



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

November 21, 2013

Jennifer Goffinet, Administrator
Trail Creek Manor
1377 North Trail Creek Way
Eagle, ID 83616

License #: RC-937

Dear Ms. Goffinet:

On September 25, 2013, a complaint investigation survey was conducted at Trail Creek Manor-Trista Wolfe Assisted Living Homes, 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Polly Watt-Geier, MSW
Team Leader
Health Facility Surveyor

PWG

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



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October 16, 2013

Jennifer Goffinet, Administrator
Trail Creek Manor
2087 South Tollgate Way
Boise, ID 83709

Dear Ms. Goffinet:

An unannounced, on-site complaint investigation survey was conducted at Trail Creek Manor-Trista Wolfe Assisted Living Homes, Inc., between September 24 and September 25, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006034

Allegation #1: The facility did not provide an appropriate discharge notice.

Findings #1: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated.

Allegation #2: The facility neglected residents by not assisting with grooming and medications.

Findings #2: Insufficient evidence was available at the time of the investigation and in records reviewed 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 staff did not have specialized training for residents who had traumatic brain injuries.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.630.04 for staff not having specialized training in traumatic brain injury. The facility was required to submit evidence of resolution within 30 days.

Jennifer Goffinet
October 16, 2013
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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 25, 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,



Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/TFP

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