



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

August 26, 2014

Stephen Farnsworth, Administrator
Birchwood Retirement Estate
641 Rimview Drive
Twin Falls, Idaho 83301

Provider ID: RC-602

Mr. Farnsworth:

On July 10, 2014, a complaint investigation was conducted at Birchwood Retirement Estate, CEC, Inc. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RAE JEAN MCPHILLIPS, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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



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July 21, 2014

Stephen Farnsworth, Administrator
Birchwood Retirement Estate
641 Rimview Drive
Twin Falls, Idaho 83301.

Provider ID: RC-602

Mr. Farnsworth:

An unannounced, on-site complaint investigation was conducted at Birchwood Retirement Estate on July 10, 2014. At that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006377

Allegation #1: Residents were left in soiled or wet incontinent briefs for extended periods of time.

Findings: Substantiated. However, the facility was not cited as staff attempted to assist the resident out of the soiled or wet attends. The facility was cited at IDAPA 16.03.22.305.3 and 305.4 for the nurse not assessing the resident when he was admitted to the facility and not assessing or making recommendations to staff on how care or prevent the yeast infection or skin breakdown in his peri-area.

Allegation #2: The facility did not ensure residents received sufficient fluids.

Findings: 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 respond appropriately to a complaint about a caregiver.

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

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 **July 10, 2014**. 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.

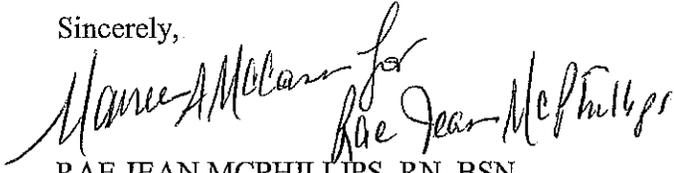
Stephen Farnsworth, Administrator

July 21, 2014

Page 2 of 2

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Name of McClain for RAE JEAN MCPHILLIPS".

RAE JEAN MCPHILLIPS, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RM/sc

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



Facility BIRCHWOOD RETIREMENT ESTATE, CEC, INC.	License # RC-602	Physical Address 641 RIMVIEW DRIVE	Phone Number (208) 734-4445
Administrator Steve Farnsworth	City TWIN FALLS	ZIP Code 83301	Survey Date July 10, 2014
Survey Team Leader Rae Jean McPhillips	Survey Type Complaint Investigation	RESPONSE DUE: August 9, 2014	
Administrator Signature <i>Steve Farnsworth</i>	Date Signed 7-10-14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	305.03	The facility nurse did not conduct an assessment on a resident when he was admitted, nor did she assess his skin condition.	8/11/14	RM
2	305.04	There was no written documentation the facility nurse made recommendation to staff on how to care for a resident's chronic yeast infection.	8/11/14	RM
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