



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 15, 2014

Jennifer Wood, Administrator
Homestead Assisted Living Centers - St Anthony
610 North Bridge Street
Saint Anthony, Idaho 83445

Provider ID: RC-979

Ms. Wood:

On November 18, 2014, a complaint investigation survey was conducted at Homestead Assisted Living Centers Inc - St Anthony. 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 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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November 29, 2014

Jennifer Wood, Administrator
Homestead Assisted Living Centers - Saint Anthony
610 North Bridge Street
Saint Anthony, Idaho 83445

Provider ID: RC-979

Ms. Wood:

An unannounced, on-site complaint investigation was conducted at Homestead Assisted Living Centers - Saint Anthony on November 18, 2014.. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006333

Allegation #1: The facility billed discharged residents for rent even after new residents had occupied the room.

Findings: Substantiated, the facility did bill an identified resident for January 2014 and moved another resident into the same room during January 2014. However, due to conflicting information regarding the actual dates the room rates had changed, billing discrepancies and lack of documentation regarding the change in rates and the inconsistencies regarding the date the 30 day notice began, the facility was not cited as it could not be determined exactly how much, if anything, the resident owed the facility at the time the resident moved out.

However, the facility was issued a deficiency at IDAPA 16.03.02.500 for not providing the identified resident with a written notice of a fee increase. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility boxed up and left residents' belongings unsecured in a hallway for a week.

Findings: Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.711.14 for not documenting the disposition of a discharged resident's belongings. The facility was required to submit evidence of resolution within 30 days.

Jennifer Wood, Administrator

November 29, 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 **November 18, 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,



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

MM/sc

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



Facility HOMESTEAD ASSISTED LIVING CENTERS INC OF ST ANTHONY	License # RC-979	Physical Address 610 NORTH BRIDGE STREET	Phone Number (208) 624-1088
Administrator Jennifer Wood <i>Jennifer Wood 11/19/14</i>	City ST ANTHONY	ZIP Code 83445	Survey Date November 18, 2014
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation		RESPONSE DUE: December 18, 2014
Administrator Signature	Date Signed		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	500	The facility did not provide a resident a written notification of a fee increase.	12/12/14	MMC
2	711.14	The facility did not document the disposition of a resident's belongings when the resident was discharged from the facility.	12/12/14	MMC
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