



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

Tambra Maple, Administrator
Stellar Senior Living, LLC
2340 W Seltice Way
Coeur d'Alene, ID 83814

License #: RC-1023

Dear Ms. Maple:

On September 12, 2013, a complaint investigation survey was conducted at North Star Retirement Community. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rae Jean McPhillips, RN
Team Leader
Health Facility Surveyor

RJM/ttp

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



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

September 30, 2013

Tambra Maple, Administrator
North Star Retirement Community
2340 West Seltice Way
Coeur d'Alene ID 83814

Dear Ms. Maple:

An unannounced, on-site complaint investigation survey was conducted at North Star Retirement Community on September 12, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006184

Allegation #1: The facility did not have a nurse for several weeks.

Findings #1: On 9/12/13 at 9:35 AM, the administrator stated the previous nurse's last day was 8/13/13 and the new facility nurse started the same day.

The facility provided documentation of the prior nurse leaving on 8/13/13 and the new nurse starting on 8/13/13. Additionally, the August "as-worked" schedule documented the new facility nurse started the same day the prior nurse left.

Unsubstantiated.

Allegation #2: The facility nurse did not assess residents when they had changes in condition.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the nurse not completing assessments after residents experienced a change in condition. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not have sufficient staff to meet the care needs of the residents.

Findings #3: On 9/12/13, eleven residents were interviewed. All stated there was sufficient staff to meet their needs. One resident stated she felt the facility could use additional staff,

Tambra Maple, Administrator
September 30, 2013
Page 2 of 2

however, she said there was sufficient staff to meet her needs. Additionally, two caregivers and three housekeepers stated there was sufficient staff to meet the care needs of the residents.

The facility's complaint documentation was reviewed on 9/12/13. There was no documentation of concerns from residents, families, or outside agencies regarding insufficient staffing or the care needs of the residents not being met.

The "weekly work schedules" documented two staff were scheduled during the day and afternoon shifts and one scheduled for the night shift.

On 9/12/13 at 2:30 PM, the administrator and a facility nurse stated they felt there was currently sufficient staff to meet the care needs of the residents. Additionally, the administrator stated there was staff available that could be called in to assist if needed.

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 **September 12, 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,



Rae Jean McPhillips, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RJM/TFP

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