



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

December 5, 2013

Jodie Galloway, Administrator
Carefix-Juniper Grove Assisted Living
5685 S Bannock
Pocatello, ID 83204

License #: RC-1016

Dear Ms. Galloway:

On October 15, 2013, a Complaint Investigation survey was conducted at Carefix Management & Consulting DBA Juniper Grove Assisted Living. 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 have 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

mmc/mmc

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



Facility Juniper Grove Assisted Living	License # RC-1016	Physical Address 5885 S Bannock	Phone Number (208) 239-0480
Administrator Jodie Galloway	City Pocatello	ZIP Code 83204	Survey Date October 15, 2013
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation	RESPONSE DUE: November 14, 2013	
Administrator Signature 	Date Signed 10-15-2013		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	219.02	The facility did not develop an interim plan of care to guide services for Resident #1 when she was admitted to the facility.	11/12/13	mic
2	219.03	The facility did not enter into an agreement with Resident #1's legal guardians when she was admitted to the facility.	12/3/13	mic
3	220.10.b	The facility did not issue a partial month's refund to Resident #1, for 7 months after an emergency discharge.	12/3/13	mic
4	711.14	The facility did not document where Resident #1 was discharged to, or what the disposition of her belongings were.	11/12/13	mic
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

SH BLACKFLUJ

2887853997

10/15/2013 14:41



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 22, 2013

Jodie Galloway, Administrator
Carefix-Juniper Grove Assisted Living
5685 S Bannock
Pocatello, ID 83204

Dear Ms. Galloway:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting dba Juniper Grove Assisted Living between October 10, 2013 and October 15, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005994

- Allegation #1:** The facility did not provide residents a copy of their records when requested by the residents.
- Findings #1:** Unsubstantiated. Though the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.
- Allegation #2:** The facility did not provide residents with a partial month's refund after an emergency discharge.
- Findings #2:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.220.10.b, for for not providing an identified resident a partial month's refund for 7 months after an emergency discharge. The facility was required to submit evidence of resolution within 30 days.

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 **October 15, 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) 334-6626. 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/tfp

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