



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 12, 2014

Robbe Redford, Administrator
Hearthstone Village
402 3rd Street
Kootenai, Idaho 83840

Provider ID: RC-922

Mr. Redford:

On April 15, 2014, a complaint investigation was conducted at Hearthstone Village, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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



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: 208-364-4962
FAX: 208-364-1888

May 1, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8371

Robbe Redford
Hearthstone Village
402 3rd Street
Kootenai, Idaho 83840

Mr. Redford:

Based on the complaint investigation conducted by Department staff at Hearthstone Village, LLC between April 14, 2014 and April 15, 2014, it has been determined that the facility failed to protect residents from neglect.

This core issue deficiency substantially limits the capacity of Hearthstone Village, LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. 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 30, 2014**. **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 **May 14, 2014**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Robbe Redford

May 1, 2014

Page 2 of 2

In accordance with IDAPA 16.03.22.003.02, 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 and left with you during the exit conference. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **May 15, 2014**.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Hearthstone Village, LLC.

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) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



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

GK/sc

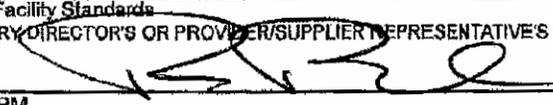
Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
R 000	<p>Initial Comments</p> <p>The following deficiency was cited during the complaint investigation conducted between 04/14/2014 and 04/15/2014 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Survey Definitions: Haloperidol = Haldol MAR = Medication Assistance Record Meds = Medications Mg = milligrams ml = milliliters NSA = Negotiated Service Agreement PRN = As Needed RN = Registered Nurse TIA = Transient Ischemic Attack</p>	R 000	<p>Information on this document is required by regulation for licensure. Any information provided is not to be construed as an admission of guilt or that the facility in any way agrees with the findings of the survey team.</p> <p>R009</p> <p>Resident's #1 has expired since this incident. The family and physician have been informed of the situation.</p> <p>Resident #4 family and physician has been informed and the medical condition has been and is being monitored to ensure there are no negative outcomes from the situation.</p> <p>All other resident's medications will be reviewed and correct dosages are being administered as per physician orders.</p>	5/15/14
R 009	<p>16.03.22.525 Protect Residents from Neglect</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from neglect.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to protect 2 of 4 sampled residents (#1 and #4), from neglect. The findings include:</p>	R 009	<p>All other incidents of medication errors will be communicated appropriately to the physician.</p> <p>All medication techs will be inserviced and monitored to ensure that correct dosages are being administered. Also, all staff have been retrained as to correct actions to</p>	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

5/15/14

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014	
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840		
(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
R 009	<p>Continued From page 1</p> <p>IDAPA 16.03.22.011.24 defines neglect as "Failure to provide...medical care necessary to sustain the life and health of a resident."</p> <p>IDAPA 16.03.22.525 documents, "The administrator must assure that policies and procedures are implemented to ensure that all residents are free from neglect."</p> <p>The facility's medication policy documented if a "resident receives the incorrect medication: Document and notify the licensed nurse and the administrator. The licensed nurse will assess the resident for any side effects and arrange for any necessary medical care or emergency services."</p> <p>The facility's "Nursing Services" policy documented, "The facility nurse would conduct a nursing assessment and identify changes in the resident's mental or physical condition."</p> <p>According to their records, Resident #1 and Resident #4 were 91 year-old females admitted to the facility with diagnoses including dementia.</p> <p>According to the "2014 Nursing Drug Handbook," Haldol is an antipsychotic used to treat psychotic disorders. Side-effects include, but are not limited to: sedation, drowsiness, lethargy and extrapyramidal reactions. The handbook definition included a "Black Box Warning" which documented, "Elderly patients with dementia-related psychosis treated with atypical or conventional antipsychotics are at risk for death. Antipsychotics aren't approved for the treatment of dementia-related psychosis."</p> <p>A "Medication Error Form," documented Resident #1 and Resident #4 received "too much" Haldol</p>	R 009	<p>take in the event that a medication error is discovered.</p> <p>Nurse will be re-inserviced as to actions to take in the event of an error, change of condition, accident, incident or other circumstance that requires an personal, professional assessment of the resident. In the event that a nurse is not available to complete this assessment, or if the assessment of the professional warrants it, the resident will be transported to emergency personnel to ensure that proper care and treatment of each resident is assessed and treated timely.</p> <p>Policies regarding when to contact the Nurse will be revised, reviewed with the staff and implemented. These include actions to take in the event of a medication error, in person assessment by a qualified personnel, and notification to the physician and families.</p> <p>The Administrator will monitor all medication errors and ensure that the all residents receive care appropriate to their condition.</p>	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
R 009	<p>Continued From page 2</p> <p>on March 7, 8, 9, 11, 12, 13, 14, 15, 18, 19, and 20th. The form further documented, the residents were given "the wrong dose."</p> <p>A handwritten note, unsigned and undated, documented "[Caregiver A's name] has given 11 doses of Haldol to" Resident #1 and Resident #4. It documented the day shift "reports very sleepy unable to feed self and shaky [Resident #1's initials] unable to stand." It further documented, the swing shift reported "both residents unable to stand and very sleepy."</p> <p>On 4/14/14 at approximately 12:30 PM, a medication syringe used for Resident #4 was observed. The syringe was numbered from 0 to 5 ml. The caregiver demonstrated how the syringe was completely filled to the 5 ml line instead of to 0.5 ml for both residents. This indicated Resident #1 and Resident #4 received 10 times the amount of Haldol that was ordered.</p> <p>Between 4/14/14 at 10:00 AM and 4/15/14 at 9:00 AM, several caregivers were interviewed and stated the following regarding the medication incident with Resident #1 and Resident #4:</p> <p>*Caregiver C stated, "I can't remember what day" the medication errors were first discovered. A new medication technician was being trained. "I observed him getting ready to measure the Haldol and he was filling the whole syringe, which was too much. Caregiver C stated she called the facility nurse and was told to hold the medication, until the nurse could figure out what was going on. She stated the nurse "only" wanted the medication held for one day, but "I thought she meant to hold it until she got back." Caregiver C stated the interim nurse never came to assess the residents or to look at the medications. "I'm</p>	R 009		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
--------------------	--	---------------	---	--------------------

R 009	<p>Continued From page 3</p> <p>unsure how many people (medication aides) were giving the wrong" doses. Resident #1 was "very out of it." During her last couple days, Resident #1 was "not coherent" and was sleeping through meals. "I thought she was declining," but when it was discovered she received too much Haldol, it "made sense."</p> <p>*Caregiver A stated, she was "not sure" what day the errors were discovered. Caregiver A stated she had a "migraine" and went home and left Caregiver B to finish passing the medications. Caregiver A stated the nurse called her at home to ask how much Haldol she had been giving the residents. She stated Resident #4 was "declining, dropping and holding onto cups." Further, she stated Resident #1 "wasn't eating towards the end, leaning forward and such." The caregiver stated there was no training provided after the error occurred. The caregiver stated she was not aware if the interim nurse, family or physician had been notified of the medication errors.</p> <p>*Caregiver B stated he did not "remember the exact date" the medication errors were found. He stated he was being trained on the medication cart. While watching the person training him (Caregiver A), he questioned if she was using too much Haldol, but Caregiver A told him it was correct. Caregiver B stated Caregiver A went home and left him alone to pass medications. He called the medication technician (Caregiver C) from the other building to watch him draw up the Haldol. He stated he drew up the same amount his trainer had previously done and Caregiver C told him he had drawn up too much. Caregiver B further stated, the facility nurse was contacted and said to stop giving Resident #1 and Resident #4 the Haldol for "one whole day." He stated, Resident #1 was "very, very tired, sleeping</p>	R 009		
-------	--	-------	--	--

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
R 009	<p>Continued From page 4</p> <p>through dinner and stayed tired throughout the night." He stated the facility nurse (who was out of town at the time) never instructed him to call the interim nurse or the physician, because "I thought she would do that herself."</p> <p>*Caregiver E stated, Caregiver A told her Residents #1 and #4 both received too much Haldol for "11 days." She said, Resident #1 was "more out of it, sleeping all the time in her chair and would not eat. She was immediately put on hospice after that." Caregiver E stated Resident #4 had the "same changes" of not eating and sleeping more.</p> <p>*Caregiver F stated, "I had heard the residents were not doing well, had to be fed, slouching...I never read anything" about Resident #1 getting better. Caregiver F stated she saw Resident #1 had a "rapid decline" and was "suddenly on hospice."</p> <p>*Caregiver D stated, "A caregiver found the problem when he was being trained on March 24th." The nurse was called and she said to hold the medication for both residents. Resident #1 died one week later. Resident #1 was "more out of it, sleeping all day, and wasn't eating. Caregiver D stated, Resident #1 "never snapped out of it; she was somber even after holding" the medication. "They put her on hospice right after." The caregiver further stated, Resident #4 was "more shaky" and as far as she knew, the residents' physicians were not notified.</p> <p>1. Resident #1's record documented she was a 91 year-old female, readmitted to the facility on 2/28/14, with diagnoses including dementia and post hip fracture.</p>	R 009		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
--------------------	--	---------------	---	--------------------

R 009	<p>Continued From page 5</p> <p>A progress note, signed and dated by the facility nurse on 2/26/14, documented the resident "moved in today" and had "no issues or concerns. No behaviors" and her "appetite was good." This was two days before the resident was admitted to the facility.</p> <p>A skilled nursing facility's discharge orders, signed and dated by a physician on 2/28/14, documented the resident was to receive Haldol (2mg/ml), 0.5 ml of Haldol twice a day as needed (PRN) for agitation.</p> <p>On 4/14/14, Resident #1's handwritten March 2014 MAR was reviewed. The MAR contained documentation the resident received Haldol (2 mg/ml), 0.5 ml (1 mg) twice daily. It documented the medication was held "per the RN" on the evening of 3/24 and was restarted on the evening of 3/28. Caregivers documented on the back of the March 2014 MAR two doses were given on 3/29 even though the resident "seems very out of it" and was not "swallowing very well." There was no documentation on the March MAR that medication errors had occurred.</p> <p>On 4/14/14, a copy of the March 2014 MAR, used by the nurse's assistant during her investigation, was reviewed. There were circles documented around caregivers' initials on the following days: 3/7, 3/8, 3/9, 3/11, 3/12, 3/13, 3/14, 3/15, 3/18, 3/19, and 3/20. She explained the circles around the initials represented the times Resident #1 was given the increased doses of Haldol. The nurse's assistant also stated the facility nurse had been notified, but was on vacation at the time the errors were discovered.</p> <p>There was no documentation found in Resident #1's record that the physician had been notified</p>	R 009		
-------	---	-------	--	--

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
R 009	<p>Continued From page 6</p> <p>that Resident #1 had been given ten times the ordered dose of Haldol on at least 11 occasions over a thirteen day period.</p> <p>An "Outside Services Report Form," signed by the resident's physician, dated 3/31/14, documented Resident #1 was "barely responsive" and "appeared terminal." There was no documentation the physician was aware of the increased Haldol the resident had received for 11 days prior to his visit.</p> <p>The facility admission/discharge register, documented Resident #1 passed away on 4/2/14.</p> <p>On 4/15/14 at 8:19 AM, Resident #1's physician's office was called to confirm whether the physician had been notified of the medication overdose when he saw her on 3/31/14. The physician was out of the office at the time.</p> <p>On 4/22/14 at 11:03 AM, a staff member at the physician's office stated the physician's nurse spoke to the physician about the medication errors and the physician told the nurse he would have remembered a call of that nature. The staff member also stated, there was no record of the facility contacting the physician about the overdose of Haldol.</p> <p>The facility failed to notify the physician and family when Resident #1 was given ten times the ordered dose of Haldol at least 11 times in thirteen days. The facility also failed to have the resident evaluated by a nurse and failed to re-train staff to prevent additional medication errors. This resulted in Resident #1 declining and potentially hastened her death.</p> <p>2. According to her record, Resident #4 was a 91</p>	R 009		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
--------------------	--	---------------	---	--------------------

R 009	<p>Continued From page 7</p> <p>year old female admitted to the facility on 7/8/12 with diagnoses including cardiomyopathy and dementia.</p> <p>On 4/14/14 and 4/15/14, Resident #4 was observed sleeping in her bed.</p> <p>A "Quarterly Nursing Assessment," dated 1/29/14, documented Resident #4 was started on Haldol, was "much happier" and her behaviors had decreased.</p> <p>A physician's order, dated 2/11/14, documented to reduce Resident #4's Haldol to 0.5 mg at bedtime. This order did not clarify whether this was in tablet or liquid form.</p> <p>A March 2014 MAR documented Resident #4 received liquid Haldol (2 mg/ml), 0.5 ml (1 mg) at bedtime. The MAR documented Resident #4 received Haldol every evening. On the back of the MAR caregivers documented the Haldol was held on 3/24, "per the RN" and restarted it again on 3/30/14. There was no documentation on the March MAR that medication errors had occurred.</p> <p>A fax to the physician dated 3/10/14, documented Resident #4, "woke up this morning very lethargic, running a fever, very shaky & won't eat...."</p> <p>On 4/14/14, a copy of the March 2014 MAR, used by the nurse's assistant during her investigation, was reviewed. There were circles documented around caregivers' initials on the following days: 3/7, 3/8, 3/9, 3/11, 3/12, 3/13, 3/14, 3/15, 3/18, 3/19, and 3/20. She explained the circles around the initials represented the times Resident #4 was given the increased doses of Haldol. The nurse's assistant stated the facility nurse was on vacation</p>	R 009		
-------	--	-------	--	--

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840
--	---

(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
--------------------	--	---------------	---	--------------------

R 009	<p>Continued From page 8</p> <p>at the time the errors were discovered.</p> <p>A fax to the physician, dated 3/20/14, documented Resident #4 "continues to decline unable to feed self, hold cups to drink, etc. May we please have an order for hospice?" The fax did not include the resident had been given too much Haldol.</p> <p>There was no documented evidence a nurse had assessed Resident #4 after she received an overdose of Haldol for approximately 11 days and had a change of condition. There was no documented evidence the physician had been notified of the Haldol overdose even though the facility had previously notified him of the resident's physical decline. Further, there was no documentation the resident's family had been notified.</p> <p>An unsigned, handwritten note given to the surveyors, on 4/14/14, from the facility nurse documented the following regarding the incident where Resident #1 and Resident #2 received Haldol overdoses:</p> <p>*"3/22 - [Caregiver's name] called me to let me know that she feels [Caregiver A] may have been giving the wrong amount of Haldol to [Resident #1's and #4's names]. I asked her what made her feel this way. She reported that [Caregiver's name] said [Another caregiver's name] was giving a full syringe. I asked her to read the syringe and let me know the mls. It was a 5 ml syringe.</p> <p>I called [Caregiver A] and she confirmed that she was giving a full syringe and thought it was mg (instead of ml).</p> <p>I then called [the administrator's name] and</p>	R 009		
-------	---	-------	--	--

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014	
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840		
(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
R 009	<p>Continued From page 9</p> <p>informed him. He said to write the doctor, inform state, and inform families.</p> <p>*3/23 - Called [Caregiver's name] and asked her to go through the MAR and see how many doses were given. Staff reports that residents had been sleepy lately and having a harder time tranfering [sic]. Asked that med be held for a day or 2. [The March MARs for both residents documented the medication was not held until 8:00 PM on 3/24/14.]</p> <p>*3/24 - Called to check on Resident #1's and 4's names]. Reports were, both doing well. Up to the table eating. (This was the same day a caregiver reported the overdoses were found and the medications were held for the first time.)</p> <p>*3/25 - Both residents were doing well. Eating. Appears to be well."</p> <p>On 4/14/14 at 12:45 PM, the facility nurse stated she was called when on vacation and told about the medication errors. She stated, Caregiver A had given the wrong doses of Haldol and had given Resident #1 and Resident #4 ten times the amount of Haldol. The facility nurse confirmed she had not informed either of the residents' physicians or the families of the medication overdoses. The nurse further stated, she was told the residents were sleepier than normal, but she felt Resident #1 was having "TIAs." The nurse stated, there was a nurse who was filling in for her while she was on vacation, but she was not sure if the staff had called her or not.</p> <p>On 4/14/14 at 3:04 PM, the administrator stated he received a call on the evening of 3/22/14, informing him Caregiver A had been "dispensing Haldol" to Resident #1 and Resident #4 at "higher</p>	R 009		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2014	
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840		
(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
R 009	<p>Continued From page 10</p> <p>dosages." The administrator stated he called the facility nurse and she asked how the residents were doing. He stated after they stopped the Haldol, Resident #1 had "decreased lethargy and was up walking around." The administrator confirmed he had not contacted the residents' physicians or families, as he had instructed the nurse to do so. Further, the administrator confirmed the interim nurse was not contacted and neither of the residents were assessed at the time the incident was discovered.</p> <p>On 4/14/14 at 3:16 PM, the interim nurse was contacted. She stated she did not receive any calls from the facility and was not notified of any residents getting the wrong doses of Haldol.</p> <p>The facility failed to protect Residents #1 and #4 from neglect when they did not have both residents assessed by a medical professional after they received 10 times the ordered dose of Haldol for approximately 11 days. Further, the facility did not notify either of the residents' physicians or families of the medication errors despite the residents experiencing changes of condition after the overdose. Without this information, Residents #1's and 4's physicians were not able to make informed decisions regarding their medical care. These failures resulted in neglect.</p>	R 009		



Facility Hearthstone Village	License # RC-922	Physical Address 402 3rd St	Phone Number (208) 255-4849
Administrator Robbe Redford	City Kootenai	ZIP Code 83840	Survey Date April 15, 2014
Survey Team Leader Gloria Keathley, LSW	Survey Type Complaint Investigation	RESPONSE DUE: May 15, 2014	
Administrator Signature 	Date Signed 4/15/14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.b.iii	The facility used a seat belt on a random resident while she was sitting in a wheelchair.	5-20-14	gk
2	305.02	The facility did not have PRN medications available for Resident #3. Also the facility nurse did not review and implement new orders for Resident #1.	6-9-14	gk
3	310.01	The facility did not have a variance for bulk medications for 3 of 3 sampled residents.	5-20-14	gk
4	310.01.d	Unlicensed staff were administering medications to residents who were non-responsive.	6-9-14	gk
5	330.02	The facility did not ensure residents' records were preserved for at least three years when they destroyed documentation in the communication logs regarding residents changes in mental and physical conditions.	6-9-14	gk
6	350.02	The administrator did not conduct an investigation of incidents where two residents received incorrect doses of medications. See 350.06. "Previously cited 2/11/13"	COS 4-22-14	gk
7	645	A caregiver assisted with medications prior to completing a medication assistance course and prior to being delegated by the facility nurse.	6-9-14	gk
8	711.08	Care notes were not documented by the persons providing the cares. Care notes in the communication log were not signed and dated by the caregivers. Notes by the facility nurse were also not signed and dated.	6-9-14	gk
9	350.06	The facility did not take immediate action when two residents received	6-9-14	gk
10		incorrect doses of medication and did not monitor to ensure neglect		
11		did not occur again.		
12				
13				
14				
15				
16				
17				



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 1, 2014

Robbe Redford, Administrator
Hearthstone Village
402 3rd Street
Kootenai, Idaho 83840

Mr. Redford:

An unannounced, on-site complaint investigation survey was conducted at Hearthstone Village, LLC between April 14, 2014 and April 15, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006433

Allegation #1: The facility did not respond appropriately when residents received increased dosages of medication for 11 days.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.525 for neglect when the facility failed to inform the residents' physicians staff had given residents an overdose of medications for approximately 11 days. The facility was required to submit a plan of correction within 10 days.

Allegation #2: The facility did not assist and monitor residents' medications.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not ensuring PRN medications were available and for the facility nurse not reviewing and implementing new medication orders. Further, the facility was issued a deficiency at IDAPA 16.03.22.310.01 and 310.01.d for having medications in bulk supply without a variance and for unlicensed staff administering medications to residents who were non-responsive. 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,

GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program