



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 83720-0099
PHONE: 208-334-6626
FAX: 208-364-1888

July 23, 2013

David Weigt, Administrator
Stoney Creek Living Center-JD Healthcare LLC
3808 North 2538 East
Twin Falls, ID 83301

License #: Rc-892

Dear Mr. Weigt:

On June 26, 2013, a complaint investigation survey was conducted at Stoney Creek Living Center-JD Healthcare LLC. 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 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 Rae Jean McPhillips, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


Rae Jean McPhillips, RN
Team Leader
Health Facility Surveyor

RJM/TFP

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



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July 8, 2013

David Weigt, Administrator
Stoney Creek Living Center-JD Healthcare LLC
3808 North 2538 East
Twin Falls, ID 83301

Dear Mr. Weigt:

An unannounced, on-site complaint investigation survey was conducted at Stoney Creek Living Center-JD Healthcare LLC between June 25 and June 26, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005759

- Allegation #1:** The facility did not follow a planned menu.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01.d for not documenting substitutions to the planned menu when it was not followed. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not have a 7-day supply of non-perishable and a 2-day supply of perishable food.
- Findings #2:** Insufficient evidence was available at the time of the investigation 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:** The facility did not have the types, or amount of food items to prepare the planned menu.
- Findings #3:** Insufficient evidence was available at the time of the investigation 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.

David Weigt, Administrator

July 8, 2013

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- Allegation #4: The administrator did not schedule sufficient staff to meet residents' needs.
- Findings #4: Insufficient evidence was available at the time of the investigation 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 #5: The facility did not document an investigation they conducted when a resident had bruises of unknown origin.
- Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.02 for not documenting the complete investigation of a complaint. The facility was required to submit evidence of resolution within 30 days.
- Allegations #6: The facility had offensive odors.
- Findings #6: Insufficient evidence was available at the time of the investigation 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 #7: There was a lack of activities at the facility.
- Findings #7: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.151.01 for not providing or attempting to engage residents in activities that promoted residents to maintain their highest potential. 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 **June 26, 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,



Rae Jean McPhillips, RN, BSN

Health Facility Surveyor

Residential Assisted Living Facility Program

RJM/TFP

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

