



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

February 22, 2013

Mark Knight, Administrator
Chardonnay Assisted Living
1045 Carriage Lane
Twin Falls, ID 83301

License #: RC-961

Dear Mr. Knight:

On November 13, 2012, a Complaint Investigation was conducted at Chardonnay Assisted Living - Chardonnay, LLC. 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 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
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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



Facility Name Chardonay	Physical Address 1045 Carriage Lane	208-736-4808
Administrator Mark Knight	City Twin Falls	ZIP Code 83301
Survey Team Leader Donna Henscheid, LSW	Survey Type Complaint/Follow-up	Survey Date 11/13/12

NON-CORE ISSUES 1 OF 2

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	152.05.d	The facility admitted Resident #2 whose emotional/social needs were not compatible with other residents.	12/10/12	2/4/13 DH
2	215.08	The facility administrator did not ensure an allegation of stolen money was investigated and reported to Adult Protection.	12/10/12	2/4/13 DH
3	221.04	Resident #2 was not given a written notice of discharge with all required information.	12/10/12	2/4/13 DH
4	225	Resident #2 did not have a behavior management plan and Resident #3's behavior plan did not include all behaviors and subsequent interventions.	12/10/12	2/4/13 DH
5	250.14	The facility accepted and/or retained residents with cognitive impairment and did not provide an interior environment and exterior yard which was secure and safe. (Resident's #1,2 & 3)	12/10/12	2/4/13 DH
6	305.03	The facility nurse did not conduct a nursing assessment after Resident #2 experienced weight loss and complained of constipation and did not assess the resident's pressure ulcer until 8 days after it was discovered. Further, the facility nurse did not conduct a nursing assessment when Resident #3 experienced weight loss, had a productive cough and "vomiting/dry heaving."	12/10/12	2/4/13 DH
7	305.04	The facility nurse did not make recommendations to the administrator regarding possible interventions for weight loss, constipation, pressure ulcers or productive cough (Residents #2 & 3).	12/10/12	12/31/12 DH
8	330.05	The facility was not able to print residents' records when requested by surveyors on 11/9/12.	12/10/12	12/13/12 DH
9	404.05.f	Two residents' rooms had portable electric heaters.	12/10/12	2/13/12 DH
Response Required Date 12/12/12		Signature of Facility Representative <i>Mark Knight</i>	Date Signed 12/10/12	

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November 26, 2012

Mark Knight, Administrator
Chardonnay Assisted Living
1045 Carriage Lane
Twin Falls, ID 83301

Dear Mr. Knight:

An unannounced, on-site complaint investigation survey was conducted at Chardonnay Assisted Living - Chardonnay, LLC between November 9, 2012 and November 13, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005771

- Allegation #1:** The facility did not provide a safe and secure environment necessary to keep an identified resident from eloping.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.250.14 for accepting and retaining residents with cognitive impairment and not providing an interior environment and exterior yard which was secure and safe. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not implement treatment in a timely manner when an identified resident developed pressure ulcers.
- Findings #2:** The facility was issued a deficiency at IDAPA 16.03.22.305.03 and .04 for not conducting a nursing assessment until 8 days after a pressure ulcer was discovered and for not making recommendations to the administrator regarding interventions to treat the pressure ulcers. The facility was required to submit evidence of resolution within 30 days.
- Allegation #3:** The facility did not address a change of condition when an identified resident complained of constipation.
- Findings #3:** The facility was issued a deficiency at IDAPA 16.03.22.305.03 and .04 for not

Mark Knight, Administrator
November 26, 2012
Page 2 of 2

conducting a nursing assessment when an identified resident complained of constipation and for not making recommendations to the administrator regarding interventions to treat the constipation. The facility was required to submit evidence of resolution within 30 days.

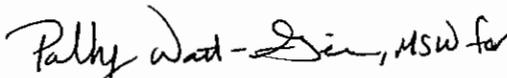
Allegation #4: The facility did not identify and monitor an identified resident's weight loss.

Findings #4: The facility was issued a deficiency at IDAPA 16.03.22.305.03 and .04 for not conducting a nursing assessment when an identified resident experienced a weight loss and for not making recommendations to the administrator regarding interventions to address the weight loss. 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 **11/13/2012**. 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.

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, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/pwg

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