



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 23, 2013

Ashley Anderson, Administrator  
Whispering Pines Assisted Living Downey  
351 E Center St  
Downey, ID 83234

License #: Rc-997

Dear Ms. Anderson:

On December 19, 2012, a Complaint Investigation and State Licensure survey was conducted at Whispering Pines Assisted Living Downey - Whispering Pines Assisted Living 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 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, LSW  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



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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

December 20, 2012

Ashley Anderson, Administrator  
Whispering Pines Assisted Living Downey  
351 E Center St  
Downey, ID 83234

Dear Ms. Anderson:

A complaint investigation, state licensure/follow-up was conducted at Whispering Pines Assisted Living Downey between 12/12 and 12/19/2012. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) 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 sent to you after the phone exit conference, on **12/19/2012**. 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.

Please continue to monitor the facility's compliance with the Rules for Residential Care or Assisted Living Facilities, and pay special attention to the issues identified on the punch list. If the facility fails to submit acceptable evidence of resolution, or if the non-core issue deficiencies are identified on subsequent surveys, the Department will initiate enforcement actions per **IDAPA 16.03.22.910.01-03**, which could include:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing & Certification
- d. Civil monetary penalties

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,

Donna Henscheid, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R997</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHISPERING PINES ASSISTED LIVING DOWN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>351 E CENTER ST DOWNEY, ID 83234</b>		
(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 survey conducted from 12/12/12 through 12/19/12 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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

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**

Facility Name Whispering Pines Assisted Living	Physical Address 351 E. Center ST	Phone Number 208-897-5683
Administrator Ashley Anderson	City Downey	Zip Code 83234
Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint	Survey Date 12/19/12

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	The maintenance man did not have a criminal history and background check.	1-5-13	1/23/13DH
2	009.03	One staff member worked unsupervised prior to completing a criminal history and background check.	12-19-12	1/23/13DH
3	220.02	The admission agreement did not specify a complete reflection of the facility's charges. For example: what level the resident was at and how that level was determined.	12-20-12	1/23/13DH
4	225.01	Resident #1's behaviors were not reevaluated.	1-3-13	1/23/13DH
5	225.02	Resident #1's behavioral interventions were not individualized nor successful.	1-3-13	1/23/13DH
6	250.10	Water temperatures exceeded 120 degrees.	1-1-13	1/23/13DH
7	300.01	Resident #3 was not assessed after reports of having a bloody nose three times in one day, was nauseated and crying and whimpering because of leg wraps. Resident #4 was not assessed until two days after reports of leg pain/discomfort and bruising on her wrist.	1-3-13	1/23/13DH
8	320.01	4 of 4 NSAs were not developed to include specific services being provided and the frequency of those services.	1-5-13	1/23/13DH
9	350.01	The administrator was not notified when Resident #4 had a bruised wrist.	1-3-13	1/23/13DH
10	350.02	The administrator did not complete an investigation when Resident #4 had a bruised wrist.	1-3-13	1/23/13DH
11	451.02	Snacks were not offered three times a day.	1-3-13	1/23/13DH
12	600.06.a	The administrator did not schedule sufficient staff on all shifts to provide assistance to residents requiring two people to transfer. Further, residents were awakened at 5:00 AM because there was not enough staff to get everyone dressed for breakfast.	1-3-13	1/23/13DH
Response Required Date 01/18/13	Signature of Facility Representative <i>Ashley Anderson</i>		Date Signed 1-17-13	

Date 12/19/12 Page 1 of 2



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

Establishment Name <u>Whispering Pines Assisted</u>			Operator <u>Ashley Anderson</u>		
Address <u>351 E Center St</u>			City <u>Downey 83234</u>		
County <u>Bannock</u>	Estab #	EHS/SUR#	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	<u>1</u>	# of Retail Practice Violations	_____
# of Repeat Violations	<u>0</u>	# of Repeat Violations	_____
Score	<u>1</u>	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
<input checked="" type="radio"/> Y	1. Certification by Accredited Program, or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health (2-201)</b>			
<input checked="" type="radio"/> Y	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
<input checked="" type="radio"/> Y	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	4. Discharge from eyes, nose and mouth (2-4C1)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
<input checked="" type="radio"/> Y	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
<input checked="" type="radio"/> Y	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	10. Records, shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
<input checked="" type="radio"/> Y	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	12. Food contact surfaces clean and sanitized (4-5 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="radio"/> Y	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
<input checked="" type="radio"/> Y	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
<input checked="" type="radio"/> Y	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical</b>			
<input checked="" type="radio"/> Y	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>			
<input checked="" type="radio"/> Y	26. Compliance with variance and HACCP plan (3-201)	<input type="checkbox"/>	<input type="checkbox"/>

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

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>ground beef</u>	<u>48.2</u>	<u>Pork / crock pot</u>	<u>200</u>				
<u> Cottage cheese / food</u>	<u>48.3</u>	<u>Beans / stove</u>	<u>185</u>				

**GOOD RETAIL PRACTICES (input checked = 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 in use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Food in containers	<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. Mopping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed, cross-connections, back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Bar: 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. Towing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contain used from cleaning 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>Ashley Anderson</u> (Print) <u>Ashley Anderson</u> Title <u>Admin</u> Date <u>1/8/13</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>Colvin K...</u> (Print) <u>Colvin K...</u> Date <u>12/19/12</u>	



IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology  
450 West State Street, Boise, Idaho 83702  
208-334-5938

Page 2 of 2  
Date 12/19/12

Establishment Name Whispering Pines Assisted Living		Operator Ashley Anderson	
Address 351 E Center St Downey 83234			
County Bannock	Estab #	EHS/SUR #	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

# 11 - Eggs were stored above other foods in the refrigerator - COS  
 6 permit  
 FOUR eggs were placed on the bottom shelf and staff were educated on why eggs are not stored above other foods.

Person in Charge Ashley Anderson	Date 1/8/13	Inspector 	Date 12/19/12
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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

December 27, 2012

Ashley Anderson, Administrator  
Whispering Pines Assisted Living Downey  
351 E Center St  
Downey, ID 83234

Dear Ms. Anderson:

An unannounced, on-site complaint investigation survey was conducted at Whispering Pines Assisted Living Downey - Whispering Pines Assisted Living Llc from December 12, 2012, to December 19, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005549**

**Allegation #1:** An identified resident eloped from the facility and was gone for 20-30 minutes before anyone found her.

**Findings #1:** On 12/13/12, the identified resident's record and accident/incident reports were reviewed. Documentation confirmed the resident had eloped from the facility on two occasions, but neither report documented how long the resident was missing. After the second elopement, the resident was discharged to another secured facility.

On 12/13/12, the administrator stated the identified resident's house was located right next door to the facility and the resident could see it from the hallway window. She stated, the resident would try several different methods to get out of the building to get to her house. She stated, at one point the resident pulled the fire alarm which disabled the locking system. She further stated, after that happened, it was clear the resident would not be able to remain at the facility.

Substantiated. However, the facility was not cited as they responded appropriately by discharging the resident and assisting the resident and family to find alternative placement.

**Allegation #2:** An identified resident was improperly transferred, resulting in injury.

**Findings #2:** On 12/13/12, the identified resident's record was reviewed. The record contained an accident/incident report, dated 3/4/12, which documented the identified resident did receive a skin tear during a transfer. The report documented, that while two staff members assisted the resident to bed, one of the caregivers "put her hands around" the resident's leg to move it; creating a skin tear. The resident was assessed by the RN on 3/4/12. The RN documented that due to edema, the resident's skin was very fragile. The resident was sent to the hospital for evaluation and returned with steri-strips to the wound. The RN provided instruction to staff on how to safely transfer the resident to prevent further injury.

Substantiated. However, the facility was not cited as the facility conducted a thorough

Ashley Anderson, Administrator

December 27, 2012

Page 2 of #

investigation into the incident and provided the appropriate training to staff.

Allegation #3:

The facility did not respond appropriately to residents' falls.

Findings #3:

On 12/13/12, the facility's accident and incident reports were reviewed regarding resident falls. There were a couple of residents who had multiple falls. The reports documented that an investigation had been conducted each time and various interventions were put into place such as bed alarms and moving residents to another location within the building.

From 12/12/12 through 12/14/12, observations were conducted. The caregivers were observed to respond immediately to the bed alarms when they were sounding.

From 12/12/12 through 12/14/12, five caregivers were interviewed. The caregivers stated that many of the residents had bed alarms and they had no difficulty hearing them when they sounded.

Unsubstantiated. Although it could not be determined the facility did not respond appropriately to falls, the facility was cited at 600.06.a for the administrator not scheduling sufficient staff to meet the needs of the residents.

Allegation #4:

Residents did not receive their medications as ordered by their physician.

Findings #4:

On 12/13/12, four residents' medication assistance records were reviewed. The records documented that residents received their medications as ordered, except on 4 occasions, between February and December 2012.

The four incident reports regarding the medication errors were congruent with the medication assistance records. The incident reports documented each error was investigated and the employee who made the error received a "personnel action" in their employee record.

On 12/13/12, employee records were reviewed. The records documented that each time a medication error was made, the caregiver was counseled and retrained by the facility nurse and administrator.

Substantiated. However, the facility was not cited as they acted appropriately by monitoring for errors and counseling and retraining caregivers whenever a medication error was made.

Allegation #5:

The facility did not provide alternatives for residents who did not like what was served at meals.

Findings #5:

From 12/12/12 through 12/14/12 resident interviews were conducted. Seven residents stated the facility offered alternatives such as soup or sandwiches when they wanted something different than what was offered at meals.

On 12/13/12, a kitchen inspection was conducted. The refrigerator and two pantries contained food items that could be prepared as an alternative when residents requested.

On 12/13/12, a resident was observed to request a bowl of soup instead of the barbeque pork that was served at lunch. The caregiver was observed to provide the resident with a bowl of chicken noodle soup. The resident stated the staff were always willing to provide her with something else to eat when she did not like what was offered that day. The caregiver stated the facility "always" had soup and/or sandwiches to offer residents if they did not like what was being served.

Unsubstantiated. This does not mean the incident did not take place; it only means that the

Ashley Anderson, Administrator

December 27, 2012

Page 3 of #

allegation could not be proven.

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 **12/19/2012**. 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  
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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December 27, 2012

Ashley Anderson, Administrator  
Whispering Pines Assisted Living Downey  
351 E Center St  
Downey, ID 83234

Dear Ms. Anderson:

An unannounced, on-site complaint investigation survey was conducted at Whispering Pines Assisted Living Downey - Whispering Pines Assisted Living Llc from December 12, 2012 to December 19, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005765**

**Allegation #1:** The administrator did not schedule two staff members on each shift to provide appropriate assistance to residents who required two people to transfer.

**Findings #1:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.600.06 for the administrator not scheduling sufficient staff to meet the resident's needs. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility did not appropriately respond to residents' falls.

**Findings #2:** On 12/13/12, the facility's accident and incident reports were reviewed regarding resident falls. There were a couple of residents who had multiple falls. The reports documented that an investigation had been conducted each time and various interventions were put into place such as bed alarms and moving residents to another location within the building.

From 12/12/12 through 12/14/12, observations were conducted. The caregivers were observed to respond immediately to the bed alarms when they were sounding.

From 12/12/12 through 12/14/12, five caregivers were interviewed. The

caregivers stated that many of the residents had bed alarms and they had no difficulty hearing them when they sounded.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #3: An identified resident did not receive medical treatment in a timely manner.

Findings #3: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.300.01 for the nurse not assessing the identified resident until two days after she had a change of condition. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: Staff were getting residents up and dressed at 5:00 AM due to a shortage of staff.

Findings #4: On 12/12/12, a tour of the facility and resident interviews were conducted. Five residents stated they were allowed to sleep as late as they wanted. Two family members were contacted and had no concerns regarding the times the residents were awakened.

On 12/13/12, three caregivers were interviewed and stated there were three residents they assisted with dressing in the mornings at approximately 6:00 AM. All three caregivers stated they did this because there was not enough staff to get all the residents ready for breakfast at one time. They further stated, the three residents were usually already awake and if they did not want to get up, they did not have to. The three residents who were awakened early were not interviewable. One caregiver stated there were a couple of residents who slept through breakfast, because that was their choice.

Unsubstantiated. However, the facility was issued a non-core deficiency at IDAPA 16.03.22.600.06.a for not scheduling sufficient staff to meet the needs of the residents. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: An identified resident was not given the right to refuse a treatment to her legs.

Findings #5: From 12/12/12 through 12/14/12, the identified resident was observed to have wraps on her legs.

On 12/13/12, the resident's record was reviewed and it documented the resident received home health services to treat bilateral stasis ulcers to her legs. Part of the treatment included having her legs wrapped and having compression boots on for 30 minutes each day. Home health notes documented the resident's stasis

ulcers were "almost" healed. Further, the notes documented caregivers reported to the home health nurse when the resident refused the compression boots.

On 12/13/12 at 11:17 AM, a caregiver was observed to ask the identified resident if she could assist her with putting her feet up. The resident responded, "I wish you wouldn't." The caregiver then explained why it was a good idea and was observed helping the resident put her feet on a footstool. The resident was not resistive to the assistance.

On 12/13/12, the resident was interviewed, but was unable to state whether or not the staff had provided her treatment against her wishes. Three caregivers and the administrator stated, if the resident refused the compression boots, they were not put on her

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #6: An identified caregiver worked alone without CPR/First Aid certification.

Findings #6: Substantiated. However, the facility was not cited as the facility had identified and corrected their system prior to the survey.

Allegation #7: An identified caregiver passed medication without medication assistance certification.

Findings #7: On 12/13/12, the identified caregiver's employee record and the May as-worked schedule were reviewed. The as-worked schedule documented the identified employee worked 8 night shifts without certification. The identified caregiver obtained her certification on 5/26/12.

Medication Assistance Records for May were reviewed and did not contain documentation the identified caregiver assisted with medications when she was not certified.

On 12/13/12, two caregivers and the administrator stated there were two employees who lived near the facility who were on-call to assist the residents with medications as needed.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #8: An identified caregiver worked without supervision prior to a cleared criminal history and background check.

Ashley Anderson, Administrator  
December 27, 2012  
Page 4 of 4

Findings #8: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.009.03 for allowing the identified caregiver to work without supervision prior to completing a criminal history and background check. 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 **12/19/2012**. 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  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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