



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 11, 2014

FILE COPY

Rod Johnson, Administrator  
Highland Estates - Burley Operations Llc  
2050 Hiland Avenue  
Burley, ID 83318

License #: Rc-911

Dear Mr. Johnson:

On February 19, 2014, a Complaint Investigation, Follow-Up and Re-Licensure survey was conducted at Highland Estates-Burley Operations, 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 is 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Matt Hauser  
Team Leader  
Health Facility Surveyor

MH/mh

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



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February 25, 2014

Rod Johnson, Administrator  
Highland Estates - Burley Operations LLC  
2050 Hiland Avenue  
Burley, Idaho 83318

Provider ID: RC-911

Dear Mr. Johnson:

A state licensure survey, follow-up survey and complaint investigation were conducted at Highland Estates - Burley Operations LLC between February 18, 2014 and February 19, 2014. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities 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 left with you during the exit conference, on **February 19, 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.

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) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

MATT HAUSER, QMRP  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MH/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R911</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/19/2014</b>
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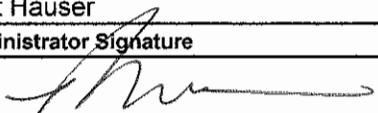
NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND ESTATES - BURLEY OPERATIONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2050 HILAND AVENUE</b> <b>BURLEY, ID 83318</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 follow-up, licensure and complaint investigation survey conducted on 2/18/14 through 2/19/14 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>Maureen McCann, RN 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 HIGHLAND ESTATES - BURLEY OPERATIONS, LLC	License # RC-911	Physical Address 2050 HILAND AVENUE	Phone Number (208) 678-4411
Administrator Rod Johnson	City BURLEY	ZIP Code 83318	Survey Date February 19, 2014
Survey Team Leader Matt Hauser	Survey Type Licensure, Follow-up and Complaint Investigation		RESPONSE DUE: March 21, 2014
Administrator Signature 	Date Signed 2/19/2014		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	250.10	The facility's water temperature exceeded 120 degrees F. ****PREVIOUSLY CITED ON 11/6/12****	C.O.S	MLA
2	305.03	The facility nurse did not assess residents after they experienced a change in condition. Such as: pressure ulcers, other wounds and falls.	3/11/14	MLA
3	305.04	The facility nurse did not provide recommendations to the administrator regarding changes in residents' care needs.	3/11/14	MLA
4	305.06.b	The facility nurse did not evaluate residents ability to continue to safely self medicate. ****Previously cited on 6/27/13****	3/11/14	MLA
5	305.08	The facility nurse did not educate staff on how to prevent further skin breakdown for Resident #2.	3/11/14	MLA
6	330.06	The facility was unable to provide surveyors immediate access to all records.	3/11/14	MLA
7	630.03	10 of 10 staff did not have developmental disability training.	3/11/14	MLA
8	711.07	The facility did not have care plans from outside agencies contained in residents' records.	3/11/14	MLA
9	711.08.e	There was no documentation the facility nurse was notified of all accidents such as residents' falls.	3/11/14	MLA
10	711.08.f	The facility did not have care notes from outside agencies contained in residents' records.	3/11/14	MLA
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February 25, 2014

Rod Johnson, Administrator  
Highland Estates - Burley Operations LLC  
2050 Hiland Avenue  
Burley, Idaho 83318

Dear Mr. Johnson:

An unannounced, on-site complaint investigation survey was conducted at Highland Estates-Burley Operations, LLC between February 18, 2014 and February 19, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006222**

**Allegation #1:** The facility did not report an allegation of neglect to Adult Protection.

**Findings #1:** An unannounced complaint investigation was conducted from 2/18/14 through 2/19/14. On 2/18/14 at 1:30 PM, the local Ombudsman was interviewed and stated the facility administrator called Adult Protection, on 8/23/13, to make a report of possible neglect.

On 2/19/14 at 3:30 PM, the administrator stated he received an anonymous video and letter in the mail on 8/23/13. The administrator stated the video showed an employee eating a resident's toast. He stated he immediately called the Area Aging and Adult Protection office and notified them of possible neglect and then began his investigation.

Documentation by the administrator and the local Ombudsman confirmed that the facility administrator immediately reported the incident to Adult Protection.

Unsubstantiated.

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,

Matt Hauser, QMRP  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MH/sc