



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: 208-364-1962
FAX: 208-364-1888

March 4, 2014

Administrator
Lark's Haven on Hilgren
264 Hilgren Avenue
Hayden, Idaho 83835

License #: RC-1042

Dear Ms. Linehan:

On January 10, 2014, a state licensure follow-up revisit survey and complaint investigation were conducted at Lark's Haven on Hilgren. 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.

Your submitted evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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



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January 16, 2014

Shanna Linehan, Administrator
Lark's Haven on Hilgren
264 Hilgren Avenue
Hayden, Idaho 83835

Provider #RC-1042

Dear Ms. Linehan:

On January 10, 2014, a follow-up visit to the Initial Licensure survey of September 13, 2013, was conducted at Lark's Haven On Hilgren. The core issue deficiencies issued as a result of the September 13, 2013, survey have been corrected.

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. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 9, 2014.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

MM/sc

c: Livia Ivascu, Program Manager, Regional Medicaid Services, Region I – DHW



Attn: Maureen

MEDICAID L & C - RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name: Lark's Haven on Hilgen Physical Address: 264 Hilgen Ave Phone Number: 208 635-5459
 Administrator: Shanna Lemishan City: Hayden ZIP Code: 83835
 Survey Team Leader: Maureen McLean Survey Type: Follow up + complaint investigation Survey Date: January 10, 2014

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	2201B	The facility did not notify a resident's family member (resident #510) when the resident was taken to an urgent care center after sustaining an animal bite, as directed in the facility's admission agreement.	1/31/14	2/24/14 ML
2	300.01	Two of two staff did not have documentation of nurse delegation. *** previously cited on 10/3/13	1-10-14	2/24/14 ML
3	350.04	The administrator did not respond in writing to a complainant.		3/3/14 ML
4	711.01.5	Behavior management records did not include what interventions were used. *** previously cited on 10/3/13	1-24-14	2/24/14 ML
5	711.01.c	Behavior management records did not include what if interventions were effective or not. *** previously cited on 10/3/13	1-24-14	2/24/14 ML

Response Required Date: February 9, 2014 Signature of Facility Representative: Shanna Lemishan Date Signed: 1/10/13



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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1886

January 16, 2014

Shanna Linehan, Administrator
Lark's Haven on Hilgren
264 Hilgren Avenue
Hayden, Idaho 83835

Provider #RC-1042

Dear Ms. Linehan:

An unannounced, on-site complaint investigation survey was conducted at Lark's Haven on Hilgren between January 9, 2014 and January 10, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006215

Allegation #1: The facility did not contact family members when residents were injured.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.220.18 for not contacting a resident's family, as outlined in the facility's admission agreement, when the resident was injured. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility administrator did not respond to complainants, in writing, within 30 days of receiving a complaint.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not responding in writing to complainants. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The administrator did not schedule sufficient staff to meet the needs of all of the residents.

Findings #3: Between 1/9/14 and 1/10/14, two caregivers stated they were able to meet all of the residents' needs, to include housekeeping, laundry, assistance with showers and medications as well as prepare, serve and clean up after each meal. They stated, they were able to accomplish all of their required tasks because most of the residents were independent and did not require much "hands on" care.

On 1/9/14 at 6:20 PM, the administrator stated the caregivers were able to meet all of the residents' needs as well as complete the other tasks required of them during their shift.

Shanna Linehan, Administrator

January 16, 2014

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Between 1/9/14 and 1/10/14, eight residents stated the staff were able to meet their care needs and did not have any concerns regarding the care they received.

Between 1/9/14 and 1/10/14, the facility's common areas, interior and exterior, and the residents' rooms were observed to be clean and tidy. The residents were observed to be appropriately groomed and dressed.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #4: The facility did not maintain enough food to meet the menu, a 2 day supply of perishable or a 7 day supply of non-perishable foods.

Findings #4: On 1/9/14, the facility's pantry, refrigerators and freezers were observed. There was adequate perishable and non-perishable food to feed the 13 current residents for at least 1 week. The current week's menu was reviewed and all food items for the next 7 days could be found in either the pantry, the refrigerators or the freezers.

Between 1/9/14 and 1/10/14, eight residents stated there was always plenty of food in the facility.

Between 1/9/14 and 1/10/14, two caregivers and the administrator stated there was always plenty of food in the facility. The administrator further stated, when she completed the grocery shopping, she obtained the food items required by the current menu.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #5: The facility pet relieves himself in the building.

Findings #5: Substantiated. However, the facility was not cited as the issue had been corrected.

Between 1/9/14 and 1/10/14, eight residents and 3 facility staff stated there was a time when the facility dog, a puppy, was not yet "house-trained" and relieved himself in the building. They further stated, currently the dog had been "house-trained" and only relieved himself outside in the yard.

Between 1/9/14 and 1/10/14, the facility's common areas and the residents' rooms were observed to be clean and tidy. There were no pet droppings or odor observed in the building.

Allegation #6: Residents who assisted with meal preparation did not use gloves when they prepared ready to eat foods.

Findings #6: Between 1/9/14 and 1/10/14, the administrator, 2 caregivers and 8 residents stated residents did not usually assist in meal preparation. They further stated, when the residents did assist in preparing ready to eat foods, or "setting the table or putting ice into glasses," they wore gloves.

During the survey, residents were not observed to assist in meal preparation, however, caregivers preparing meals were observed wearing gloves.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Shanna Linehan, Administrator

January 16, 2014

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Allegation #7: Residents who required assistance with walking, were not assisted by caregivers.

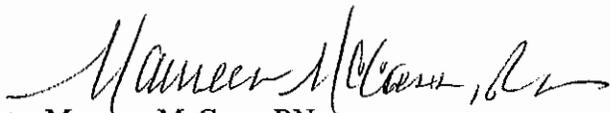
Findings #7: At the time of the survey, the identified resident no longer resided at the facility and was not available for observation or interview.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

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 **January 10, 2014**. 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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