<input type="radio"/> N	11. Food segregated, separated and protected (3-302)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N/A		26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Y	<input type="radio"/> N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)		<input type="checkbox"/>	<input type="checkbox"/>							
<input type="radio"/> Y	<input type="radio"/> N	13. Returned / reservice of food (3-306 & 3-801)		<input type="checkbox"/>	<input type="checkbox"/>							
<input checked="" type="radio"/> Y	<input type="radio"/> N	14. Discarding / reconditioning unsafe food (3-701)		<input type="checkbox"/>	<input type="checkbox"/>							

Y = yes, in compliance
N/O = not observed
COS = Corrected on-site
N = no, not in compliance
N/A = not applicable
R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Baked pork</u>	<u>192+</u>						
<u>Baked fish</u>	<u>302</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 clearing 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>Kimberly Clark</u> Title <u>owner</u>	Date <u>10-31-2012</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>[Name]</u> Date <u>10/31/12</u>	Follow-up: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No



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P.O. Box 83720
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November 13, 2012

Kimberly Clark, Administrator
Edgewood Spring Creek Ustick Llc
P.O. Box 13336
Grand Forks, ND 58208

FILE COPY

Dear Ms. Clark:

An unannounced, on-site complaint investigation survey was conducted at Edgewood Spring Creek Ustick Llc from October 30, 2012, to November 1, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005543

Allegation #1: The facility charged an identified resident incorrectly.

Findings #1: On 10/31/12, the identified resident's closed record was reviewed. It contained an admission agreement, signed by the resident on 10/4/11. The admission agreement listed the facility's charges. All invoices were reviewed and were consistent with the charges listed on the admission agreement. The invoices documented on 4/9/12, the resident owed \$710.60. However, a facility invoice documented that amount was written off by the facility on 4/25/12.

A "Daily Log" note, dated 10/4/11, documented the admission agreement and billing practices were reviewed with the identified resident and she signed in agreement.

On 10/30/12 at 12:10 PM, the administrator stated the identified resident was given a discount on rent upon admission to the facility and signed an admission agreement, agreeing to those charges.

On 10/30/12 through 10/31/12, thirty-five residents were interviewed and none stated they were charged incorrectly.

Unsubstantiated.

Kimberly Clark, Administrator

November 13, 2012

Page 2 of 2

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,



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Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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



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November 13, 2012

Kimberly Clark, Administrator
Edgewood Spring Creek Ustick Llc
P.O. Box 13336
Grand Forks, ND 58208

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Dear Ms. Clark:

An unannounced, on-site complaint investigation survey was conducted at Edgewood Spring Creek Ustick Llc from October 30, 2012, to November 1, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005574

Allegation #1: The facility admitted an identified resident against their own admission policy which stated they would not admit residents who required thickened liquids.

Findings #1: The facility's admission protocol regarding "High Acuity Care" dated 2/14/12, documented, "Effective immediately, the following protocols have been established for new admissions...1. There will be no admissions for residents requiring thickened liquids..."

Physician orders, dated 3/27/12 and 4/5/12, documented the identified resident was to have thickened liquids.

Between 10/30/12 and 10/31/12, six (6) staff, the dietary manager, and the administrator stated the identified resident was not on thickened liquids upon admission, but received an order after being admitted. The facility provided thickened liquids until the resident was discharged. The identified resident was no longer at the facility and could not be located for interview.

Unsubstantiated.

Allegation #2: The facility gave an identified resident an inappropriate notice of discharge.

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Findings #2: The identified resident's record was reviewed on 10/31/12. A nursing assessment, dated 3/28/12, documented the identified resident "scored high" for being at risk for eloping. On 5/17/12 an elopement risk assessment documented the resident elopement risk had increased since admission.

A "Progress Note" signed and dated by the administrator on 5/18/12, documented the identified resident eloped on 5/17/12, when he was found outside the building and did not know how to get back in. The administrator further documented, she went outside to escort him back inside the building, but was concerned for his safety because he had tried to "get off the curb with his walker."

According to IDAPA 16.03.22.221.01.f the facility can give a resident a discharge for emergency conditions such as "when the facility cannot meet resident's needs due to changes in services or inability to provide the care...."

A written "Notice of Involuntary Discharge" dated 5/16/12, was given to the identified resident's personal care provider which included her signature regarding the discharge notice. The notice documented due to the identified resident's skilled care needs, the resident required a higher level of care than the facility could provide. The date of discharge was documented as "May 19, 2012."

On 10/31/12 at 10:00 AM, the administrator stated the facility provided a caregiver to continuously supervise the identified resident and keep him safe until he moved out of the facility. She further stated, the identified resident's room had an unsecured patio door; therefore, the facility could not meet his supervision needs without having one to one staff supervision at all times.

Unsubstantiated.

Allegation #3: Physician orders and a speech therapist recommendations for thickened liquids were not followed for an identified resident.

Findings #3: On 3/27/12 and 4/5/12, physician orders documented the identified resident was to have thickened liquids.

A "Plan of Care" was updated on 4/17/12, documenting the identified resident required "Nectar thick liquids at all times" and staff were instructed to visually monitor the resident while eating.

There was no documentation in the record indicating the identified resident was not provided thickened liquids

Between 10/30/12 and 10/31/12, six (6) staff, the dietary manager, and the administrator stated the identified resident was provided thickened liquids after it was ordered and until the resident was discharged. The identified resident was no longer at the facility and could not be located for interview.

On 10/31/12 at 1:45 PM, the dietary manager stated the kitchen staff were responsible to make sure the identified resident received his liquids thickened according to the physician's orders.

Between 10/30/12 and 10/31/12, three meals were observed and residents who had an order for a specialized diet were observed receiving the appropriate diets.

Unsubstantiated.

Allegation #4: The facility falsely documented that an identified resident was an elopement risk and had attempted to elope.

Findings #4: The identified resident was admitted to the facility on 3/15/12. The negotiated service agreement, dated 3/15/12, documented the resident had a diagnoses of dementia which included sun downing.

A nurse assessment, dated 3/28/12, documented the identified resident "scored high" for being at risk for eloping. On 5/17/12 an elopement risk assessment documented the resident's elopement risk had increased since admission.

A "Progress Note" signed and dated by the administrator on 5/18/12, documented the identified resident had attempted to elope on 5/17/12, when he got outside the building. She further documented, that she had been outside during the time the resident eloped and was able to escort him back inside.

On 10/31/12 at 10:00 AM, the administrator stated the facility provided a caregiver to continuously supervise the identified resident and keep him safe until he could be transferred to a facility that could meet his supervision needs.

On 10/31/12, six caregivers stated they recalled a time when the identified resident was found outside and he did not know how to get back in.

Unsubstantiated.

Allegation #5: The facility violated an identified residents rights when they would not allow her to speak to other residents at the facility.

Findings #5:

The identified resident's record documented she was admitted to the facility on 3/15/12. Progress notes for the identified resident, dated 5/7/12, documented she was "very happy" with cares and voiced no concerns. Progress notes, dated 5/17/12, documented the identified resident met with the administrator and a local ombudsman to discuss "concerns" about her roommate being discharged from the facility. Progress notes further documented, the identified resident moved out of the facility on her own, "per her request for an immediate refund" on 5/22/12.

The identified resident's record contained a letter from the facility to her, dated 5/19/12. The letter stated the facility had "received multiple complaints from residents or residents' families" regarding the identified resident's discussion of her roommate's discharge with the other residents. The letter requested that the identified resident refrain from discussing her concerns with the other residents as it caused the other residents "emotional distress" and violated some privacy issues.

Another letter, dated 5/20/12, from the identified resident to the administrator, replying to the 5/19/12 letter she received from the facility, was in the record. The letter stated the identified resident knew she had upset other residents. The identified resident wrote she knew "...it was distressing to them to hear a clarification of the facts..." The letter further stated the identified resident felt the other residents were concerned about their own welfare after speaking with her.

From 10/30/12 through 10/31/12, five employees were interviewed. All five stated the identified resident was very upset because her friend and roommate had been discharged from the facility. They stated the identified resident attempted to and had upset many of the other residents by telling them they were in danger of being discharged from the facility at any given time for no reason. All the employees stated they were instructed to ask the resident to direct her concerns to the administrator or nurse. When asked if the identified resident was allowed to speak to the other residents, all five employees stated she she was.

On 10/31/12, six residents stated the identified resident was allowed to talk to them at anytime. All six stated they had spoken to the administrator about the identified resident upsetting them because she told them they would be discharged also.

A "Resident Grievance Form", dated 5/20/12, documented a random resident had filed a formal grievance against the identified resident for repeatedly coming to her table in the dining room and complaining about her dissatisfaction with the facility. The form documented the resident stated these conversations with the identified resident were "distressing to her" and she was

FILE COPY

not comfortable asking the identified resident to stop.

On 11/2/12 at 9:30 AM, the local ombudsman stated that while she was at the facility, the identified resident attempted to tell other residents in the dining area about her issues with the facility. The ombudsman stated the other residents were clearly distressed when the identified resident spoke to them and she redirected the identified resident to a private area to talk, so as not to further upset the other residents. To her knowledge, the facility had not violated the identified resident's rights.

Unsubstantiated.

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

FILE COPY

MH/mh

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