



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
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May 6, 2014

Meghan Cahoon, Administrator
Peak Village
1035 Curlew Drive
Ammon, Idaho 83406

License #: RC-1051

Ms. Cahoon:

On March 21, 2014, a complaint investigation was conducted at Peak Village. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN
for

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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March 26, 2014

Tina Hamilton, Administrator
Peak Village
1035 Curlew Drive
Ammon, Idaho 83406

Ms. Hamilton:

An unannounced, on-site complaint investigation survey was conducted at Peak Village between March 20, 2014 and March 21, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006282

Allegation #1: Residents did not receive assistance with toileting as needed.

Findings: On March 20, 2014, the identified resident's record was reviewed. The admission/discharge register documented the resident was discharged on November 30, 2013 and was not available for interview. A Uniform Assessment Instrument (UAI), dated November 15, 2013, documented the resident was independent with his toileting needs. An interim plan of care, dated November 2, 2013, documented the resident "needs assistance at times," but there was no further explanation what the assistance included.

On March 20, 2014 at 2:30 PM, the former administrator stated the resident was able to get himself out to smoke independently, and felt he was also capable of getting himself to the toilet. She stated, "Occasionally," the resident required help, but not all the time.

On March 20, 2014 at 2:50 PM, the ombudsman stated she had been involved with the identified resident and did address this concern with the facility. She stated, the resident's psychosocial rehabilitation worker (PSR) and home health agency were also involved and she felt the resident's concerns had all been resolved.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: The facility did not assist residents with medications as ordered.

Findings: Substantiated. The facility was issued a deficiency at 16.03.22.305.02 for not giving residents medications as ordered. The facility was required to submit evidence of resolution within 30 days.

Tina Hamilton, Administrator

March 26, 2014

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Allegation #3: The facility did not coordinate care with residents' physicians.

Finding: On March 20, 2014, the identified resident's record was reviewed. The admission/discharge record documented the resident was discharged on November 30, 2013 and was not available for interview. The record included several faxes to the physician regarding changes in the resident's medications and requests for items to assist him with his toileting needs.

On March 20, 2014 at 2:50 PM, the ombudsman stated she had been involved with the identified resident as he called her about "three times a day about various things." The ombudsman stated the resident's PSR worker and home health agency were also involved to help resolve the resident's concerns. The ombudsman stated she was not aware of any issues the resident had with coordination of care with his physician.

On March 20, 2014 at 3:20 PM, a home health nurse stated the agency worked with the resident's physician and the agency physician to get a urinal and other items to assist him with his toileting needs.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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 21, 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,



DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

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

