



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

June 5, 2014

Deirdre Kempe, Administrator
Carefix Mgmt & Consult dba Kuna Living Center
194 West White Way
Kuna, Idaho 83634

Provider ID: RC-1038

Ms. Kempe:

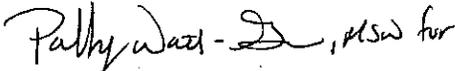
On April 14, 2014, a state licensure survey follow-up and complaint investigation were conducted at Carefix Management & Consulting dba Kuna Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor

PWG/sc

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



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April 18, 2014

Deirdre Kempe, Administrator
Kuna Living Center
194 West White Way
Kuna, Idaho 83634

Provider ID: RC-1038

Ms. Kempe:

A state licensure survey and complaint investigation were conducted at Kuna Living Center between April 8, 2014 and April 14, 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 **April 14, 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,

POLLY WATT-GEIER, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2014
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NAME OF PROVIDER OR SUPPLIER CAREFIX MGMT & CONSULT DBA KUNA LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 194 WEST WHITE WAY KUNA, ID 83634
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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

Initial Comments

R 000

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 licensure/follow-up and complaint investigation survey conducted between April 8, 2014 and April 14, 2014 at your facility. The surveyors conducting the survey were:

Polly Watt-Geier, MSW
Team Coordinator
Health Facility Surveyor

Karen Anderson, RN
Health Facility Surveyor

Matt Hauser, QMRP
Health Facility Surveyor

Bureau of Facility Standards

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

TITLE

(X6) DATE



Facility: Safe Haven of Kuna Living Center	License #: RC-1038	Physical Address: 194 W White Wy	Phone Number: (208) 922-3536
Administrator: Dierdre Kempe	City: Kuna	ZIP Code: 83634	Survey Date: April 14, 2014
Survey Team Leader: Polly Watt-Geier, MSW	Survey Type: Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: May 14, 2014	
Administrator Signature:	Date Signed:		

NON-CORE ISSUES

Item #	IDAPA Rule # 16-03-22	Description	Department User Only	
			FOR Accepted	Initial
1	225.01	The facility did not evaluate Residents #4 and #7's behaviors.	6/4/14	PSB
2	260.06	The facility did not provide housekeeping to maintain the interior and exterior of the building in a clean, safe, orderly manner. For example: Residents' beds were not changed frequently, residents' rooms floors were not vacuumed, residents' bathrooms were not cleaned regularly. Also, behind Building #1 there was a garbage bag full of wet cigarettes and four white rags, some were discolored a brown color.	6/4/14	PSB
3	300.02	The facility nurse did not implement physician's orders for residents' medications and therapies. For example: Resident #1 and Resident #2 had medications that were not implemented between 2 and 5 days after the order was written; Resident #4's antipsychotic was increased by the physician, but it was not implemented; Resident #3's ear drops were not implemented as ordered; Resident #11's diet was not implemented as ordered; a random resident's cream was not implemented to prevent skin breakdown and another random resident's blood draw was not taken as ordered.	6/4/14	PSB
4	305.02	The facility nurse did not ensure physician's orders were received, prior to implementing Resident #5, #6 and #9's medications.	6/4/14	PSB
5	305.03	The facility nurse did not conduct a nursing assessment after Resident #11 had a change in her physical status, fractured her leg and had a cast (Previously cited 3/21/13). 13	6/4/14	PSB
6	310.04.a	The facility implemented behavior modifying medications for Resident #4 and #7, prior to attempting non-drug interventions.	6/4/14	PSB
7	310.04.e	The facility did not complete 6 month psychotropic medication reviews for Resident #2, #5 and #6 (Previously cited 3/21/13).	6/4/14	PSB
8	320.01	Residents' #3, #5, #8 and #10's NSAs did not reflect the residents' care needs nor did the NSAs include the frequencies of when cares would need to be provided. Additionally, Resident #13's NSA was not implemented when staff did not assist her out of the shower, resulting in her falling.	6/4/14	PSB
9	320.03	Residents' #3, #5, #8 and #10 NSAs were not signed by all responsible parties.	6/4/14	PSB
10	335.03	The facility did not ensure appropriate infection controls measures were put in place. For example: caregivers were observed sharing towels after washing their hands, hand washing was not done after providing cares to residents, caregivers were not wearing aprons in the kitchen while emptying the dishwasher (after caring for residents) and contact measures (masks, gloves, gowns) were not readily available or implemented when an outbreak of C-diff was suspected in Building #4.	6/4/14	PSB



HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Establishment Name <u>Anderson-Kuma Living</u>		Operator <u>Deirdre Kuma</u>	
Address <u>194 W. White Way</u>		<u>Kuna 83634</u>	
County <u>ADA</u>	Estab # <u>20828</u>	BHS/SUR # <u>20828</u>	Inspection time: _____ Travel time: _____
Inspection Type: <u>high</u>	Risk Category: <u>high</u>	Follow-Up Report: OR	On-Site Follow-Up: Date: _____ Date: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations <u>2</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>2</u>	Score <u>8</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection.

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
<u>Y</u> N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance
 N/O = not observed
 COS = Corrected on-site
 N/A = not applicable
 R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Hamburgers</u>	<u>198°</u>	<u>Potato Wedges</u>	<u>201°</u>	<u>Sour Cream</u>	<u>39</u>		
<u>Turkey</u>	<u>180°</u>	<u>Ham</u>	<u>136°</u>				

GOOD RETAIL PRACTICES (input checked = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

<u>Deirdre H. Kuma</u> Person in Charge (Signature)	(Print)	Title	Date	Follow-up: Yes	No
<u>Karen Anderson</u> Inspector (Signature)	<u>KAREN Anderson</u> (Print)	<u>4/14/14</u> Date		(Circle One)	



Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page 2 of 2
Date 7-14-14

Establishment Name Lanelin Kurativing	Operator Deidre Kump
Address 144 W White Way	Phone 83634
County Estab # HOA	EHS/SUR # 20828
License Permit #	

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#5: Kitchen staff were observed on 7/8/14 & 7/9/14, to not wash their hands and change gloves between tasks.
COS: Staff instructed on handwashing & glove use.

#11: Raw eggs were observed in the storage building refrigerator being stored above ready-to-eat food. Also meat was kept next to raw veggies.
COS: Dietary manager moved the eggs to the bottom shelf of fridge & moved meat away from vegetables.

Person in Charge Karin Anderson	Date 7/14/14	Inspector Deidre H. Kump	Date
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April 18, 2014

Deirdre Kempe, Administrator
Kuna Living Center
194 West White Way
Kuna, Idaho 83634

Ms. Kempe:

An unannounced, on-site complaint investigation survey was conducted at Kuna Living Center between April 8, 2014 and April 14, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006316

Allegation #1: The facility did not provide assistance with bathing to residents.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22320.01 for the facility not implementing the identified resident's NSA, when the staff did not assist her out of the shower. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not provide toenail care to residents.

Findings #2: Between 4/8/14 through 4/11/14, 35 residents stated the caregivers assisted them with their toenail care as needed. Two residents, who were diabetic, stated they received toenail care by a podiatrist who would visit quarterly.

Between 4/8/14 through 4/11/14, twelve staff members stated caregivers assisted residents with toenail care as needed; except those residents who were diabetic, their toenail care was completed by a podiatrist quarterly.

A sampled resident's record was reviewed on 4/9/14. The record contained documentation that a podiatrist had visited her quarterly and provided toenail care.

On 4/9/14, the facility provided a copy of the dates of the past quarterly podiatrist visits, for those residents who required more complicated nail care, which was consistent with the podiatry visit notes in the resident's record.

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

Deirdre Kempe, Administrator

April 18, 2014

Page 2 of 2

Allegation #3: The facility over-medicated residents.

Findings #3: Between 4/8 and 4/11/14, 37 residents stated the caregivers assisted them with appropriately with their sedative medications.

Between 4/8 and 4/11/14, residents were observed in all four buildings, none appeared to be over-sedated.

An identified resident's record documented the facility assisted the resident with medications as ordered from their physician. The record documented the resident began to show signs of sedation on 10/30/13 and the physician was contacted to reduce the sedative medications. Prior to the medication reductions taking place, the resident was sent to the hospital for becoming non-responsive.

On 4/8/14 at 9:52 AM, the identified resident stated she had been on a lot of medications as her pain and depression was really bad. She stated she felt the facility assisted her with her medications as ordered.

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

Allegation #4: Staff do not offer appropriate snacks to residents, who require therapeutic diets.

Findings #4: Between 4/8/14 and 4/11/14, 37 residents stated the caregivers assisted them with appropriate snacks to meet their therapeutic diet needs. Residents stated they often received cheese and crackers, peanut butter and jelly sandwiches, oranges and other food items.

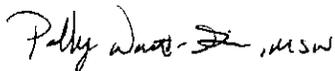
Between 4/8/14 and 4/11/14, twelve staff members stated caregivers assisted residents with appropriate snacks based on their diet needs.

Between 4/8/14 and 4/11/14, snacks were observed being offered to residents in all four buildings. The snacks varied from cheese and crackers, oranges, popcorn and sandwiches.

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

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,



POLLY WATT-GEIER, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

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



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April 18, 2014

Deirdre Kempe, Administrator
Kuna Living Center
194 West White Way
Kuna, Idaho 83634

Dear Ms. Kempe:

An unannounced, on-site complaint investigation was conducted at Kuna Living Center between April 8, 2014 and April 14, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006321

Allegation #1: The facility did not serve protein during evening meals.

Findings #1: On 4/8/14 through 4/11/14, six meals observations were made and 37 interviews were conducted with residents regarding the quality of food at the facility. The residents stated they had been served protein for dinner meals. However, they stated sometimes the dinner meals were not the same as the food listed on the planned menu. Residents stated they had been served hot dogs, goulash and other left over foods that were not on the planned menu, but included protein.

On 4/9/14 at 9:20 AM, a family member stated there had been a lot of complaints regarding the quality and nutritional value of the food that was served. The family member had concerns that the facility was not serving the planned menu.

On 4/9/14 at 10:20 AM, another family member stated he visits the facility often and had seen very nice meals and then some meals served at dinner were a little disappointing to his loved one.

On 4/9/14 at 9:50 AM, the dietary manager stated the facility had to terminate a couple of cooks due to receiving multiple complaints from residents about the quality of the food they prepared. She stated both employees were given verbal and written warnings regarding food prep and following the menu.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. The facility did receive a deficiency at IDAPA 16.03.22.451.01.d, for not

Deirdre Kempe, Administrator

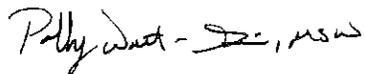
April 18, 2014

Page 2 of 2

documenting substitutions to the menu.

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,



POLLY WATT-GEIER, MSW

Health Facility Surveyor

Residential Assisted Living Facility Program

PWG/sc

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



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April 18, 2014

Deirdre Kempe, Administrator
Kuna Living Center
194 West White Way
Kuna, Idaho 83634

Ms. Kempe:

An unannounced, on-site state licensure and complaint investigation were conducted at Kuna Living Center between April 8, 2014 and April 14, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006363

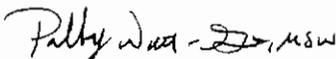
Allegation #1: The facility was not assisting residents with pain patches as ordered by their physicians'.

Findings #1: On 4/8/14 at 9:30 AM, the identified resident stated the pharmacy sent a different brand (generic) of pain patch which caused him to develop a severe skin reaction. He stated the facility nurse assessed the rash and reordered the original trade name brand. The resident stated he had to go without his pain patch for a few days until the correct pain patch was sent to the facility. The identified resident stated the correct pain patch was now available for his use.

Substantiated. However, the facility was not cited as they acted appropriately by ordering a different brand of pain patches that would not cause an identified resident's skin reaction. During the survey, which was conducted between 4/8 and 4/14/14, it was determined other medications and therapies were not implemented as ordered and the facility received a deficiency at IDAPA 16.03.22.300.02. The facility was required to submit evidence of resolution within 30 days.

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,


POLLY WATT-GEIER, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

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