



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

July 15, 2014

Kaddy Fyfe, Administrator
Parkwood Meadows Assisted Living Community
1885 Parkwood Street
Idaho Falls, Idaho 83401

Provider ID: RC-564

Ms. Fyfe:

On March 18, 2014, a complaint investigation was conducted at Parkwood Meadows Assisted Living Community. 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, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

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



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April 2, 2014

Kaddy Fyfe, Administrator
Parkwood Meadows Assisted Living Community
1885 Parkwood Street
Idaho Falls, Idaho 83401

Ms. Fyfe:

An unannounced, on-site complaint investigation survey was conducted at Parkwood Meadows Assisted Living Community between March 17, 2014 and March 18, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006265

Allegation: The facility did not report and document an incident when a resident fell.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08 for not documenting an incident when a resident fell. 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 **March 18, 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,

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

MH/sc

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

