



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 23, 2013

Larry Gilley, Administrator
Bronco Senior Services DBA Hillcrest
1093 S Hilton Street
Boise, ID 83705

License #: RC-998

Dear Mr. Gilley:

On November 20, 2013, a Follow-Up/revisit survey was conducted at Bronco Senior Services. 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.

Please be advised the provisional license and the conditions of the provisional license, including the ban on admissions remain in effect, until a follow-up survey can be conducted to ascertain the facility's compliance. Should you have questions, please contact Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN
Karen Anderson, RN
Team Leader
Health Facility Surveyor

KA

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



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November 22, 2013

CERTIFIED MAIL #: 7007 3020 0001 4050 8210

Larry Gilley, Administrator
Bronco Senior Services dba Hillcrest
1093 S Hilton Street
Boise, ID 83705

Dear Mr. Gilley:

From November 18 through 19, 2013, a follow-up survey was conducted by Licensing and Certification staff at Bronco Senior Services. The facility was cited with three (3), non-core deficiencies that had each been cited on the previous two surveys.

These non-core deficiencies demonstrate substantial limitations in the capacity of Bronco Senior Services to provide for residents' basic health and safety needs. A copy of deficiencies was left with you during the exit conference.

BACKGROUND:

Bronco Senior Services dba Hillcrest was initially licensed by the Department on July 1, 2011.

During an August 20 through 28, 2012, complaint investigation and follow-up survey, core issue deficiencies for inadequate care, exploitation and neglect were identified. The facility also received thirty-four (34) non-core deficiencies.

A follow-up, licensure and complaint investigation survey was conducted from January 7, 2013 through January 16, 2013. Repeat core issue deficiencies were identified for both neglect and inadequate care. Additionally, the facility received thirty-six (36) non-core deficiencies, fourteen (14) of which were repeat deficiencies from the August 2012 survey. The facility was placed on a provisional license, effective February 4, 2013. The facility was required to hire a consultant, and admissions to the facility were limited. The facility consultant and administrator alleged they were back in compliance on March 20, 2013.

A follow-up survey to verify compliance was conducted April 22 through 29, 2013. Two additional complaints were also investigated during the survey. Sixteen (16) non-core deficiencies were identified, nine (9) of which had also been cited on each of the two previous surveys.

A follow-up survey was conducted from November 18-19, 2013. During the survey, it was determined the facility had failed to correct three of the non-core deficiencies, and thus had not met the conditions of the provisional license. The deficiencies included violations of: IDAPA 16.03.22.320.01 for failure to ensure that residents' records (negotiated service agreements) correctly described both the status of the resident and the cares with which they required assistance (previously cited 1/16/13 & 4/29/13); IDAPA 16.03.22.300.02 for failure by the licensed nurse to ensure that all physician orders were implemented (previously cited 10/7/11, 1/16/13 & 4/29/13); and IDAPA 16.03.22.305.02 for failure to reconcile physician orders with medication administration records and distribution containers, in order to ensure that residents were receiving their medications as directed (previously cited 8/28/12, 1/16/13 & 4/29/13).

PROVISIONAL LICENSE AND ENFORCEMENT ACTIONS:

As a result of the survey findings, the facility's provisional license will remain in effect until the conditions of the license as listed below are met, or until the license expires, whichever occurs first. The provisional license expires on January 13, 2014. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

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:

1. **Ban on all new admissions.** Readmission from the hospital will be considered after consultation between the facility, consultant, the resident/family and the Department. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to impose a remedy of a limit on admissions:

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.*

The limitation on admissions shall remain in effect until the Department determines the facility has achieved full compliance with IDAPA 16.03.22.

2. **Submission of Acceptable Evidence of Resolution.** Non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. Evidence that the deficiencies have been corrected must be submitted to this office by **December 21, 2013**. This evidence will include copies of the sampled residents' revised negotiated service agreements (NSAs), physician's orders and medication administration records. The facility must also submit documentation demonstrating it has modified its practices and/or systems to ensure the deficient practices will not recur. The survey team leader will request a random sample of additional residents' NSAs, physician's orders and medication administration records. **Corrections of these deficiencies must be made for all residents residing at the facility, as well as any residents who are re-admitted from the hospital.**

The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.

01. Evidence of Resolution. *Acceptable evidence of resolution as described in Subsection 130.09 of these rules must be submitted by the facility to the Licensing and Survey Agency.*

3. **Compliance.** The facility will achieve substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) as demonstrated by having no core issue deficiencies identified during the follow-up survey, and no repeat, non-core deficiencies. The Administrator shall submit a letter to Licensing and Certification when all deficiencies have been corrected and the facility is ready for the follow-up survey.
4. **Provisional License.** The provisional license will continue to be prominently displayed in the facility.

ADMINISTRATIVE REVIEW

You may contest this decision to issue a provisional license and impose enforcement action of requiring a consultant 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 Prisoek, 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.

Larry Gilley
November 25, 2013
Page 4 of 3

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator submits a letter to Licensing and Certification 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, any of the non-core deficiencies still exists, a new core issue deficiency is identified, 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 Bronco Senior Services dba Hillcrest. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License and imposition of temporary management to oversee an orderly closure of the facility
- Summary Suspension of the Facility License

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please do not hesitate to contact our office at (208) 364-1962 for technical assistance in identifying and implementing corrections.

Sincerely,



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

JS/KA

Enclosure

cc: Medicaid Notification Group
Steve Millward, Division of Licensing and Certification
Cathy Hart, Idaho State Ombudsman for the Elderly

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R998	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/02/2014
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NAME OF PROVIDER OR SUPPLIER BRONCO SENIOR SERVICES DBA HILLCREST	STREET ADDRESS, CITY, STATE, ZIP CODE 1093 S HILTON STREET BOISE, ID 83705
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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 000}	<p>Initial Comments</p> <p>The following non-core deficiencies were cited on a third Follow-up survey conducted 11/18/13 through 11/19/13, and were cited on two (2), previous surveys at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Leader Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	{R 000}		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Hillcrest	License # RC-998	Physical Address 1093 S Hilton Street	Phone Number (208) 345-4460
Administrator Larry Gilley	City Boise	ZIP Code 83705	Survey Date November 19, 2013
Survey Team Leader Karen Anderson	Survey Type Follow-up	RESPONSE DUE: December 19, 2013	
Administrator Signature <i>Larry Gilley</i>	Date Signed 11/19/2013		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only	
			EOR Accepted	Initials
1	300.02	The facility did not ensure physician's orders were implemented appropriately, examples include but are not limited to: Resident #11 coumadin order and Resident #2's pain patch. Previously cited on 1/16/13 & 4/29/13	12/18/13	KA
2	305.02	The facility did not ensure physician's orders were current, or that all medications were available and were congruent with the MAR. For example: Resident #5's morphine sulfate was not available for 5 days in October 2013, Resident #5 was self-administering a dose of aspirin that was not congruent with physician orders or with the MAR. Also, Resident #5 self-administered a medication without a physician's order. Previously cited on 10/7/11, 8/28/12, 1/16/13 & 4/29/13	12/18/13	KA
3	320.01	Resident #2, #7, #8, #10, #12, #14 NSAs did not describe the residents' current care needs. Previously cited on 8/28/12, 1/16/13 & 4/29/13	12/18/13	KA
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