



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

January 29, 2015

Bryon Martin, Administrator
Golden Age Heritage Home
PO Box 47
Preston, Idaho 83263

Provider ID: RC-467

Mr. Martin:

On November 20, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Golden Age Heritage Home. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN
for

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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December 9, 2014

Bryon Martin, Administrator
Golden Age Heritage Home
PO Box 47
Preston, ID 83263

Provider ID: RC-467

Mr. Martin:

A state licensure/follow-up and complaint investigation were conducted at Golden Age Heritage Home between November 18, 2014 and November 20, 2014. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 20, 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.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Karen Anderson, RN

DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HERITAGE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 155 + 175 EAST 3RD NORTH PRESTON, ID 83263
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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
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R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the complaint investigation, licensure and follow-up survey conducted on 11/18/14 through 11/20/14 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

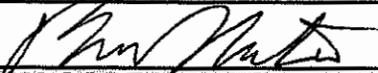


Facility GOLDEN AGE HERITAGE HOME	License # RC-467	Physical Address 155 & 175 EAST 3RD NORTH	Phone Number (208) 852-2273
Administrator Bryon Martin	City PRESTON	ZIP Code 83263	Survey Date November 20, 2014
Survey Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint Investigation		RESPONSE DUE: December 20, 2014
Administrator Signature 	Date Signed 11-20-14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.b.iii	One resident had a bed rail attached to the bed.	1/23/15	DH
2	152.05.d	The facility had residents in the east building whose physical, emotional or social needs were not compatible.	1/23/15	DH
3	153.08	The facility did not implement their policies and procedures when they did not investigate or put interventions into place to prevent reoccurrence of incidents and accidents.	1/23/15	DH
4	225.01	The facility did not develop behavior management plans for residents who had behaviors or were on psychotropic medications.	1/23/15	DH
5	225.02	The facility did not develop interventions to address residents' specific behaviors.	1/23/15	DH
6	260.06	The facility was not maintained in a clean and orderly manner. For example: In the east building, there were outlets without covers, worn toilet seats, walls were chipped and gouged in the living room, dirty carpets and vents were the in building, one room had a strong smell of urine, a cat box of full of kitty feces, a dryer vent hose was disconnected. There was a build-up of debris behind the washers, there was body secretions on walls and door frames, there were worn chairs and several doors had tape marks and peeled off paint. In the main building, soiled sheets were observed on a bed, there were feces on the wall and on the toilet. In the kitchen, the microwave, can opener and freezer were observed to be dirty.	1/23/15	DH
7	305.02	The facility did not ensure medication orders were current, nor were the medications congruent with the physicians' orders. Further, medications were not available as ordered.	1/13/15	DH
8	305.03	The facility RN did not assess the status of residents' wounds or residents' changes of condition.	1/23/15	DH
9	305.05	The facility RN did not follow-up on the progress of previous recommendations, including Resident's #3's diet. **Previously cited on 7/25/13**	1/23/15	DH
10	310.01.a	Medications were observed to be unsecured in residents' rooms and in the walk-in refrigerator.	1/23/15	DH
11	310.04.a	Psychotropic medications were given as a first resort when a resident exhibited behaviors.	1/23/15	DH
12	310.04.e	The facility did not complete 6 month psychotropic medication reviews to include behavioral updates.	1/23/15	DH
13	330.01	Documentation was not signed or dated to include, physician's orders, care notes, progress notes, and daily logs.	1/23/15	DH
14	335.03	The facility did not ensure appropriate infection control measures were implemented when paper towels and hand soap were not available in rooms where residents required assistance with personal cares. Further, there were shared disposable razors observed in the common bath area.		



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Administrator Bryon Martin	City PRESTON	ZIP Code 83263	Survey Date November 20, 2014
Survey Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint Investigation		RESPONSE DUE: December 20, 2014
Administrator Signature 	Date Signed 11-20-14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only	
			EOR Accepted	Initials
15	600.05	The facility administrator did not provide supervision to ensure the facility provided residents the appropriate therapeutic diets or that residents were supervised by staff during meals.	1/23/15	DM
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December 9, 2014

Bryon Martin, Administrator
Golden Age Heritage Home
155 + 175 East 3rd North
Preston, Idaho 83263

Provider ID: RC-467

Mr. Martin:

An unannounced, on-site complaint investigation survey was conducted at Golden Age Heritage Home between November 18, 2014 and November 20, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006382

Allegation #1: Residents did not receive appropriate therapeutic diets.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06 for the administrator not providing supervision to ensure residents received their diets as ordered. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not implement interventions when residents had weight loss.

Findings: Unsubstantiated.

Allegation #3: The facility did not implement appropriate infection control practices.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for not ensuring appropriate infection control measures were implemented. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not follow the dietician planned menu.

Bryon Martin, Administrator

December 9, 2014

Page 2 of 2

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #5: Residents did not receive supplements as ordered by their physicians.

Findings: Unsubstantiated.

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,

Karen Anderson, RN
for

DONNA HENSCHIED, LSW

Health Facility Surveyor

Residential Assisted Living Facility Program

DH/sc

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



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Preston, ID 83263

Provider ID: RC-467

Mr. Martin:

An unannounced, on-site complaint investigation survey was conducted at Golden Age Heritage Home between November 18, 2014 and November 20, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006447

Allegation #1: Residents residing in the east building were not compatible.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.152.05.d for admitting residents, who had conflicting social, physical and emotional needs, to a secured dementia unit. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not develop or implement behavior management plans to protect other residents.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.225.01 and 225.02 for not developing a behavior management plan and not putting interventions into place to address residents' specific behaviors. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not report a resident to resident incident to Licensing and Certification or adult protection.

Findings: Unsubstantiated.

Bryon Martin, Administrator

December 9, 2014

Page 2 of 2

Allegation #4: The facility did not schedule enough staff to supervise residents in the east building during meals.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not ensuring residents were supervised during meals. The facility was required to submit evidence of resolution within 30 days.

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,

Karen Anderson, RN
for

DONNA HENSCHIED, LSW
Health Facility Surveyor
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Preston, Idaho 83263

Provider ID: RC-467

Mr. Martin:

An unannounced, on-site complaint investigation was conducted at Golden Age Heritage Home between November 18, 2014 and November 20, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006450

Allegation #1: The facility retained residents with behaviors and failed to develop behavior management plans.

Findings: Substantiated. The facility was issued deficiencies at IDAPA 16.03.22.225.01 and 225.02 for not developing behavior management plans, to include interventions to address residents' behaviors. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not ensure residents were compatible in the east unit.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.152.05.d for admitting residents to the secured dementia unit, who had conflicting social, physical and emotional needs. The facility was required to submit evidence of resolution within 30 days.

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,

*Karen Anderson, RN
for*

DONNA HENSCHIED, LSW
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