



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 12, 2014

Ronald Stoffer, Administrator
Lewis-Clark Care Center
1633 10th Avenue
Lewiston, Idaho 83501

Provider ID: RC-872

Mr. Stoffer:

On October 30, 2014, a complaint investigation was conducted at Lewis-Clark Care Center, LLC. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RAE JEAN MCPHILLIPS, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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



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November 5, 2014

Ronald Stoffer, Administrator
Lewis-Clark Care Center
1633 10th Avenue
Lewiston, Idaho 83501

Provider ID: RC-872

Mr. Stoffer:

An unannounced, on-site complaint investigation survey was conducted at Lewis-Clark Care Center, LLC on October 30, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006604

Allegation #1: Residents did not receive narcotic pain medications as ordered.

Findings: Unsubstantiated. There was no evidence at the facility the identified resident did not received his PRN medication when requested. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: The administrator did not respond appropriately when a staff member stole residents' narcotics.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.05 not reporting an allegation of stolen narcotics to law enforcement. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Staff leave the residents unattended.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.03 for briefly leaving the building, when they escorted residents outside to smoke. The facility was required to submit evidence of resolution within 30 days.

Ronald Stoffer, Administrator

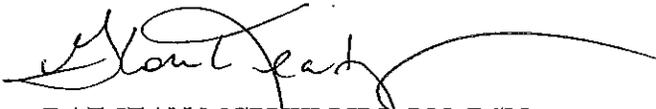
November 5, 2014

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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 **October 30, 2014**. 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 black ink, appearing to read "Rae Jean McPhillips", with a long, sweeping horizontal line extending to the right.

RAE JEAN MCPHILLIPS, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RM/sc

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



Facility LEWIS-CLARK CARE CENTER LLC	License # RC-872	Physical Address 1633 10TH AVENUE	Phone Number (208) 743-1167
Administrator Ron Stoffer	City LEWISTON	ZIP Code 83501	Survey Date October 30, 2014
Survey Team Leader Rae Jean McPhillips	Survey Type <i>Complaint</i>	RESPONSE DUE: November 29, 2014	
Administrator Signature <i>Ron Stoffer</i>	Date Signed <i>10-30-14</i>		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	350.05	The facility administrator did not report an allegation of the misappropriation of residents' medications to the appropriate authorities.	<i>11/10/14</i>	<i>em</i>
2	600.03	Staff left residents unattended in the building.	<i>11/10/14</i>	<i>em</i>
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