

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 26, 2013

James Varnadoe, Administrator Overland Court Senior Living 10250 West Smoke Ranch Drive Boise, ID 83709

License #: RC-973

Dear Mr. Varnadoe:

On December 20, 2012, a complaint investigation survey was conducted at Overland Court Senior Living. 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Polly Watt-Geier, MSW

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

PWG

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



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	Physical Address 10250 Smoke Ranch Drive	Phone Number 208-322-2900
Overland Court Senior Living		
Administrator	City	ZIP Code
James Varnadoe	Boise	83709
Survey Team Leader	Survey Type	Survey Date
Polly Watt-Geier	Complaint investigation	December 20, 2012

TEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	330.01	The facility did not assure that entries on ADL's sheets were kept current.	2/4/13	aul.
2	350.02	The administrator did not document his investigations of complaints.	2/4/15	-
Respor	se Required Date	Signature of Facility Representative	Date Signed	<u> </u>
Janua	ary 19, 2012	list only	12-20-1	12



C.L, "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR TAMARA PRISOCK - ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON -- PROGRAM SUPERMISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626

FAX: 208-364-1888

December 28, 2012

James Varnadoe, Administrator Overland Court Senior Living 10250 West Smoke Ranch Drive Boise, ID 83709

Dear Mr. Varnadoe:

An unannounced, on-site complaint investigation survey was conducted at Overland Court Senior Living on December 20, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005493

Allegation #1:

The facility did not assist an identified resident with her personal cares.

Findings #1:

The identified resident no longer resided at the facility. The former resident's family member was contacted on 12/20/12 at 12:03 PM, and was unavailable at that time to be interviewed.

On 12/20/12 at 8:35 AM, the ombudsman stated she had not received any complaints regarding residents not receiving cares as needed. Additionally, she had not observed any care issues when visiting the facility.

On 12/20/12 between 8:30 AM and 10:45 AM, a tour of the facility was completed. During the tour, the residents were observed to be clean and free of a urine odor.

On 12/20/12 between 8:30 AM and 10:45 AM, forty-four residents were interviewed. They all stated their care needs were met and they all were currently receiving their showers. Additionally, they stated that when they had concerns they would notify the administrator and he would quickly resolve any issues.

On 12/20/12 between 8:30 AM and 11:21 AM, seven caregivers stated they

were aware of all the residents' care needs and met those needs. They stated, if they saw that a resident was not receiving cares as needed, they would notify the administrator and appropriate interventions would be put into place.

On 12/20/12 between 8:45 AM and 12:03 PM, three family members were interviewed. They stated the residents were well cared for and their needs were being met. One family member confirmed there had been issues with a resident receiving showers as required, but had discussed it with the administrator and the concerns were quickly resolved.

On 12/20/12 at 11:39 AM, the administrator confirmed the identified resident had been found in saturated attends. He stated the resident was not always incontinent, but occasionally would have bouts of incontinence. He stated she often could manage her own toileting needs, but during that time, she had declined and been put on hospice. However, she soon rebounded and the incontinence resolved. The administrator stated he was in constant contact with the family and worked to make sure that the identified resident's care needs were met while she was at the facility.

Substantiated. However, the facility was not cited as they acted appropriately by immediately resolving the care issues for the identified resident.

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,

Polly Watt-Geier, MSW

Health Facility Surveyor

Residential Assisted Living Facility Program

PWG

c:

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