



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

November 13, 2013

Deirdre Kempe, Administrator  
Carefix Management & Consult DBA Kuna Living Center  
194 West White Way  
Kuna, ID 83634

License #: RC-1038

Dear Ms. Kempe:

On October 2, 2013, a complaint investigation survey was conducted at Carefix Management & Consulting DBA Kuna Living Center. 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 17, 2013

Deirdre Kempe, Administrator  
Carefix Mgmt & Consult dba Kuna Living Center  
194 West White Way  
Kuna, ID 83634

Dear Ms. Kempe:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting dba Kuna Living Center between October 1 and October 2, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006062**

Allegation #1: The facility retained residents with greater than Stage II pressure ulcers.

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

Unsubstantiated.

Please bear in mind that a non-core issue deficiency was identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **October 2, 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



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October 17, 2013

Deirdre Kempe, Administrator  
Carefix Mgmt & Consult dba Kuna Living Center  
194 West White Way  
Kuna, ID 83634

Dear Ms. Kempe:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting dba Kuna Living Center between October 1 and October 2, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006079**

**Allegation #1:** The facility did not have supplies to implement appropriate infection control measures.

**Findings #1:** Between 10/1/13 and 10/2/13, eight staff members were interviewed. All stated they were unaware of a time when the facility ran out of supplies such as paper towels, soap, toilet paper etc. However, some staff stated occasionally they would run out of supplies in the building they worked in; they would then obtain supplies from another building, or from the facility's main storage area. During the survey, the supplies in all four buildings and in the main storage area were observed. It could not be determined if the supplies available were insufficient for the current needs of the facility. Additionally, residents' bathrooms were observed and contained toilet paper. Thirty-four residents stated toilet paper was readily available to them.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. However, the facility was given technical assistance to evaluate their current method of storing supplies to ensure supplies were more accessible.

**Allegation #2:** The facility staff did not practice appropriate food safety.

**Findings #2:** On 10/1 and 10/2/13, food preparation was observed in all of the facility's four buildings. Kitchen staff were observed to prepare food in a sanitary manner. They were observed wearing aprons, handling ready to eat foods with tongs or by wearing gloves and washing hands when appropriate. Caregivers were observed serving the food, after the cooks had dished the prepared meals onto plates. The caregivers were observed not to touch the food served or contaminate the plated food in anyway.

On 10/2/13, two cooks were interviewed. They stated caregivers were trained on appropriate food handling techniques. They further stated, they had not observed caregivers practice inappropriate food preparation techniques.

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 have enough staff to meet residents' care needs.

**Findings #3:** Between 10/1 and 10/2/13, a tour of the facility was conducted. Thirty-four residents were interviewed. All stated staff were readily available to meet their needs. A few residents stated during emergencies they may have to wait ten to fifteen minutes for staff to respond to their call lights, but they stated most of the time staff were very responsive. All residents were observed to be well-groomed and no odors were detected. The facility was observed to be maintained in a clean and orderly manner. In one building, residents were observed to have higher care needs. In this building two to three staff were observed to assist residents. In the other three buildings, residents were observed to be mostly independent with activities of daily living. One caregiver was observed in these buildings; however, additional staff were observed floating to these buildings during busy periods, such as meal times.

During the survey, eight staff members were interviewed individually and in a private location. They stated the current staffing patterns allowed them to meet the needs of the residents. However, if there were call-ins, they often would be asked to work overtime. These staff members felt there needed to be more back-up staff members available, but denied there ever being a time when residents' needs were not met.

Also during the survey process, two family members were interviewed. The family members stated they were pleased with the care provided by the facility; they expressed no concerns with staffing.

On 10/1/13 at 12:23 PM, the ombudsman stated she did not have any staffing concerns. During her visits, she observed residents receiving cares and residents were always very well-groomed.

On 10/1/13, the complaint log was reviewed. It did not contain any documentation indicating complaints were filed regarding the staffing levels within the facility.

Deirdre Kempe  
October 17, 2013  
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Four current residents' records were reviewed. There was no documentation indicating cares were not provided. Incident reports were reviewed; it could not be determined that any of the incidents were related to insufficient staffing levels.

Unsubstantiated. However, the facility was given technical assistance regarding ensuring a back-up staffing plan was available for when call-ins occurred.

Please bear in mind that a non-core issue deficiency was identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **October 2, 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,

A handwritten signature in cursive script, appearing to read "Polly Watt-Geier", with "RN, MSW" and "for" written below it.

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

PWG/ftp

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