



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

July 15, 2014

Jennifer Pearson, Administrator  
Trail Creek Manor  
1377 North Trail Creek Way  
Eagle, Idaho 83616

Provider ID: RC-937

Ms. Pearson:

On June 10, 2014, a state licensure/follow-up survey was conducted at Trail Creek Manor. 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 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



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June 12, 2014

Jennifer Pearson, Administrator  
Trail Creek Manor  
1377 North Trail Creek Way  
Eagle, Idaho 83616

Provider ID: RC-937

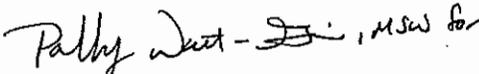
Ms. Pearson:

On 06/10/2014, a follow-up visit to the state licensure/follow-up survey of 04/09/2014, was conducted at Trail Creek Manor-Trista Wolfe Assisted Living Homes, Inc. The core issue deficiency issued as a result of the 04/09/2014, survey has been corrected.

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. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 9, 2014.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

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

JS/sc



Facility TRAIL CREEK MANOR	License # RC-937	Physical Address 1377 NORTH TRAIL CREEK WAY	Phone Number (208) 939-2659
Administrator Jennifer Pearson	City EAGLE	ZIP Code 83616	Survey Date June 10, 2014
Survey Team Leader Gloria Keathley	Survey Type Follow-up	RESPONSE DUE: July 10, 2014	
Administrator Signature <i>Jennifer Pearson</i>	Date Signed 6-10-14		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	305.03	The facility nurse did not assess Resident #2 when she had a yeast infection. Previously cited 4/9/14	7-2-14	gk
2	305.04	The facility nurse did not make recommendations when Resident #2 had a yeast infection. Previously cited 4/9/14	7-2-14	g
3	320.08	The NSA was not updated when Resident #1 had a change in her mental status or when Resident #2 had a change in her health status.	7-2-14	g
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