



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

January 13, 2015

Scott Burpee, Administrator  
Carefix-Safe Haven Homes of Bellevue  
314 South 7th  
Bellevue, Idaho 83313

Provider ID: RC-927

Mr. Burpee:

On October 7, 2014, a complaint investigation was conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Bellevue. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

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

Sincerely,

MAUREEN MCCANN, RN  
Team Leader  
Health Facility Surveyor

MM/sc

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

October 20, 2014

**CERTIFIED MAIL #: 7007 3020 0001 4050 8630**

Staci Fowler  
Carefix-Safe Haven Homes of Bellevue  
314 South 7th  
Bellevue, Idaho 83313

Ms. Fowler:

Based on the complaint investigation conducted by Department staff between September 30, 2014 and October 7, 2014 at Carefix Management & Consulting Inc, dba Safe Haven Homes of Bellevue, the facility was cited with a core issue deficiency for failing to protect residents from neglect.

This core issue deficiency demonstrates a substantial limitation to the capacity of Carefix Management & Consulting Inc, dba Safe Haven Homes of Bellevue to provide for residents' basic health and safety needs. The deficiency is described on the enclosed Statement of Deficiencies. Further, the facility did not have sufficient staff to provide single staff coverage for all shifts. The facility was bringing in staff from a facility located 143 miles away, who were unfamiliar with the residents, to cover the shifts alone.

**PROVISIONAL LICENSE:**

As a result of the survey findings, a provisional license is being issued effective October 20, 2014 and will remain in effect for a period of 180 days. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho gives the Department the authority to issue a provisional license:

***IDAPA 16.03.22.935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.***

*A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.*

The conditions of the provisional license are as follows:

## **BAN ON ADMISSIONS:**

1. **Ban on all new admissions.** Readmission from the hospital will be considered after consultation between the facility, the resident/family and the Department. The ban on new admissions will remain in effect until the Department has determined that the facility has sufficient, appropriately trained staff and has otherwise achieved full compliance with the Department's licensing and certification requirements. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho gives the Department the authority to impose a remedy of a limit on admissions:

***IDAPA 16.03.22.920. Enforcement Remedy of Limit of Admissions.***

***02. Reasons for Limit on Admissions.** The Department may limit admissions for the following reasons:*

*a. The facility is inadequately staffed or the staff is inadequately trained to handle more residents.*

## **PLAN OF CORRECTION:**

2. After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:
  - ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
  - ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
  - ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
  - ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
  - ♦ By what date will the corrective action(s) be completed?

An acceptable, **signed** and **dated** Plan of Correction must be submitted to the Division of Licensing and Certification within **ten (10) calendar days of your receipt of this notice and accompanying Statement of Deficiencies**. You are encouraged to immediately develop and submit this plan so any adjustments or corrections to the plan can be completed prior to the deadline.

## **EVIDENCE OF RESOLUTION:**

3. 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 October 7, 2014. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

***IDAPA 16.03.22.130. Non-core Issues Deficiency.***

***09. Evidence of Resolution for Non-Core Deficiencies.** The facility must provide evidence of resolution of non-core issues to the Licensing and Survey Agency, within thirty (30) calendar days of the exit conference. The facility may show evidence of resolution by providing receipts, pictures, and completed policies, training, schedules, and other records. If there are non-core*

issues that the facility is unable to resolve due to extenuating circumstances, a written request for the delay must be submitted for Licensing and Survey Agency approval within thirty (30) days of the exit conference.

The ten (10) non-core issue deficiencies must be corrected and evidence of correction (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by December 6, 2014

### **ADMINISTRATIVE REVIEW**

You may contest the provisional license and the ban on admission by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

**Tamara Prisock, Administrator  
Division of Licensing and Certification - DHW  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036**

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

### **INFORMAL DISPUTE RESOLUTION**

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution (IDR) process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of this notice and the accompanying Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the IDR process. The IDR request form and the process for submitting a complete request can be found at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov) under the heading of Forms and Information. Failure by the facility to request an IDR meeting will not affect the facility's ability to challenge the provisional license and ban on admissions in the Administrative Review process.

## **FOLLOW-UP SURVEY**

An on-site, follow-up survey will be scheduled after the administrator submits a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, the core issue deficiency still exists, a new core issue deficiency is identified, non-core deficiencies have not been corrected, or the facility has failed to abide by the conditions of the provisional license, the Department will take further enforcement action against the license held by Carefix Management & Consulting Inc, dba Safe Haven Homes of Bellevue. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Continuation of the Ban on Admissions
- Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

JS/sc

Enclosure

cc: Medicaid Notification Group

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R927	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING	(X3) DATE SURVEY COMPLETED  C 10/07/2014
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NAME OF PROVIDER OR SUPPLIER  CAREFIX-SAFE HAVEN HOMES OF BELLEVUE	STREET ADDRESS, CITY, STATE, ZIP CODE 314 SOUTH 7TH BELLEVUE, ID 83313
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX X 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

R 000

The following deficiency was cited during the complaint investigation conducted between 9/30/14 and 10/17/14 at your residential care/assisted living facility. The surveyors conducting the survey were:

Maureen McCarin, RN  
Team Coordinator  
Health Facility Surveyor

Gloria Keathley, LSW  
Health Facility Surveyor

Abbreviations/Definitions:

CVA = Cerebrovascular accident  
ensure = Ensure, a meal supplement  
dr = Doctor  
dx = diagnosis  
F/U = follow-up  
lbs = pounds  
Pt = patient  
pt's = patient's  
wt = weight

R 009

16.03.22.525 Protect Residents from Neglect.

R 009

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

This Rule is not met as evidenced by:  
Based on interview and record review, the facility failed to protect 7 of 9 sampled residents (#2, #3, #4, #6, #7, #8, and #9) from neglect when they did not maintain sufficient food which resulted in

R009 Protect Residents from Neglect.  
Insufficient food

What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?

The previous administrator was provided appropriate funding for grocery shopping per budget on weekly basis from the corporate office.  
The previous administrator spent approximately 2300. On food for the time in question 7/28 through 9/8. Weekly receipts show that the previous administrator went shopping on a weekly basis on 7/28, 8/4, 8/11, 8/18, 8/25, 9/4 and 9/8.

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Staci R...</i>	TITLE  Admin	(X6) DATE  10/3/14
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Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R927	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING	(X3) DATE SURVEY COMPLETED  C 10/07/2014
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NAME OF PROVIDER OR SUPPLIER CAREFIX-SAFE HAVEN HOMES OF BELLEVUE	STREET ADDRESS, CITY, STATE, ZIP CODE 314 SOUTH 7TH BELLEVUE, IA 53313
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R 009

Continued From page 1

residents losing weight. These findings include:

IDAPA 16.03.22.011.24 defines, neglect as the "failure to provide food or medical care to sustain the life and health of a resident."

I. INSUFFICIENT FOOD:

The facility was a single story building with nine residents residing there.

The following notes were found in the facility:

\*On 9/11/14, the corporate licensed social worker documented the following statement by Caregiver B during an investigation: "There is never any food in the facility. [The administrator's name] is never here and does not shop for me to cook. Last week I cooked one meal because I had nothing to cook. I called him Thursday morning because I had nothing to cook. He brought me 8 eggs in a Ziploc bag and a package of bacon. I try to talk to him about this problem and he rolls his eyes at me... On August 28th at the staff meeting, [the administrator's name] told us that we were no longer to call [his supervisor's name] with menu, food, or any resident or family concerns...that those all needed to come to him because he is the administrator now...There is never enough food, snacks, fluids. [Administrator's name] knows this and does nothing about it."

\*On 9/11/14, the corporate licensed social worker documented the following statement by Caregiver C during an investigation: "Last week, Monday - Thursday we had no food in the facility for the residents to eat. He [the administrator] did not shop for 20 days. I made some rice and cream

R 009

Based on an investigation conducted at the corporate level on 9/9-9/12 it was determined that the food was being purchased but not making into the facility.

Therefore the previous administrator was suspended on 9/11 and terminated on 9/15/2014 prior to the survey. An interim house manager was put in place on 9/15/2014 provided training and education in regards to the menu, and grocery shopping needs.

The Regional Director has been in the facility on a weekly basis upon dismissal of the previous administrator to verify there is sufficient food to meet the menu and residents' needs.

A new Administrator was hired on Oct 13, 2014 who will be in the facility on a weekly basis and verify that there is sufficient food to meet the needs of the menu and residents.

How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?

The current Administrator will observe that there is sufficient food in the facility on a weekly basis.

All current resident have been placed on a weekly/bimonthly weight schedule to alert the facility Administrator and Facility Rn with any weight loss concerns.

*Stacy*

11/7/14

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R927	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/07/2014
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R009 Continued From page 2 R009	<p>soup for a few of them. Finally, on Thursday night after 9 PM [the administrator's name] brought groceries in, but there was not a lot of food. He brought in 3 gallons of milk to last until Monday."</p> <p>*On 9/15/14, Caregiver A documented, "Out of food every weekend and on the 1st-4th of September we were out of food/coffee, milk, juice for facility and outside agencies and family members noticed... Said he [the administrator] was going shopping then doesn't and we the staff have call and beg him to bring in food for the day... Brought food items from my house to get food in to the building."</p> <p>Between 9/30/14 and 10/31/14, facility staff, a resident, an owner and family members were interviewed regarding problems with the facility's food supply during July, August and September of 2014. Their responses were as follows:</p> <p>*On 9/30/14 at 11:00AM, Caregiver A stated when the administrator was responsible for buying food during July, August and the first part of September, "the food didn't make it here." She stated she would call the administrator's supervisor, who would call the administrator and instruct him to go shopping. She further stated, "he would only bring enough food for the next day but we needed to use it, so we would have to start all over again."</p> <p>*On 9/30/14 at 11:05 AM, one of the facility owners stated there had been complaints of no food in the facility. He stated there were grocery receipts found for food, but the food could not be found in the facility. He further stated, the food was being stolen.</p> <p>*On 10/1/14 at 2:00 PM, a resident stated the</p>		<p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>All staff was informed in a in-service on Nov 4, 2014 of appropriate chain of command. All staff was informed of the open door policy and that they can contact anyone on the chain of command including the Regional Director if there is concern with the House Manager or Administrator.</p> <p>The current Administrator will review grocery receipts compared to inventory randomly to verify that the food that is being purchased in on site.</p> <p>How will corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur?</p> <p>The Administrator will be reviewing resident weights with the facility RN on a monthly basis.</p> <p>The Administrator will be comparing the grocery receipts with the inventory at random on a monthly basis or as needed with concerns.</p> <p>The Administrator has placed a book in the front entrance in regards to complaints/grievances. Administrator will follow up with the staff, residents, outside agencies, and family in regards to any complaints or grievances including but not limited to food concerns. The Administrator will be reviewing the complaint book on a weekly basis</p> <p>Adult protection and Ombudsman has been in the building 3 (three) times in the last two weeks with no concerns and they will continue to monitor as well as needed</p>	
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*Staci L...* 11/7/14

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER  
CAREFIX-SAFE HAVEN HOMES OF BELLEVUE

STREET ADDRESS, CITY, STATE, ZIP CODE  
314 SOUTH 7TH  
BELLEVUE, N. D. 58313

(X4) D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 009	<p>Continued From page 3</p> <p>food had improved over the past few weeks, but prior to this, there was little food and the appearance of the food was "gray matter," which had little taste.</p> <p>*On 10/2/14 at 10:15 AM, Caregiver B stated there was not enough food in the facility to adequately feed the residents. She stated she would contact the facility administrator who stated, "I'll go grocery shopping tomorrow," but either he would not shop, or would only bring enough food for one more day. She further stated, she contacted the administrator's supervisor "at least 4 times," to report the lack of food, who stated "she was going to take care of it." Caregiver B stated then the administrator's supervisor would show up unannounced and "things would be OK for a few days."</p> <p>*On 10/2/14 at 10:40 AM, Family Member D stated, "The last few months there was a decline in care and the way things were run." She stated she had voiced her concerns to the administrator and to his supervisor "2 to 3 months ago." She further stated, she noticed her mother had lost weight, there was not enough food or snacks at the facility and the meals being served were not appropriate, such as: "pizza bread." She stated her mother was hungry, had lost weight and her behaviors had increased.</p> <p>*On 10/2/14 at 10:55 AM, Caregiver C stated some of the residents did not have teeth and the only food available to prepare was not soft enough for them to eat.</p> <p>*On 10/2/14 at 11:45 AM, the administrator's supervisor stated a caregiver had called her sometime at the end of August, and reported the only food in the house was rice. She stated she</p>		<p>By what date will the corrective action(s) be completed?</p> <p>November 7, 2014</p>	R 009

*Staci Furr*  
11/7/14

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R927</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2014</b>
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R 009	<p>Continued From page 4</p> <p>contacted the administrator and instructed him to go food shopping. She further stated, on 9/5/14, a family member "text" her a picture of a meal that was served at the facility. The meal consisted of a piece of white bread, untoasted, with a scant amount of tomato sauce, lightly sprinkled with shredded cheese and 2 thin pieces of pepperoni. The administrator's supervisor stated she had the house manager take a picture of the pantry and food stored at the facility after she received a grocery receipt, dated 9/6/14, from the administrator. She further stated, the food items on the receipt were not at the facility. The administrator's supervisor stated that during the week of 9/9/14, she was contacted by the corporation's licensed social worker, who was at the facility conducting an investigation into the food complaint. The social worker confirmed multiple complaints from staff and a family member regarding inappropriate quality and quantity of food available at the facility.</p> <p>*On 10/2/14 at 3:35 PM, the administrator stated the facility might have been missing particular items to meet the menu, but substitute items were available. He stated the staff did not use the food items correctly. They cooked more than the menu called for and that is why they kept running out.</p> <p>*On 10/3/14 at 10:05 AM, Family Member A stated that at the end of September, she had observed a meal served to the residents which consisted of "packaged potatoes, pizza bread and a piece of burnt chicken breast or something." She stated she had asked Caregiver A what the meal was supposed to be and if there where going to be any vegetables, but Caregiver A "just shrugged." The family member further stated when the administrator was making meals, "He</p>	R 009		

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER  CAREFIX-SAFE HAVEN HOMES OF BELLEVUE	STREET ADDRESS, CITY, STATE, ZIP CODE 314 SOUTH 7TH BELLEVUE, IA 53313
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R 009 Continued From page 5

made a lot of boxed pasta crap or burnt hard roast" that her brother could not chew. She stated she told the administrator "over and over...there is no way my family member could chew that meat" She further stated that when the administrator did not address the meal issues, she contacted the administrator's supervisor to express her concerns.

In July, August and September of 2014, the facility did not maintain sufficient food to sustain the health of the facility's residents.

II. WEIGHT LOSS:

The facility is licensed to care for up to 15 residents. At the time of the survey, 9 residents resided in the facility. Of the 9 residents, five had sustained weight loss. Two other residents, who no longer resided in the facility, also had significant weight loss according to their records.

During the survey, the following records were reviewed and documented the following:

1. According to her record, Resident #2 was a 70 year-old female admitted on 11/29/11, with diagnoses including depression with psychotic features and dementia.

Resident #2's documented weights included:

- \*8/1/14 - 127 lbs
- \*9/26/14 - 108 lbs

The resident lost 19 lbs or 14.9% of her body weight in 57 days.

On 9/25/14, the facility nurse documented, "Notified that pl has lost 25 lbs since last 90 day

R 009 I

Protect Residents from Neglect.  
Weight loss

What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?

Resident # 7 no longer resides in the facility.  
Resident # 8 no longer resides in the facility and was discharged prior to survey  
Resident # 9 no longer resides in the facility and was discharged prior to survey  
Resident # 2, 3, 4, 6 and 7 had all been assessed by the facility RN prior to survey.

How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?

All current and or future residents will be or have been placed on a weekly/bi-monthly weight checks that is reviewed by the Facility Rn, and Administrator on a monthly basis. A yearly tracker was put in place and weekly/or bi-weekly weight have been documented on all current resident MAR.

Resident #1, 2, 4, and 6 have all been put on a risk assessment due to weight loss.

Resident #1, 2, 4 and 6 have all had ensure (nutritional supplement) prescribed to them by their current PCP to maintain weight control.

*Staci*  
11/7/14

Residential Care/Assisted Living

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X6) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
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R 009	<p>Continued From page 6 assessment."</p> <p>2. According to his record, Resident #3 was a 71 year-old male admitted on 10/4/13, with diagnoses including, atrial fibrillation and a history of CVA.</p> <p>Resident #3's documented weights included:</p> <p>*9/23/14- 155 lbs *9/30/14- 150 lbs</p> <p>The resident lost 5 lbs or 3.29% of his body weight in 7 days</p> <p>On 09/30/14, the facility nurse documented, "F/U with weights on pt. Pt has lost 5 lbs from last wt."</p> <p>3. According to her record, Resident #4 was a year-old female admitted on 8/14/14, after hip surgery.</p> <p>Resident #4's documented weights included:</p> <p>*8/14/14 - 133 lbs *9/23/14 - 122 lbs</p> <p>The resident lost 11 lbs or 8.27% of her body weight in 40 days.</p> <p>On 9/26/14, the facility nurse documented, "F/U with reported wt loss. Staff reports pt has a wt loss of 11lbs."</p> <p>4. According to her record, Resident #6 was an 84 year-old female admitted on 3/19/13, with a diagnosis of dementia. On 10/1/14, Resident #6 was observed requiring physical assistance while eating.</p>	R 009	<p>Resident # 7 was also prescribed a nutritional supplement and placed on a at risk assessment however no longer resides in the facility at this time.</p> <p>Resident # 3 continues to maintain his weight All current resident have had their NSA's reviewed and revised (as needed) by the current Administrator and Facility RN.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>A yearly weight loss/gain tracker was put in place prior to the survey, and all staff was trained on the policy regarding weight loss/gain</p> <p>An in-service reviewing the policy was conducted on November 4, 2014 to educate the new Administrator and new staff that has been hired since the survey.</p> <p>All resident that were at risk have had a at risk assessment developed by the current administrator, regional director and reviewed with the facility RN. Staff was also educated on the new risk assessment</p> <p>How will corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur?</p> <p>All residents' have been placed on a weekly/bi-weekly weight schedule that is reviewed by the current Administrator and Facility RN</p> <p>By what date will the corrective action(s) be completed? November 6, 2014</p>	80
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*Shaw*  
11/7/14

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R927</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-SAFE HAVEN HOMES OF BELLEVUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>314 SOUTH 7TH BELLEVUE, ID 83313</b>
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(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
R 009	<p>Continued From page 7</p> <p>Resident #6's documented weights included:</p> <p>*7/11/14 - 152 lbs *9/23/14 - 123 lbs</p> <p>The resident lost 29 lbs or 19% of her body weight in 74 days.</p> <p>On 9/29/14, the facility nurse documented, he had received call from a caregiver informing him, a resident's physician had identified the resident had lost 7 pounds since April 2014. The nurse further documented the facility's documentation may have been inaccurate.</p> <p>5. According to her record, Resident #7 was a 78 year-old female admitted on 9/3/11, with diagnoses including, Parkinson disease and dementia.</p> <p>Resident #7's documented weights included:</p> <p>*7/17/14- 164 lbs *9/30/14- 140 lbs</p> <p>The resident lost 24 lbs or 14.6% of her body weight in 75 days.</p> <p>On 8/22/14, the facility nurse documented, "Read notes from dr. office concerning weight loss. It is noted that she has lost 40 lbs since January of this year.... I've reviewed her 90 day assessments and most of the 40 lb weight loss has been over the last 45 days....."</p> <p>6. According to his record, Resident #8 was an 80 year-old male admitted on 11/22/13, with a diagnosis of severe dementia. Resident #8 no longer resided at the facility at the time of survey and was not available for observation or</p>	R 009		

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R927</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-SAFE HAVEN HOMES OF BELLEVUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>314 SOUTH 7TH BELLEVUE, ID 83313</b>
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(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
R 009	<p>Continued From page 8 interview.</p> <p>Resident #8's documented weights included:</p> <p>*7/18/14 - 187 lbs *9/11/14 - 160 lbs</p> <p>The resident lost 27 lbs or 14.4% of his body weight in 55 days.</p> <p>On 8/24/14, the facility nurse documented, "Noted 20 lb wt loss."</p> <p>7. According to her record, Resident #9 was a 73 year-old female admitted on 9/16/06, with a diagnosis of dementia and was legally blind. Resident #9 no longer resided at the facility at the time of survey and was not available for observation or interview.</p> <p>Resident #9's documented weights included:</p> <p>*7/18/14 - 142 lbs *9/23/14 - 120 lbs</p> <p>The resident lost 22 lbs or 15.49% of her body weight in 67 days.</p> <p>On 9/5/14, the facility nurse documented, "Pt's daughter stated her mother has lost wt and her dr has put her on ensure. Pt weighed 120 lbs today on facility scales. This is a 22 lb wt loss from [the] 7-18-14, 90 day assessment."</p> <p>Between 9/30/14 and 10/3/14, facility staff, an owner and several family members were interviewed regarding residents' weight loss during July, August and September of 2014. Their responses were as follows:</p>	R 009		

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R927</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-SAFE HAVEN HOMES OF BELLEVUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>314 SOUTH 7TH BELLEVUE, ID 83313</b>
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(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
R 009	<p>Continued From page 9</p> <p>*On 10/1/14 at 8:40 AM, the facility nurse stated the only weight loss issue he knew about was when Resident #7's physician reported she had lost 40 pounds. The nurse stated he contacted the administrator and instructed him to start recording Resident #7's weights every 2 weeks. The facility nurse further stated the administrator did not do what he was told to do. The administrator did not weigh the resident, as directed. Additionally, the facility nurse stated the weight loss was probably from lack of food.</p> <p>*On 10/2/14 at 10:15 AM, Caregiver B stated the facility did not routinely weigh residents, but she had noticed Resident #7's and #8's clothing had gotten baggy. She further stated, when she mentioned this to the administrator and other co-workers, she was told it was because the residents were picky eaters.</p> <p>*On 10/2/14 at 10:40 AM, Family Member D stated "The last few months there was a decline in care and the way things were run." She stated she had voiced her concerns to the administrator and to his supervisor "2 to 3 months ago." She further stated, she noticed her mother had lost weight, there was not enough food or snacks at the facility and the meals being served were not appropriate, such as "pizza bread." She stated her mother was hungry, had lost weight and her behaviors had increased.</p> <p>*On 10/2/14 at 10:55 AM, Caregiver C stated the facility did not routinely weigh residents, but she had noticed Resident #2's, #5's, #7's, #8's and #9's clothing had gotten baggy. She stated when she told the administrator, he stated this "Just happens" and he would take care of it. Caregiver C further stated, she was told she was not to go to the administrator's supervisor, but had to voice</p>	R 009		

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R927</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-SAFE HAVEN HOMES OF BELLEVUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>314 SOUTH 7TH BELLEVUE, ID 83313</b>
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(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
R 009	<p>Continued From page 10</p> <p>any concerns to the administrator only.</p> <p>*On 10/2/14 at 11:50 AM, the administrator's supervisor stated she had learned that multiple residents had lost weight after she received a call from the facility nurse. She stated the nurse told her he had found multiple residents who had lost weight during an investigation on 9/19/14, while he was looking into Resident #7's weight loss.</p> <p>*On 10/3/14 at 10:50 AM, Family Member B stated she had noticed her mother "looked thin." She stated she received a call from the facility reporting her mother had lost "30 pounds," but she felt the facility's documentation was inaccurate. "I don't think she lost that much." She further stated, her mother required staff to "feed her" or she would not eat.</p> <p>*On 10/3/14 at 1:30 PM, Family Member C stated her mother had only resided at the facility since mid-August and she noticed her mother had lost weight. She further stated, when at the facility during meals, she had observed the food was served cold.</p> <p>Between 7/11/14 and 9/30/14, seven sample residents lost a documented total of 137 lbs in 81 days.</p> <p>During July, August and September of 2014, the facility failed to provide an adequate amount of food for the residents. This neglect resulted in significant weight loss to Residents #2, #3, #4, #6, #7, #8, and #9.</p>	R 009		



Facility CAREFIX - SAFE HAVEN HOMES OF BELLEVUE	License # RC-927	Physical Address 314 SOUTH 7TH STREET	Phone Number (208) 788-9698
Administrator none	City BELLEVUE	ZIP Code 83313	Survey Date October 7, 2014
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation	RESPONSE DUE: November 6, 2014	
Administrator Signature	Date Signed		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	215.03	The facility did not have a licensed administrator responsible for the operation of the facility since 9/12/14.	12/24/14	MMC
2	215.09	The facility did not report a resident's elopement to Licensing and Certification.	12/9/14	MMC
3	225.01	The facility did not evaluate Resident #7 for behaviors.	12/9/14	MMC
4	250.13.L	Multiple residents' rooms did not have closet doors.	12/9/14	MMC
5	335.03	A) The facility did not implement an appropriate infectious control program when they ran out of gloves, cleaning supplies and trash bags. B) Staff and residents were observed removing ready to eat food (cookies) from a cookie jar without tongs or gloves.	A) 12/9/14 B) 12/9/14	MMC MMC
6	320.03	The facility administrator did not sign Negotiated Service Agreements which outlined residents' care requirements staff were to provide.	12/9/14	MMC
7	600.05	A) The facility did not provide adequate training for all staff "borrowed" from sister facilities to ensure all residents' care needs were met. These staff members worked in the facility alone and unsupervised. Examples included: "borrowed" staff were not aware of a resident's therapeutic dietary needs. Further, the staff did not know where to locate residents' records which outlined the residents' care needs. B) Residents were left unsupervised when a staff member was observed by a family member to be asleep on the couch and was difficult to awaken.	A) 12/24/14 B) 12/9/14	MMC MMC
8	600.06	The facility did not schedule sufficient staff to provide adequate supervision and care needs for all residents. Only 1 caregiver was scheduled per shift to assist residents with all ADLs, meal preparation, assistance with eating, housekeeping, laundry, bathing, medication assistance and supervision.	12/24/14	MMC
9	711.11	The facility did not document explanations why multiple residents' medication records were incomplete.	1/7/15	MMC
10	711.08.c	The facility did not document Resident #9's bruises of unknown origin until an outside agency conducted an investigation.	12/11/14	MMC
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Facility CAREFIX - SAFE HAVEN HOMES OF BELLEVUE	License # RC-927	Physical Address 314 SOUTH 7TH STREET	Phone Number (208) 788-9698
Administrator none	City BELLEVUE	ZIP Code 83313	Survey Date October 7, 2014
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation		RESPONSE DUE: November 6, 2014
Administrator Signature	Date Signed		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
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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

October 11, 2014

Staci Fowler, Administrator  
Carefix-Safe Haven Homes of Bellevue  
314 South 7th  
Bellevue, Idaho 83313

Provider ID: RC-927

Ms. Fowler:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Bellevue between September 30, 2014 and October 7, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006682**

**Allegation #1:** Residents did not receive medications as ordered by their physicians.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.11 for not documenting why multiple residents' medication records were incomplete or inaccurate. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility did not document when residents sustained bruises of an unknown origin.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08.c for not documenting when a resident sustained bruises of an unknown origin. The facility was required to submit evidence of resolution within 30 days.

**Allegation #3:** The facility did not identify and address residents' weight loss.

**Findings:** Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.525 for the facility not identifying and addressing residents' weight loss in a timely manner. This failure resulted in neglect. The facility was required to submit a plan of correction.

Staci Fowler, Administrator

October 11, 2014

Page 2 of 2

Allegation #4: The facility did not have a sufficient amount of food to meet the menu or feed the residents.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.525 for the facility not providing a sufficient amount of food to properly feed the residents. This resulted in neglect. The facility was required to submit a plan of correction.

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 "Maureen McCann, RN".

MAUREEN MCCANN, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MM/sc

c: 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: 208-364-1962  
FAX: 208-364-1888

October 11, 2014

Staci Fowler, Administrator  
Carefix-Safe Haven Homes of Bellevue  
314 South 7th  
Bellevue, Idaho 83313

Provider ID: RC-927

Ms. Fowler:

An unannounced, on-site complaint investigation survey was conducted at Carefix-Safe Haven Homes of Bellevue between September 30, 2014 and October 7, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006693**

**Allegation #1:** The facility did not schedule enough staff to meet all of the residents needs to include supervision.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06 for not scheduling sufficient staff to provide adequate supervision and meet the care needs for all residents. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility did not identify and address residents' weight loss.

**Findings:** Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.525 for the facility not identifying and addressing residents' weight loss in a timely manner. This resulted in neglect. The facility was required to submit a plan of correction.

**Allegation #3:** The facility did not have a sufficient amount of food to the residents.

**Findings:** Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.525 for the facility not providing a sufficient amount of food to the residents. This resulted in neglect. The facility was required to submit a plan of correction.

Staci Fowler, Administrator

October 11, 2014

Page 2 of 2

Allegation #4: The facility did not maintain an adequate supply of gloves, cleaning supplies or garbage bags.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for the facility not implementing an appropriate infection control program when they ran out of gloves, cleaning supplies and trash bags. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not document the reason resident's medications were not given.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.11 for not documenting why multiple residents' medication records were incomplete or inaccurate. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The facility did not document when residents sustained bruises of an unknown origin.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.08.c for not documenting when a resident sustained bruises of an unknown origin. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: Residents were left unsupervised when the only caregiver on duty was found asleep and difficult to arouse by a family member.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for leaving the residents unsupervised when a caregiver was found asleep on the couch by a family member. The facility was required to submit evidence of resolution within 30 days.

Allegation #8: The facility did not evaluate and intervene when a resident expressed they wished to die.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.225.01 for not evaluating a resident who expressed that she wished to die. The facility was required to submit evidence of resolution within 30 days.

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 MCCANN, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MM/sc

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