



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: 208-334-6626
FAX: 208-364-1888

June 17, 2013

Trista Wolfe, Administrator
Quaker Ridge
2087 South Tollgate Way
Boise, ID 83709

License #: Rc-563

Dear Ms. Wolfe:

On April 4, 2013, a Complaint Investigation survey was conducted at Quaker Ridge. As a result of that survey, deficient practices were found. The deficiencies were cited at the following levels:

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and 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 , Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Karen Anderson, RN

Karen Anderson, RN
Team Leader
Health Facility Surveyor

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



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April 8, 2013

CERTIFIED MAIL #: 7012 1010 0002 0836 0522

Trista Wolfe, Administrator
Quaker Ridge
2087 South Tollgate Way
Boise, ID 83709

Dear Ms. Wolfe:

Based on the complaint investigation conducted by our staff at Quaker Ridge on April 4, 2013, we have determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Quaker Ridge to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **May 19, 2013**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ◆ By what date will the corrective action(s) be completed?

Return the **signed and dated** Plan of Correction to us by **April 21, 2013**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Trista Wolfe
April 8, 2013
Page 2 of 2

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the Statement of Deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed with you during the exit conference and which is attached. Please sign this document and return a copy of it as soon as possible. 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 **May 4, 2013**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities in Idaho, the Department will have no alternative but to initiate an enforcement action against the license held by Quaker Ridge.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 334-6626 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Assisted Living Facility program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

KA/TFP

Enclosures

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2013
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NAME OF PROVIDER OR SUPPLIER QUAKER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3749 QUAKER RIDGE DRIVE MERIDIAN, ID 83642
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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)	(X) COMPLETION DATE
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R 000	<p>Initial Comments</p> <p>The following deficiency was cited during a Complaint Investigation conducted on 04/03/13 through 04/04/13 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Leader Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Survey Definitions: BG = Blood Glucose MAR = Medication Assistance Record MD = Physician mg = milligram ml = millileter RN = registered nurse TV = television U = units</p>	R 000	<p>Plan of Corrections</p> <p>16.03.22.520.a - Protect Residents from Inadequate Care</p> <ol style="list-style-type: none"> Sex Offender registry & Idaho Repository will be set regarding each new applicant. Information will be pr and filed with the residents admission packet. This thoroughly inform all staff of residents history (if adr Criminal history will be noted and applied as needed resident's care plan (NSA). H&P and Dr's Orders will be reviewed before admis ensure the capacity of the facility to meet the needs resident. Admission checklist will be completed to ensure ste not missed during the admission process.(see attac The Admission Checklist will be completed by Direc Admissions & Verified by second staff member and attached to resident's file. The Admission Agreement clearly states the possibl a sex offender may live in the facility. (#20- Admissi Agreement) 	
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: IDAPA 16.03.22.152.05.a - Policies of Acceptable Admissions. "A resident will be admitted or retained only when the facility has the capability, capacity and services to provide appropriate care, or the resident does not require a type of service</p>	R 008	<ol style="list-style-type: none"> The Admission Policy has been expanded to includ active measures. (#s 37, 38 & 39 - Admission Polic Resident's files are audited by a Licensed Administ every week. Corrective actions completed April 18, 2013. 	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Admin.

(X6) DATE

4/18/12

Bureau of Facility Standards

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R 008	<p>Continued From page 1</p> <p>for which the facility is not licensed to provide..."</p> <p>Based on interview and record review, it was determined the facility admitted 1 of 4 sampled residents (Resident #4) without medication orders, conducting an assessment or checking the sex offender registry to determine if they had the capacity or capability to safely care for the resident and maintain the safety of the other residents in the facility.</p> <p>The findings include:</p> <p>Resident #4, a 46 year-old male, was admitted to the facility on 7/3/12 with diagnoses that included schizoaffective disorder, insulin dependent diabetes mellitus, hypertension and double amputee.</p> <p>An admission/discharge register documented the resident was admitted on 7/3/12 and was discharged on 7/10/12.</p> <p>A discharge notice, dated 7/7/12, documented the resident was being immediately discharged for non-payment, not having the required physician's orders, or a current history and physical as "agreed to provide before moving into the facility." The notice further documented, the resident was being discharged for inappropriate sexual behaviors. The resident was told to vacate the facility immediately.</p> <p>1. Inappropriate Sexual Behavior.</p> <p>A letter to Licensing and Certification, dated 11/1/12, documented Resident #4 was released from prison as a sex offender and that the administrator/owner was aware of his status.</p> <p>An incident note, dated 7/5/12, documented the</p>	R 008		

Bureau of Facility Standards

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R 008	<p>Continued From page 2</p> <p>resident had displayed inappropriate sexual behaviors in the common area of the house in front of three female residents while watching TV. The house manager documented she confronted the resident about his behavior, but the resident ignored her, acting like the house manager "wasn't in the room." There were no documented care notes or a behavior management plan found in the resident's record regarding this behavior.</p> <p>On 4/3/13, the resident's closed record was reviewed. There was no documentation a behavior management plan had been put into place to address Resident #4's inappropriate sexual history. Further, there was no documentation that other residents residing in the facility had been notified a sexual offender was admitted to the facility.</p> <p>On 4/3/13 at 6:28 PM, the former house manager stated she knew the resident was on probation. She stated Resident #4 got upset after the incident on 7/5/12 and left the facility. She stated he went back to the hotel, was only there a "couple of days" and came back to the facility. The house manager further stated, "I think" he left again on a Saturday, because "when I came back on Monday, 7/9/12, he was gone."</p> <p>On 4/4/13 at 9:00 AM, the administrator stated she was aware the resident had been in jail and was currently living in a hotel room. She stated she was "forced to go off his word" for admission. The administrator further stated the facility did not "usually" do self-admits because "our residents do not usually have a good sense of reality."</p> <p>The facility failed to notify other residents when a sex offender was admitted to the facility and did not develop or implement a behavior</p>	R 008			

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R 008	Continued From page 3 management plan for Resident 34's known behaviors. 2. Medications A fax, dated 7/6/12, three days after Resident #4 was admitted, documented a request for a history and physical and signed physician's orders from a clinic. An admission agreement, signed by the resident and administrator and dated 7/3/12, documented "It is the policy of this facility that all residents will receive Medication Assistance from staff. Self-medication by the resident is not permitted." A physician's order, dated 7/6/12 (three days after admission), documented the resident was to receive the following medications: *hydroxyzine 25 mg, take one to two by mouth every 6 hours as needed for anxiety *buspirone 10 mg, take 2 pills three times a day for anxiety *Baclofen 10 mg take 1 pill twice a day for muscle spasms *Lovenox 120 mg/0.8 ml inject subcutaneously (SQ) once a day to prevent blood clots *Metoprolol 20 mg, take 1 pill twice a day for hypertension *omeprazole 20 mg, take 1 pill by mouth everyday for stomach acid *Tricor 145 mg, take 1 pill every day for cholesterol *amitriptyline 100 mg, take one pill before bed for insomnia *Lantus 100 Unit/ml inject 80 units every am SQ for diabetes *Novolin R 100 Unit/ml use sliding scale as directed for diabetes - inject SQ 30 minutes	R 008			

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R 008	<p>Continued From page 4</p> <p>before meals</p> <p>*Blood Glucose checks to check three times a day</p> <p>*atorvastatin 80 mg, take 1 pill by mouth every day for cholesterol</p> <p>*Metformin 1000 mg, take 1 pill twice a day for DM</p> <p>*fluoxetine 20 mg, take 3 pills every am for depression</p> <p>*Norco 5/325 mg, take 2 pills three times a day for pain</p> <p>The orders did not include what insulin sliding scale was to be used.</p> <p>Resident #4's July 2012 MAR did not contain any documentation the resident had been assisted with medications as ordered.</p> <p>A nursing assessment, dated 7/4/12, documented the resident was a new admit, had changes with his cholesterol medication and had a blood sugar of 417. There was no documentation the resident was safe to self-administer his medications. Nor was there any documented instructions to staff regarding possible reactions to the medications.</p> <p>A fax to the facility nurse from the caregivers, dated 7/5/12, documented "...Please don't forget to sign the MAR for [Resident #4's name]." The fax further documented the former house manager and former employee were "not signing" because they "did not administer these meds!"</p> <p>On 4/3/13 at 6:15 PM, the former house manager stated Resident #4 "showed up" at the facility. She stated she called the administrator and told her the resident was there without medication orders or rent. She stated, the administrator said to "go ahead and admit him" and that she "would</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>deal with it." The former house manager stated, the administrator was not at the facility the day the resident was admitted. The former house manager stated she also told the administrator she would not initial the MARs because there were no orders and the resident was on sliding scale insulin. Further, the former house manager stated the RN came to see the resident the day after he was admitted. She stated the RN watched him with his medications, "wasn't happy with the way he took them," but said to go ahead and let him take them himself until they got orders.</p> <p>On 4/4/13 at 9:00 AM, the administrator stated she and her assistant met with the resident over a week before he was admitted and he was given "very clear instructions about things he needed prior to admission. She confirmed the resident arrived at the facility on 7/3/12, without a history and physical and physician orders.</p> <p>The facility failed to obtain pertinent medical information and physician orders. Further, the facility failed to verify Resident #4's status as a sex offender prior to admitting him. Consequently, there was no way to determine whether the resident was an appropriate admission, whether they could keep the other residents safe from him, or whether the resident was taking medications as ordered.</p> <p>The facility admitted Resident #4, without ensuring they had the capability or capacity to meet his needs and to ensure the safety of the other residents. These failures led to inadequate care.</p>	R 008		
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888



**ASSISTED LIVING
Non-Core Issues
Punch List**

Facility Name Quaker Ridge	Physical Address 3749 Quaker Ridge Drive	Phone Number 208 895-8819
Administrator Trista Wolfe	City Meridian	Zip Code 83642
Team Leader Karen Anderson	Survey Type Complaint	Survey Date 04/04/13

RECEIVED
JUL - 3 2013
By RALE

NON-CORE ISSUES

Item	CODE	DESCRIPTION	DATE RESOLVED	INITIALS
1	152.01.d	The facility did not follow their policy when they did not notify all residents residing in the facility that they had admitted a resident who was listed on the sexual offender registry.	KA 5/10/13	
2	220.06	The facility's admission agreement contradicted their medication policy regarding self-administering medications.	KA 5/10/13	
3	250.13.L	Two random residents had free standing closets that did not have closet doors.	KA 5/10/13	
4	260.06	The facility had stained worn out mattresses piled along the side of the facility and soiled mattresses were stored in a hallway/storage area. Resident #1's mattress was soiled and stained. The fence around the backyard was broken with multiple missing slats. The fence was falling down in sections. Fence slats, chicken wire and tomato cages were stored on a patio and there were nails poking out of the fence slats. The facility's carpet was worn and stained throughout the common area and in residents' rooms. Window blinds in various rooms were bent or broken. A bedroom located off the front entry, had a carpet that was worn and had multiple stains. Particle board on a free standing closet was cracked. A bedside chair was stained and broken. The paint on the left wall was peeling off. There was a hole in the door of the room. A light fixture was missing a bulb. There were several cuts in the kitchen linoleum and a kitchen cabinet door was loose. The inside of some kitchen drawers were dirty, including some cooking utensils. Rooms were not cleaned/prepped between admissions.	KA 5/10/13	
5	405.05.f	Portable heaters were observed in two rooms.	KA 5/10/13	
6	711.08	Resident #4 had no care notes.	KA 5/10/13	
7	711.14	There was no documentation of the disposition of Resident #4's belongings when he left the facility.	KA 5/10/13	
Response Required Date 05/03/13		Signature of Facility Representative <i>[Signature]</i>	Date Signed 7/3/2013	

**SIGN
HERE**



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April 8, 2013

Trista Wolfe, Administrator
Quaker Ridge
2087 South Tollgate Way
Boise, ID 83709

Dear Ms. Wolfe:

An unannounced, on-site complaint investigation survey was conducted at Quaker Ridge from 04/03/13, to 04/04/13. During that time, observations, interviews and record reviews were conducted with the following results:

Complaint # ID00005798

Allegation #1: The facility did not refund rent to an identified resident after he moved out of the facility.

Findings #1: On 4/3/13, the identified resident's record was reviewed. A copy of an invoice, signed by the administrator but not dated, documented the resident owed the facility \$565. Further, the record contained a copy of a discharge notification, dated 7/7/12, that documented the resident was being discharged for non-payment. There was no documentation found that would support the money had been paid.

On 4/3/13, at 2:00 PM, the administrator's assistant stated all the finances were handled by the administrator, so she was uncertain how or if there was anything that would show the money was not received.

Between 4/3/13 and 4/4/13, three attempts were made to contact the complainant at his current residence to request proof of a canceled check or other evidence to show the payment had been made to the facility. On 4/3/13, at 3:15 PM a voice message was left with the complainant's case manager.

On 4/4/13 at 9:00 AM, the administrator/owner stated she gave the resident an invoice, but had not received payment from him.

Due to conflicting information and lack of sufficient evidence from either party, the outcome of the allegation could not be determined during the complaint investigation.

Allegation #2. An identified resident's personal belongings were not returned to him after he moved out.

Findings #2: On 4/3/13, the identified resident's records were reviewed. There was no documentation of the disposition of the resident's belongings.

On 4/3/14 at 11:45 AM, the house manager stated she was not aware that staff were suppose to document the disposition of residents' belongings when they were discharged from the facility.

On 4/3/13 at 11:50 PM, the administrator's assistant stated as far as she knew, the resident left the facility with everything he came with. The administrator's assistant confirmed there was no documentation of the disposition of the identified resident's belongings.

On 4/3/13 at 6:15 PM, a former caregiver stated the identified resident came to the facility with very few personal belongings and some food. She stated the resident took everything, but the food with him when he left. She stated the resident had donated the food to the facility when he was admitted and the food items were stored with the facility's food. She stated there was no way to determine what, if any, of the food that belonged to the resident had been used or was left in the pantry.

Due to conflicting information, the outcome of the allegation could not be determined during the complaint investigation. However, the facility was issued a deficiency at IDAPA 16.03.22.711.14 for not documenting the disposition of the identified resident's belongings. The facility was required to submit evidence

Allegation #3. Residents were not served meals on a regular basis and the food that was served was nutritionally poor.

Findings #3: On 4/3/13 between 8:30 AM and 3:30 PM, seven residents were interviewed. All of the residents expressed satisfaction with the food that was served. Two of the residents stated the house manager was a "very good cook." Further, the residents stated meals were served on time, three times a day.

On 4/3/13, the daily menus from July 2012 through April 2013 were reviewed. The menus were signed by a dietitian and contained food items that were nutritionally adequate. Further, substitution documentation for one year was reviewed and contained appropriate nutritional replacements to the food being substituted.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #4. Snacks were not provided three times a day.

Findings #4: On 4/3/13 between 8:30 AM and 3:30 PM, seven residents were interviewed. All seven residents stated the facility provided snacks every day.

On 4/3/13, the house manager stated she offered snacks to the residents three times a day.

On 4/3/13 at 10:00 AM, the house manager was observed serving celery with peanut butter to residents.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #5. Residents were forced to clean/work for the facility.

Findings #5: Unsubstantiated. On 4/3/13 between 8:30 AM and 3:30 PM, seven residents were interviewed. All seven residents stated they had never been forced to work for the facility. One of the residents stated she cleaned the counters and vacuumed but she did this because it "was good" for her. One resident stated he took out the trash, but he did it voluntarily. Another resident stated he volunteered to clean, but "it was his own choice."

Allegation #6. Facility was not kept clean.

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean and orderly fashion. The facility was required to submit evidence of resolution within 30 days.

Allegation #7. Mattresses were urine stained.

Findings #7: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean and orderly fashion. The facility was required to submit evidence of resolution within 30 days.

Allegation #8. Staff did not treat residents with dignity and respect.

Findings #8: On 4/3/13 between 8:30 AM and 3:30 PM, seven residents were interviewed. All residents stated they felt the staff treated them respectfully. One resident stated the house manager was "very nice and another stated "the staff are excellent."

On 4/3/13, the facility complaints were reviewed. There was no documentation of any allegations made by the residents of any concerns with staff treatment of them.

On 4/3/13 between 8:30 AM through 3:30 PM, observations were made of the interactions between the residents and the house manager. The house manager was observed to interact with the residents in a friendly and cordial manner.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #9: Medications were not given by a certified nurse as ordered by the physicians.

Findings #9: According IDAPA 16.03.22.310.01.d, unlicensed staff may assist with medications as long as they comply with the Board of Nursing requirements.

On 4/3/13, four residents' records, including March medication assistance records (MAR) were reviewed. The residents' medication orders were found to be congruent with the MARs. All documentaion found in the records and on the MARs indicated the residents received their medications as ordered.

On 4/3/13 between 8:30 AM and 3:30 PM, seven residents were interviewed. All the residents stated they had no problems getting their medication on time and as ordered.

On 4/3/13 at 9:20 AM, the house manager stated since she had been working at the facility, she could only remember one or two times when a resident had a mix up with the pharmacy. She stated that as soon as the problem was identified, the pharmacy was called and the medications were obtained. She further stated, the residents never went totally without his medications.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #10: An unidentified resident was not sent in for medical care when he/she asked to go to the hospital.

Findings #10: On 4/3/13, four residents' records and several accident/incident reports were reviewed. There was no documentation found that indicated any resident who required medical attention had not been treated.

On 4/3/13 between 8:30 AM and 3:30 PM, seven residents and the house manager were interviewed. None of the residents nor the house manager could remember anyone who did not receive medical treatment when they became ill.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #11: The facility forced residents to have the administrator/owner become representative payee to handle their social security income.

Findings #11: On 4/3/13 between 8:30 AM and 3:30 PM, seven residents were interviewed. One resident stated he was his own payee, one resident stated he had a fiduciary and another stated he received assistance from his psychosocial rehab specialist. None of the residents stated they were "forced" to have the administrator/owner become representative payee. Unsubstantiated.

Allegation #12: Residents were not informed that a sex offender resided in the facility.

Findings #12: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.152.01.d for not notifying all residents in the facility that another resident was listed on the sexual offender registry. The facility was required to submit evidence of resolution within 30 days.

Trista Wolfe, Administrator
April 8, 2013
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A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

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 . 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) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

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