



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 3, 2013

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living Llc
755 Lomax
Idaho Falls, ID 83401

License #: RC-1028

Dear Ms. Butikofer:

On November 5, 2013, a Complaint Investigation survey was conducted at Eagle Rock Assisted Living LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

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

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor

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



Facility Eagle Rock Assisted Living LLC	License # RC-1028	Physical Address 755 Lomax	Phone Number (208) 552-2860
Administrator Anthonia Butikofer	City Idaho Falls	ZIP Code 83401	Survey Date November 5, 2013
Survey Team Leader Gloria Keathley	Survey Type Complaint Investigation	RESPONSE DUE: December 5, 2013	
Administrator Signature <i>A. Butikofer</i>	Date Signed 11/05/2013		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01.a	The facility did not evaluate whether Resident #1's behavior was transitory or permanent.	12-3-13	<i>g</i>
2	225.02	The facility did not develop interventions for each behavioral symptom Resident #1 had exhibited.	12-3-13	<i>g</i>
3	260.06	The facility was not maintained in a clean and orderly manner, Such as: stained carpet throughout the facility, dusty vents in hallway, room #9 had a hole in the closet door and a dresser drawer was missing, the wall paper was torn and the bathroom trash can was full. Room #6 had a strong urine odor. Room #3 was observed with clutter and debris on the floor. Room #2 had clutter and a urine odor. Multiple resident rooms were in need of cleaning. Previously cited on 2/27/13.	12-3-13	<i>g</i>
4	305.02	The facility did not ensure medications were given as ordered by their physician.	12-3-13	<i>g</i>
5	305.03	The facility RN did not assess Resident #1 after she had a change in her health status.	12-3-13	<i>g</i>
6	305.04	The facility RN did not make recommendations to the administrator when Resident #1 and #3 had a weight loss.	12-3-13	<i>g</i>
7	711.01 a-c	The facility did not document date and time behaviors were observed, interventions that were used or the effectiveness of the interventions when Resident #1 had behaviors.	12-3-13	<i>g</i>
8	711.08.e	There were no documented care notes in Resident #1's record from 6/6/13 through 10/1/13, when the resident had weight loss and had increased pain.	12-3-13	<i>g</i>
9	711.08.f	There were no notes found in Resident #1 and Resident #2's records for care and services provided by home health and hospice.	12-3-13	<i>g</i>
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P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

November 15, 2013

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living LLC
1964 Ririe Circle
Idaho Falls, ID 83404

Dear Ms. Butikofer:

An unannounced, on-site complaint investigation survey was conducted at Eagle Rock Assisted Living LLC between November 4, 2013 and November 5, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006049

- Allegation #1: Caregivers made medication errors.
- Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for the facility not ensuring residents received medications as ordered by their physician. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2: Caregivers did not watch residents take their medications.
- Findings #2: Unsubstantiated. Insufficient evidence was available at the time of the investigation to substantiate this allegation.
- Allegation #3: The facility did not ensure residents' oxygen tanks were full prior to leaving the facility.
- Substantiated. However, the facility was not cited as they acted appropriately by identifying the problem prior to survey and implementing a continuous check on residents that used oxygen in and out of the facility. The facility nurse also provided training to the caregivers on medication assistance and documentation.
- Allegation #4: The facility was not maintained in a clean and orderly manner.
- Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean and orderly manner. The facility was required to submit evidence of resolution within 30 days.

Anthonia Butikofer, Administrator

November 15, 2013

Page 2 of 2

Allegation #5: The facility did not implement any preventative measures when residents had weight loss.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 and IDAPA 16.03.22.305.04 for the facility nurse not assessing residents when there was a change in health status and for the facility nurse not making recommendations to the administrator when residents had a health status change. 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 **November 5, 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,

A handwritten signature in black ink, appearing to read 'Gloria Keathley', written over a horizontal dashed line.

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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