

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

July 8, 2013

Lisa Moore, Administrator
Assisted Living On Shamrock
9766 W Mossy Cup St
Boise, ID 83709

License #: Rc-547

Dear Mrs. Moore:

On May 24, 2013, a Complaint Investigation Survey was conducted at Assisted Living On Shamrock. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted 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 no recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

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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June 25, 2013

Certified Mail: 7012 1010 0002 0836 0461

0854

Lisa Moore, Administrator
Assisted Living on Shamrock
9766 W Mossy Cup St
Boise, ID 83709

Dear Mrs. Moore:

An unannounced, on-site complaint investigation survey was conducted at Assisted Living on Shamrock between May 23 and May 24, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005814

- Allegation #1:** The facility did not respect residents' right to choose their healthcare provider.
- Findings #1:** Insufficient evidence was available to substantiate this allegation. Unsubstantiated.
- Allegation #2:** The house manager repeatedly threatening residents with eviction for breaking house rules.
- Findings #2:** Insufficient evidence was available to substantiate this allegation.
Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.
- Allegation #3:** An identified resident's belongings were not given to the resident upon discharge.
- Findings #3:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.711.14 for not having a disposition of the resident's belongings on file. The facility was required to submit evidence of resolution within 30 days.
- Allegation #4:** An identified resident did not receive medications as ordered.

Lisa Moore, Administrator
June 25, 2013
Page 2 of 2

Findings #4: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.305.02 for not giving the identified resident medications as ordered by the physician. The facility was required to submit evidence of resolution within 30 days.

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 24, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) were to be submitted to this office within thirty (30) days from the exit date, and were due on **June 23, 2013**.

We have not received a response from the facility for that survey.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office **immediately**. If we do not receive the information, the Licensing and Certification Agency may impose potential enforcement action(s) as listed in IDAPA 16.03.22. Rules for Residential Care or Assisted Living Facilities in Idaho subsection 910.02;

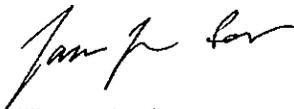
1. A provisional license may be issued.
2. Admissions to the facility may be limited.
3. The facility may be required to hire a consultant who submits periodic reports to the Licensing and Certification agency.

If you have questions, or if we can be of further assistance, please call the Licensing and Certification Agency at (208) 334-6626.

Thank you for your continued participation in the Residential Assisted Living Facility Program in Idaho.

If you have questions or concerns regarding our visit, please call us at (208) 334-1962.

Sincerely,



Karen Anderson
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/TFP

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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

Reset Form

Print Form

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Assisted Living on Shamrock	Physical Address 2716 Shamrock Avenue	Phone Number 208-455-5923
Administrator Lisa Moore	City Nampa	Zip Code 83686
Team Leader Karen Anderson	Survey Type Complaint	Survey Date 05/24/13

RECEIVED
JUL 9 2013
By RALF

NON-CORE ISSUES

Item	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	260.06	The facility's interior environment was not maintained in a clean and orderly manner. For example: A mattress was worn and had approximately a 1 foot in diameter sunken area in the mattress. Three residents' bedrooms did not have privacy curtains or blinds. Three rooms had broken or missing curtain rods. Two residents' rooms had carpets that were dirty and littered with debris. Soiled pillows had no pillow cases. The living room had a sofa with holes in the fabric. An electrical box was laying on the floor instead of being attached to a wall. French doors to one bedroom did not allow for residents' privacy. A bed had an extension cord wrapped around the rail. A hospital bed had duct tape holding the footboard together. There was a fist-sized hole in the wall next to a resident's bed.	KA 6/28/13	KA
2	305.02	Medications were not given or available as ordered.	KA 6/28/13	KA
3	330.02	Residents records were not maintained for 3 years.	KA 6/28/13	KA
4	330.06	Surveyors did not have immediate access to residents' records.	KA 6/28/13	KA
5	335.03	There were no paper towels in shared bathrooms.	KA 6/28/13	KA
6	711.03.b	Two of 2 sampled residents did not have a copy of the written discharge notice.	KA 6/28/13	KA
7	711.14	The facility did not have a disposition of residents' belongings for 2 of 2 sampled residents.	KA 6/28/13	KA

Response Required Date 06/23/13	Signature of Facility Representative 	Date Signed 7-9-13
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