



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

May 23, 2014

Michelle Mori, Administrator
Pine Brook Assisted Living of Idaho Falls
1140 Science Center Drive
Idaho Falls, Idaho 83402

Provider ID: RC-813

Ms. Mori:

On March 18, 2014, a follow-up/revisit, state licensure survey was conducted at Pine Brook Assisted Living Of Idaho Falls. 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

FOR
RACHEL COREY, RN
Team Leader
Health Facility Surveyor

RC/sc

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



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March 25, 2014

Ron Hedelius, Administrator
Pine Brook Assisted Living of Idaho Falls
1140 Science Center Drive
Idaho Falls, Idaho 83402

Mr. Hedelius:

On March 18, 2014, a follow-up visit to the state licensure survey of December 11, 2013, was conducted at Pine Brook Assisted Living of Idaho Falls. The core issue deficiencies issued as a result of the December 11, 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 April 17, 2014.

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

Sincerely,

RACHEL COREY, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc



Facility Pine Brook Assisted Living Center of Idaho Falls	License # RC-813	Physical Address 1140 Science Center Dr	Phone Number (208) 542-6856
Administrator	City Idaho Falls	ZIP Code 83402	Survey Date March 18, 2014
Survey Team Leader Rachel Corey, RN	Survey Type Follow-up	RESPONSE DUE: April 17, 2014	
Administrator Signature <i>Rachel Corey</i>	Date Signed 3-18-2014		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	215	The facility did not employ an administrator when they no longer had a variance to have one administrator over two facilities.	4-25-14	RC
2	215.08	The administrator did not document an investigation of all incidents, accidents and a random resident's allegation of abuse.	5-20-14	RC
3	300.02	The facility RN did not assess all changes of condition such as when Resident #1 fell and had pain, when Resident #2 had a swollen wrist and a rash. Previously cited on 12/11/13	4-25-14	RC
4	305.06	The facility RN did not assess Resident #1's ability to self-inject and interpret her sliding scale. Previously cited on 12/11/13	4-25-14	RC
5	711.08.e	Facility staff did not document each time they notified the RN for changes of condition, such as Resident #2's rash, and swollen wrist. Previously cited on 12/11/13	4-25-14	RC
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