



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 13, 2014

Melissa Wolfe, Administrator
Hillcrest Manor
3901 West Hillcrest Drive
Boise, Idaho 83705

License #: RC-910

Dear Ms. Wolfe:

On January 31, 2014, a state licensure survey was conducted at Hillcrest Manor, 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.

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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


for

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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



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February 4, 2014

Melissa Wolfe, Administrator
Hillcrest Manor
3901 West Hillcrest Drive
Boise, Idaho 83705

Dear Ms. Wolfe:

Congratulations to both you and your staff on your recent state licensure survey conducted between January 29th and January 31st 2014 at Hillcrest Manor. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a *Silver Excellence in Care Award*.

This award demonstrates that you have worked exceptionally hard to meet the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing excellent care and ensuring the residents you serve live in a clean, safe and home-like community.

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 **01/31/2014**. 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.

Again, congratulations to you and your staff for a job well done.

Sincerely,

A handwritten signature in cursive script that reads "Rae Jean McPhillips, RN, BSN". The signature is written in black ink and is positioned above the typed name of the sender.

The Residential Assisted Living Facility Survey Team

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R910	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2014
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NAME OF PROVIDER OR SUPPLIER HILLCREST MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 WEST HILLCREST DRIVE BOISE, ID 83705
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(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
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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 and follow-up survey conducted on 01/29/2014 through 01/31/2014 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



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Facility Hillcrest Manor	License # RC-910	Physical Address 3901 W Hillcrest Dr	Phone Number (208) 424-0618
Administrator Melissa Wolfe	City Boise	ZIP Code 83705	Survey Date January 31, 2014
Survey Team Leader Gloria Keathley	Survey Type Licensure and Follow-up	RESPONSE DUE: March 2, 2014	
Administrator Signature 	Date Signed 1/31/14		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	1 of 5 employees did not have an Idaho State Police background check.	3-10-14	JK
2	630.03	5 of 5 employees did not have evidence of developmental disability training.	3-10-14	JK
3	630.04	5 of 5 employees did not have evidence of traumatic brain injury training.	3-10-14	JK
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Hillcrest Manor