



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

December 2, 2013

Trista Wolfe, Administrator
Jefferson House
2113 West Jefferson Street
Boise, ID 83704

License #: Rc-793

Dear Ms. Wolfe:

On August 22, 2013, a Complaint Investigation survey was conducted at Jefferson House. 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 not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor

MH/mh

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



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August 27, 2013

Trista Wolfe, Administrator
Jefferson House
2087 South Tollgate Way
Boise, ID 83709

Dear Ms. Wolfe:

An unannounced, on-site complaint investigation survey was conducted at Jefferson House between August 21 and August 22, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005827

Allegation #1: The facility did not provide appropriate supervision to residents at night.

Findings #1: Substantiated. However, the facility was not cited as they acted appropriately by discharging the resident from the facility. The facility was given technical assistance regarding admitting and retaining residents with night supervision needs.

Allegation #2: The facility was not maintained in a clean manner.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean and orderly manner. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility nurse did not assess residents after they experienced a change in condition.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.01 for not assessing residents after they experienced changes in condition. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not have enough food to meet the planned menu.

Trista Wolfe, Administrator

August 27, 2013

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Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not having the types and amounts of food to meet the planned menu. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: Residents' physician ordered diets were not implemented.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not implementing a physician ordered diet. The facility was required to submit evidence of resolution within 30 days.

Please bear in mind that four (4) non-core issue deficiencies were identified on the punch list and one (1) was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than September 21, 2013.

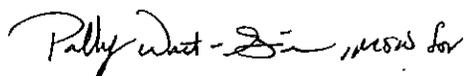
If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact 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,



Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/TFP

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