



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: 208-334-6626
FAX: 208-364-1888

October 28, 2013

Tami Nichols, Administrator
Country Living
255 Blue Lakes Blvd North Pmb 710
Twin Falls, ID 83301

License #: RC-792

Dear Ms. Nichols:

On August 28, 2013, a complaint investigation survey was conducted at Country Living Retirement Homes, Inc.. As a result of that survey, deficient practices were found. The deficiencies were cited at the following levels:

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and 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 Maureen McCann, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Maureen McCann
Maureen McCann, RN
Team Leader
Health Facility Surveyor

MM/TFP

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



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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

Certified Mail #7012 1010 0002 0836 0188

September 5, 2013

Nicole McKechnie, Administrator
Country Living
255 Blue Lakes Blvd North PMB 710
Twin Falls, ID 83301

Dear Ms. McKechnie:

An unannounced, on-site complaint investigation survey was conducted at Country Living Retirement Homes, Inc. between August 27 and August 28, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005909

Allegation #1: Residents were left supervised by unqualified staff.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.03 for allowing a staff member to work unsupervised without having completed a criminal history background check. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not investigate when residents fell or implement interventions to prevent future falls.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for not documenting, investigating or implementing interventions after an identified resident was found on the floor. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: An identified resident was not assessed after being found on the floor.

Nicole McKechnie
September 5, 2013
Page 2 of 2

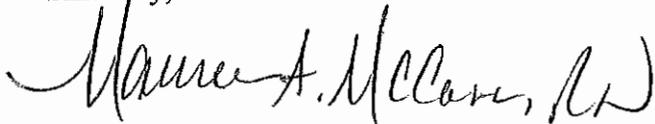
Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the facility nurse not assessing residents after a change in condition. The facility was required to submit evidence of resolution within 30 days.

A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

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 **August 28, 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) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Maureen A. McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/TFP

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R792	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2013
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NAME OF PROVIDER OR SUPPLIER
COUNTRY LIVING RETIREMENT HOMES INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**1852 E 3900 NORTH
BUHL, ID 83316**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000 Initial Comments

The following deficiency was cited during the complaint investigation conducted between 8/27/2013 and 8/28/2013 at your residential care/assisted living facility. The surveyors conducting the survey were:

Maureen McCann, RN
Team Leader
Health Facility Surveyor

Rachel Corey, BSN, RN
Health Facility Surveyor

R 008 16.03.22.520 Protect Residents from Inadequate Care.

The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.

This Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to provide a safe living environment for 100% of the facility's vulnerable adult residents:

The findings include:

IDAPA 16.03.22.010.08 documents, "Inadequate care. When a facility fails to provide ...a safe living environment..."

① A Caregiver worked alone before the completion of a Criminal History Background Check

IDAPA 16.03.22.009.01 documents, "Criminal

R 000

R 008

Objectives

(List of Team Objectives)

1. Background checks will be complete prior to staff acting as primary caregiver.

Tasks

(What you need to do to achieve your objective)

Staff must complete the background check process from the state.

Success Criteria

(How you can identify your success)

Ensure every staff member has appropriate documentation completed prior to working as a primary caregiver.

Time Frame

(By when you need to achieve the tasks)

Immediately

Resources

(What Resources you need for each task)

"Completed" background check from the state document in facility.
Letter from Health and Welfare stating "CLEARED".

Objectives

(List of Team Objectives)

See new Policy and Procedure (P&P).

Tasks

(What you need to do to achieve your objective)

Comply with the stated new Policy and Procedure.

Success Criteria

(How you can identify your success)

Ensure every staff member has complied with the stated Policy and Procedure.

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Owner / Admin

9/5/13

Bureau of Facility Standards

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R 008	<p>Continued From page 1</p> <p>History and Background Check. A residential care or assisted living facility must complete a criminal history on employees and contractors hired or contracted with after October 1, 2007, who have direct patient access to residents in the residential care or assisted living facility."</p> <p>IDAPA 16.03.22.009.03 documents, "...The individual is allowed to only work under supervision until the criminal history and background check is completed. If a disqualifying crime ...is disclosed, the individual cannot have access to any resident."</p> <p>The facility was a small single level building licensed for 13 beds. The facility population consisted of residents with diagnoses including, Alzheimer's dementia, others types of dementia, developmental delay and mental illness.</p> <p>The staff "as worked" schedule, was reviewed. In January 2013, Caregiver A worked four (4) shifts under supervision while completing orientation training. After orientation training was completed, the caregiver was the only staff who worked overnight on 1/16/13, between 5:00 PM and 5:00 AM. On 1/19/13, the caregiver was again the only staff scheduled between 5:00 PM and 5:00 AM.</p> <p>A letter, dated 1/22/13, to the facility owner from the Idaho Department of Health and Welfare, was reviewed. The letter documented, a Criminal History Background check revealed Caregiver A "...has a record with a 2/08/2012 Disqualifying Five Year Crime...Department rules preclude individuals with Disqualifying Crimes from providing service or having access to Health and Welfare Program participants."</p> <p>On 8/28/13 at 9:45 AM, the current administrator</p>	R 008	<p>Time Frame <i>(by when you need to achieve the tasks)</i> Immediately</p> <p>Resources <i>(What resources you need for each task)</i> Policy and Procedure. Please see copy of document as submitted. APPENDIX A</p> <p>Objectives <i>(List of Team Objectives)</i> New staff members remain as a secondary caregiver until all aspects of P&P have been completed</p> <p>Tasks <i>(what you need to do to achieve your objectives)</i> Schedule will be set to allow for a primary caregiver to be orienting new staff until the stated has been completed.</p> <p>Success Criteria <i>(How you can identify your success)</i> Ensure caregiver schedule is as stated</p> <p>Time Frame <i>(by when you need to achieve the tasks)</i> Immediately</p> <p>Resources <i>(What Resources you need for each task)</i> Monthly/Weekly Schedule and P&P document.</p> <p>Objectives <i>(List of Team Objectives)</i> 2. Complete investigation after an accident/incident occurs.</p>	
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Bureau of Facility Standards

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R 008	<p>Continued From page 2</p> <p>confirmed, the caregiver worked two (2) overnight shifts alone, without supervision, before her Criminal History Background Check was completed. She further stated, she thought a caregiver could work unsupervised once the Criminal History Check was started.</p> <p>On 8/28/13 at 9:50 AM, the owner stated she also thought a caregiver could work unsupervised once the Criminal History Check was started and she received the letter stating the caregiver was "available" to work.</p> <p>The facility allowed a caregiver to work alone without completing a Criminal History Background Check. When the Background Check was completed, after the caregiver had been left unsupervised with the residents, Disqualifying Crimes were found against the caregiver.</p> <p>11. The facility did not complete an investigation after residents were left unsupervised during the middle of the night.</p> <p>IDAPA 16.03.22.350.02 documents, "The administrator or designee must complete an investigation and written report of finding within thirty (30) calendar days for each accident, incident..."</p> <p>The staff "as worked" schedule, was reviewed. On 1/19/13, Caregiver A was the only staff scheduled between 5:00 PM and 5:00 AM, the next morning.</p> <p>On 8/27/13 at 2:30 PM, the current administrator stated, Caregiver A no longer worked at the facility. She stated, the caregiver left the facility and the residents unsupervised sometime during the middle of the night of 1/19/2013, and never</p>	R 008	<p>Tasks <i>(What you need to do to achieve your objectives)</i></p> <p>Complete an "Event Report" in ALMSA or complete the written "Incident Report Form". Contact all pertinent staff immediately or within 8 hours.</p> <p>Success Criteria <i>(How you can identify your success)</i></p> <p>All documentation is completed and all pertinent staff members are notified.</p> <p>Time Frame <i>(By when you need to achieve)</i></p> <p>Immediately start the process</p> <p>Resources <i>(What Resources you need for each task)</i></p> <p>Please see "INCIDENT REPORTS" P&P as submitted. APPENDIX B</p> <p>Objectives <i>(List of Team Objectives)</i></p> <p>Falls in the facility.</p> <p>Tasks <i>(What you need to do to achieve your objectives)</i></p> <p>Complete a "Post Fall & Emergency Assessment Form". Notify all pertinent staff immediately or within 8 hours. If state needs notification it must be completed within 24 hours.</p> <p>Success Criteria <i>(How you can identify your success)</i></p> <p>All documentation is completed and all pertinent staff members are notified.</p>	

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R 008	<p>Continued From page 3</p> <p>returned. The administrator further stated, a resident woke up during the night and when he could not find a staff member in the building, he called the facility owner.</p> <p>On 8/28/13 at 9:30 AM, a resident stated, he remembered waking up during the night of 1/19/13 at about 1:00 AM and called for staff to assist him to transfer from his bed to his wheelchair. After several attempts to summon staff, he transferred himself and went to find staff. When he realized there was no staff in the building, he telephoned the owner and told her there were no staff in the building.</p> <p>On 8/28/13 at 9:45 AM, the owner stated she had received a call from a resident in the middle of the night on 1/19/13. She stated, the resident told her there was no staff in the facility. When staff arrived, they found a resident on the floor in her room.</p> <p>There was no documentation in the facility, including Caregiver A's record, of the incident. Further there was no documentation in the facility's records of an investigation regarding the incident or a change in policy to prevent the incident from reoccurring.</p> <p>The facility administrator did not provide the residents a safe living environment when she scheduled a caregiver, to work alone, before the caregiver's Criminal History and Background Check had been completed. Further, the facility did not document an investigation or implement interventions to prevent a reoccurrence, after residents were left unsupervised during the middle of the night. This led to inadequate care.</p>	R 008	<p>Time Frame <i>(by when you need to achieve the tasks)</i> Immediately</p> <p>Resources <i>(What Resources you need for each task)</i> Please see "Post Fall & Emergency Assessment Form" as submitted. APPENDIX C Please see "falls" P&P. APPENDIX D</p> <p>Objectives <i>(List of Team Objectives)</i> Staff Notification</p> <p>Tasks <i>(what you need to do to achieve your objectives)</i> Have all current staff read Plan of Action and sign off. Any new staff will get information in orientation.</p> <p>Success Criteria <i>(How you can identify your success)</i> Documentation is signed/initialed by staff as appropriate.</p> <p>Time Frame <i>(by when you need to achieve the tasks)</i> Immediately</p> <p>Resources <i>(What Resources you need for each task)</i> Signed or initialed documentation.</p>	



Facility COUNTRY LIVING RETIREMENT HOMES INC.	License # RC-792	Physical Address 1852 EAST 3900 NORTH	Phone Number (208) 326-6560
Administrator Nicole McKechine	City BUHL	ZIP Code 83316	Survey Date August 28, 2013
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation	RESPONSE DUE: September 27, 2013	
Administrator Signature 	Date Signed 8/28/13		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.03	A caregiver worked on the night shift alone, without a completed criminal history background check.	9/17/13	MLC
2	305.03	The facility nurse did not assess residents' changes of condition such as falls, weight changes and illnesses.	10/18/13	MLC
3	305.04	The facility nurse did not make recommendations to the administrator and caregiver staff regarding residents' health needs that required follow-up.	9/17/13	MLC
4	350.02	The administrator did not investigate all incidents and accidents.	9/17/13	MLC
5	600.05	A caregiver worked unsupervised without having completed orientation requirements.	9/17/13	MLC
6	711.08.e	The facility staff did not document notification of the facility nurse when residents experienced a change in condition.	10/18/13	MLC
7	711.13	Nursing assessments did not contain all of the required documentation in rule section 305.	10/18/13	MLC
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