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

August 27, 2014

Michelle Bingham, Administrator
Meadows Assisted Living Center
16 Airport Road
Salmon, Idaho 83467

Provider ID: RC-1002

Ms. Bingham:

On May 15, 2014, a complaint investigation was conducted at Meadows Assisted 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rachel Corey, RN, BSW

RACHEL COREY, RN
Team Leader
Health Facility Surveyor

RC/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: 208-364-1962
FAX: 208-364-1888

May 22, 2014

Michelle Bingham, Administrator
Meadows Assisted Living Center
16 Airport Road
Salmon, Idaho 83467

Ms. Bingham:

An unannounced, on-site complaint investigation survey was conducted at Meadows Assisted Living Center between May 14, 2014 and May 15, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006454

Allegation #1: The facility did not provide residents with mechanical soft diets when ordered by the physician.

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

Allegation #2: The administrator instructed staff to not fill out incident reports or to falsify them.

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

Allegation #3: The administrator directed staff to assist with medications not ordered, or to assist with them out of accordance with physician orders.

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

Allegation #4: The facility RN did not assess residents' skin breakdown.

Findings: Unsubstantiated. However, the facility received a deficiency at 16.03.22.305.03, for the facility not documenting the progression of the resident's pressure ulcers.

Allegation #5: There was not sufficient staff to assist residents with transferring needs or care needs in a timely manner.

Findings: Unsubstantiated. It could not be determined based on observation, interview and record review that the staffing patterns were not sufficient to meet residents' needs.

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 May 15, 2014. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Karen Anderson, RN
for

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

RC/sc

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
Meadows Assisted Living Center	RC-1002	16 Airport Rd		(208) 756-1043
Administrator	City		ZIP Code	Survey Date
	Salmon		83467	May 15, 2014
Survey Team Leader	Survey Type			RESPONSE DUE:
Rachel Corey, RN	Complaint Investigation			June 14, 2014
Administrator Signature	Date Signed			
Michelle Bingham	5/15/14			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	305.03	The facility RN did not assess and document the progression of Resident #1's wound.	6/25/14	RC
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				