



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 17, 2013

Melissa Wolfe, Administrator
Hillcrest Manor, LLC
4660 Hatchery Road
Eagle, ID 83616

License #: RC-910

Dear Ms. Wolfe:

On May 24, 2013, a Complaint Investigation survey was conducted at Hillcrest Manor, LLC. 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 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor

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



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

Respite Care Intermediate Care

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Hillcrest Manor, LLC	Physical Address 3901 West Hillcrest Drive	Phone Number 208-424-0618
Administrator Melissa Wolfe	City Boise	Zip Code 83705
Team Leader Gloria Keathley	Survey Type Complaint	Survey Date 05/28/13

NON-CORE ISSUES

Item #	RULE	DESCRIPTION	RESOLVED	LOG USE
1	225.02.b	The facility did not develop or implement interventions that were the least restrictive for Resident #4's behaviors.	7-17-13	
2	305.02	The facility's staff did not clarify a medication order with a resident's physician, or the facility's nurse, prior to starting a new medication.	7-17-13	
Response Required Date 06/27/13	Signature of Facility Representative 		Date Signed 5/28/13	



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May 28, 2013

Melissa Wolfe, Administrator
Hillcrest Manor, LLC
4660 Hatchery Road
Eagle, ID 83616

Dear Ms. Wolfe:

An unannounced, on-site complaint investigation survey was conducted at Hillcrest Manor, LLC between May 23, 2013 and May 28, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005722

Allegation #1: A staff member yelled at residents and threatened to discharge them immediately if they did not follow house rules.

Findings #1: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: A resident was started on a medication prior to the facility obtaining the actual written order from the physician.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not ensuring current and correct medication orders were at the facility prior to starting a resident on a new medication. 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 28, 2013**. 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,

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program



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May 28, 2013

Melissa Wolfe, Administrator
Hillcrest Manor, Llc
4660 Hatchery Road
Eagle, ID 83616

Dear Ms. Wolfe:

An unannounced, on-site complaint investigation survey was conducted at Hillcrest Manor, LLC between May 23, 2013 and May 28, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005867

Allegation #1: A resident's rights were violated.

Findings #1: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. However, the facility received a deficiency at IDAPA 16.03.22.225.02. b for not developing or implementing interventions that were the least restrictive for the resident's behaviors. 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 28, 2013**. 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,

Gloria Keathley, LSW
Health Facility Surveyor Residential Assisted Living Facility Program