



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 13, 2015

Shayne Burr, Administrator
You're at Home
2811 North Ridge Haven Way
Meridian, Idaho 83646

Provider ID: RC-986

Ms. Burr:

On November 26, 2014, a state licensure/follow-up survey and complaint investigation were conducted at You're at Home - Right at Home, 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 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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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

December 11, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8661

Shayne Burr, Administrator
You're at Home
2811 North Ridge Haven Way
Meridian, Idaho 83646

Ms. Burr:

On November 26, 2014, a state licensure/follow-up survey and complaint investigation were conducted by Department staff at You're at Home - Right at Home, LLC. The facility was cited with multiple repeat non-core issue deficiencies.

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. 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. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

The eight (8) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by **December 26, 2014**.

CIVIL MONETARY PENALTIES

Of the eight (8) non-core issue deficiencies identified on the punch list, four (4) were repeat punches. One (1) of the repeat deficiencies, 16.03.22.225, was cited on both of the two (2) previous surveys, 12/8/2010 and 11/15/2012.

16.03.22.225 - Failure to develop behavior management plans for 2 sampled residents.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8)).

For the dates of 8/28/2014 through 11/26/2014:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	5	90	\$ 4,500

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 5 occupied beds at the time of the survey. Therefore, your maximum penalty is \$6,400.

Send payment of \$4,500 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

**Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license.

ADMINISTRATIVE REVIEW

You may contest the civil monetary penalty 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:

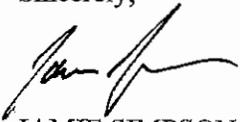
**Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036**

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.

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



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

JS/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R986	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2014
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NAME OF PROVIDER OR SUPPLIER. YOU'RE AT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NORTH RIDGE HAVEN WAY MERIDIAN, ID 83646
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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 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 licensure/follow-up survey and complaint investigation conducted on 11/25/14 through 11/26/14 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



Facility YOU'RE AT HOME	License # RC-986	Physical Address 2811 RIDGE HAVEN WAY	Phone Number (208) 898-4663
Administrator Shayne Burr	City MERIDIAN	ZIP Code 83646	Survey Date November 26, 2014
Survey Team Leader Maureen McCann	Survey Type Licensure/ Follow-up and Complaint Investigation	RESPONSE DUE: December 26, 2014	
Administrator Signature	Date Signed		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.01	1 of 5 staff records reviewed did not contain a criminal history background check.	1/13/15	Mue
2	225	Resident #2's and #3's records did not contain behavior management plans. ****Previously cited on 12/8/10 and 11/15/12****	1/13/15	Mue
3	250.10	The facility's hot water exceeded 120 degrees F. ****Previously cited on 11/15/12****	1/13/15	Mue
4	305.02	PRN medications were not available for current physicians' orders.	1/13/15	Mue
5	310.01.a	Medications were not kept secured - they were stored in a kitchen cabinet without a locking device.	1/13/15	Mue
6	310.01.f	The facility caregiver did not observe a resident swallow her medication. ****Previously cited on 11/15/12****	1/13/15	Mue
7	310.04.a	The facility did not document non-drug interventions when residents' displayed behaviors.	1/13/15	Mue
8	350.02	The facility administrator did not complete an investigation on incidents, accidents or bruises of unknown origin. ****Previously cited on 11/15/12****	1/13/15	Mue
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Shayne Burr
 12/1/14



Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page 2 of 2
Date 11/26/14

Establishment Name <i>Home At Home</i>	Operator <i>Shayne Brock</i>
Address <i>2877 N Ridge Haven Way Meridian 83646</i>	
County Estab #	EHS/SUR.#
	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

- # 5 Staff were observed not washing their hands between tasks in the kitchen - COS - staff educated about handwashing.
- # 12 Bleach solution was too strong in the kitchen - COS - Staff educated on proper amount of bleach to use in bottle - Bleach solution was redone and is in the correct pH level.

Person in Charge <i>Bethany Miller</i>	Date <i>11-26-14</i>	Inspector <i>[Signature]</i>	Date <i>11/29/14</i>
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December 10, 2014

Shayne Burr, Administrator
You're at Home
2811 North Ridge Haven Way
Meridian, Idaho 83646

Provider ID: RC-986

Ms. Burr:

An unannounced, on-site complaint investigation was conducted at You're at Home between November 25, 2014 and November 26, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006457

Allegation #1: The administrator was not at the facility sufficiently to provide oversight.

Findings: Unsubstantiated. Though the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility required residents to leave the facility for several hours during the day on Thanksgiving and Christmas.

Findings: Substantiated. However, the facility was not cited as no residents had been required to leave if they, or their families, did not want them to leave. The facility was provided technical assistance that to require residents to leave against their wishes, would be considered a violation of their resident's rights.

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