



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 21, 2013

Certified Mail: 7012 1010 0002 0836 0485

Amy Rackham, Administrator
Gables of Ammon Management, Inc
1405 Curlew Drive
Ammon, ID 83406

Dear Ms. Rackham:

On June 11, 2013, a follow-up survey was conducted at Gables of Ammon Management, Inc. The core issue deficiencies identified on the March 29, 2013, survey have been corrected. The provisional license issued on April 9, 2013, shall remain in place with the following conditions.

1. The facility shall admit no more than three (3) new residents each week.
2. The facility will retain a minimum of two full time nurses, who each have a valid, full Idaho nursing license, to provide a minimum of eighty (80) hours per week of nursing oversight at the facility. The nurses must be employed directly by the facility, as opposed to an agency that provides rotating nursing services.
3. Each Friday, the administrator shall email our office at ralf@dhw.idaho.gov:
 - A. the number of residents admitted that week and their names; and
 - B. the names, credentials and hours worked each week of the nurses employed by the facility.
4. Maintain substantial compliance (no core issue deficiencies) with the Rules for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22).

While you are no longer required to retain your consultant, it is recommended you continue to utilize outside consultant services on a periodic basis. No further consultant reports are required. When your provisional license expires on September 9, 2013, your full license will be restored as long as you have complied with conditions 1-4 as stated above.

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300. **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

Amy Rackham
June 21, 2013
Page 2 of 2

**Tamara Prisock, Administrator
Division of Licensing and Certification
Department of Health and Welfare
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009**

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

Congratulations to you and your staff on the hard work and dedication you demonstrated in bringing the facility back into compliance. Well done. Should you have questions, please contact me at (208) 364-1962.

Sincerely,

Patty Jant - Di, MSW for
JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

cc: L&C Notification Group



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June 21, 2013

Amy Rackham, Administrator
Gables of Ammon Management, Inc
1405 Curlew Drive
Ammon, ID 83406

Dear Ms. Rackham:

An unannounced, on-site complaint investigation survey was conducted at Gables of Ammon Management, Inc between June 10 and June 11, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006042

Allegation #1: The facility did not coordinate care when residents were taken to the emergency department.

Findings #1: Insufficient evidence was available to substantiate this allegation.

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

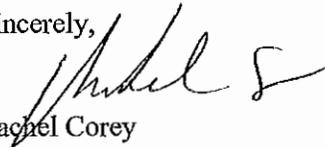
Allegation #2: The facility did not investigate residents' injuries of unknown origin.

Findings #2: Insufficient evidence was available to substantiate this allegation.

Unsubstantiated.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,


Rachel Corey
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/TFP

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



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Amy Rackham, Administrator
Gables of Ammon Management, Inc
1405 Curlew Drive
Ammon, ID 83406

Dear Ms. Rackham:

An unannounced, on-site complaint investigation survey was conducted at Gables of Ammon Management, Inc between June 10 and June 11, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006078

Allegation #1: Residents were not assisted with activities of daily living.

Findings #1: Substantiated, however, the facility was not cited. The facility identified the deficient practice and implemented interventions to prevent a reoccurrence prior to the date of the survey. During the survey on 6/10/13 through 6/11/13, it was determined through observation, interview and record review, that residents were receiving the necessary assistance with activities of daily living services.

Allegation #2: The facility RN did not address residents' changes of condition.

Findings #2: Substantiated. During a licensure and complaint investigation survey on 3/29/13, the facility received a deficiency at 16.03.22.305.03 for the facility RN not assessing residents for changes of condition. During a follow-up survey on 6/10/13 through 6/11/13, it was determined the deficient practice that occurred with the identified resident, happened prior to the facility's alleged compliance date. During the follow-up survey, it was determined the facility had corrected the deficiency. A new RN was hired and staff training was conducted; ten sampled residents' records contained documented evidence that the RN had addressed their changes of condition.

Amy Rackham, Administrator

June 21, 2013

Page 2 of 2

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rachel Corey".

Rachel Corey
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/TFP

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