



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 23, 2014

Shantel Yogerst, Administrator  
Grace Assisted Living of Fairview Lakes  
1960 North Lakes Place  
Meridian, Idaho 83642

License #: RC-835

Dear Ms. Yogerst:

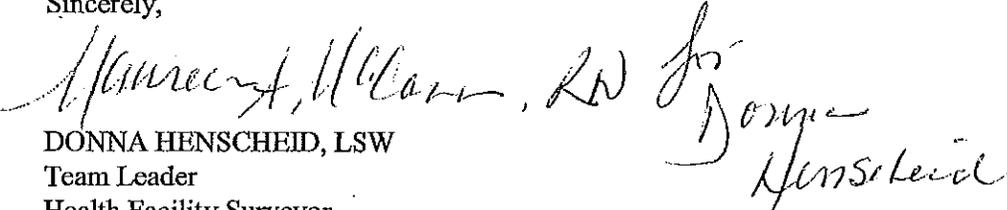
On November 27, 2013, a state licensure survey and complaint investigation were conducted at Grace Assisted Living of Fairview Lakes - Grace at Fairview Lakes, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are 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,

  
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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P.O. Box 83720  
Boise, Idaho 83720-0009  
EMAIL: [ratf@dhw.idaho.gov](mailto:ratf@dhw.idaho.gov)  
PHONE: 208-364-1962  
FAX: 208-364-1888

December 6, 2013

**CERTIFIED MAIL #: 70073020000140508234**

Shantel Yogerst, Administrator  
Grace Assisted Living of Fairview Lakes  
4356 North Nines Ridge Lane  
Boise, ID 83702

Dear Ms. Yogerst:

On November 27, 2013, a Licensure/follow-up survey and complaint investigation survey was conducted by our staff at Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, LLC. The facility was cited with a core issue deficiency for: failure to protect residents from abuse and inadequate care.

This core issue deficiency substantially limits the capacity of Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, LLC to provide for residents' basic health and safety needs. The deficiency is described on the enclosed Statement of Deficiencies.

**BACKGROUND:**

On 4/21/11 the facility received a core deficiency for failure to protect residents from abuse. The facility did not follow their abuse policy, as the administrator failed to investigate incidents of inappropriate sexual behaviors, notify Adult Protection, and implement interventions to assure residents were protected.

**PLAN OF CORRECTION:**

1. After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:
  - ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
  - ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
  - ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
  - ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that

- the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- By what date will the corrective action(s) be completed?

An acceptable, signed and dated Plan of Correction must be submitted to the Division of Licensing and Certification within ten (10) calendar days of your receipt of the Statement of Deficiencies. You are encouraged to immediately develop and submit this plan so any adjustments or corrections to the plan can be completed prior to the deadline.

### **EVIDENCE OF RESOLUTION:**

2. 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 eighteen (18) 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 (30 days from exit).

### **CIVIL MONETARY PENALTIES**

3. 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).*

Based on findings that you failed on two (2) consecutive surveys to ensure residents were protected from abuse, the Department is imposing the following penalties:

For the dates of October 29, 2013 through November 25, 2013:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	94	27	\$ 25,380

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 94 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$10,800.

Send payment of \$10,800 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 or the amount may be withheld from Medicaid payments to the facility.

**ADMINISTRATIVE REVIEW**

You may contest this decision to impose civil monetary penalties 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.

### **INFORMAL DISPUTE RESOLUTION**

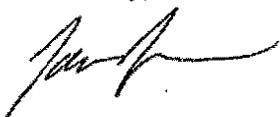
Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov) under the heading of Forms and Information.

### **FOLLOW-UP SURVEY**

If at the follow-up survey, the core issue deficiency still exists, a new core issue deficiency is identified, or non-core deficiencies have not been corrected the Department will take further enforcement action against the license held by Grace Assisted Living of Fairview Lakes.

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/gk

Enclosure

cc: Medicaid Notification Group  
Steve Millward, Division of Licensing and Certification

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R835	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/27/2013
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NAME OF PROVIDER OR SUPPLIER  GRACE ASSISTED LIVING OF FAIRVIEW LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 1960 NORTH LAKES PLACE MERIDIAN, ID 83642
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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	Initial Comments  The following deficiencies were cited during the licensure/follow-up survey and complaint investigation conducted between November 25, 2013 and November 27, 2013 at your residential care/assisted living facility. The surveyors conducting the survey were:  Donna Henscheid, LSW Team Coordinator Health Facility Surveyor  Gloria Keathley, LSW Health Facility Surveyor  Maureen McCann, RN Health Facility Surveyor  Rae Jean McPhillips, RN Health Facility Surveyor	R 000		
R 006	16.03.22.510 Protect Residents from Abuse.  The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse.  This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to implement policies and procedures to protect 1 of 10 sampled residents (Resident #1) and potentially 100% of the residents from abuse. The findings include:  IDAPA 16.03.22.153.01 documents, "The facility must develop policies and procedures to assure that allegations of abuse, neglect and exploitation are identified, reported, investigated, followed-up with interventions to prevent reoccurrence and	R 006	Please See Exhibit A, E, F  <b>RECEIVED</b>  DEC 17 2013  <b>FACILITY STANDARDS</b>	

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

YWPN11

If continuation sheet 1 of 7

*[Handwritten Signature]*

*Admin*

12/17/13

Bureau of Facility Standards

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R 006	<p>Continued From page 1</p> <p>assure protection, and documented."</p> <p>IDAPA 16.03.22.520 documents, "The administrator must assure that policies and procedures are implemented to ensure that all residents are free from abuse."</p> <p>Idaho Statute 39-5303 requires that a residential care facility, serving vulnerable adults, must immediately report the allegation of abuse to Adult Protection/APS.</p> <p>A "Resident-Abuse/Neglect/Exploitation" policy contained in Resident #1's record, documented, "Grace Assisted Living has a duty to report all cases of suspected abuse...of vulnerable adults." It further documented the administrator "shall report such information to Adult Protection." Additionally, the "Abuse/Neglect Policy" documented the resident was to be protected from further abuse and the "alleged abuser would be suspended until the investigation was completed."</p> <p>According to her record, Resident #1 was a 90 year-old female, admitted to the facility's memory unit, on 4/12/12, with a diagnosis of dementia.</p> <p>On 11/25/13 at 2:20 PM, Resident #1 stated "some caregivers are nice and help me. One was not nice. She slapped me and was mean to me." Resident #1 described Caregiver A, as the caregiver that had slapped her. Additionally, Resident #1 stated this had only happened once and that was a "while ago."</p> <p>On 11/25/13 at 2:30 PM, the memory care manager stated the resident had made a similar statement on 10/29/13 and she had looked into the allegation by interviewing the resident and</p>	R 006	<p>Please See Exhibit A, E, F</p>	
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*[Handwritten Signature]*

Admin

12/17/13

Bureau of Facility Standards

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R 006	<p>Continued From page 2</p> <p>Caregiver A, the staff member, who had allegedly physically abused her. The memory care manager stated this was a "behavior of Resident #1." She confirmed there was no documentation about the alleged abuse, nor was Adult Protection Services (APS) called to report the alleged abuse. Additionally, she confirmed no other residents or employees were interviewed.</p> <p>On 11/25/13 at 3:00 PM, the memory care manager produced a note, dated 10/29/13, from Caregiver B, which documented Resident #1 had stated to Caregiver B, "don't let her hit me again." When the caregiver asked the resident for clarification, the resident responded with a description of Caregiver A and stated Caregiver A had "slapped her." An employee "Written Counseling Form," further documented the investigation was ended because the resident had a "history" of this type of behavior.</p> <p>There was no documentation in Resident #1's record that she had any behaviors or a history of making allegations of abuse against caregivers.</p> <p>On 11/25/13 at 3:33 PM, the administrator stated she was aware of the allegation of abuse that occurred on 10/29/13. She stated she spoke to Caregiver A and Resident #1. The administrator stated the resident told her she could not remember being slapped. She further stated, the facility nurse had checked Resident #1 for bruising and found none. The administrator also stated she should have called APS. Additionally, the administrator stated she had it all written down, but was unable to produce the documentation when asked for it. The administrator did not follow the facility's "Abuse/Neglect/Exploitation" policy which included calling APS immediately, suspending the</p>	R 006	Please See Exhibit A, E, F	
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*Shantyl Jones*  
Admin. 12/17/13

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R835	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/27/2013
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R 006	<p>Continued From page 3</p> <p>alleged abuser, completing an investigation, and protecting the resident until the investigation was completed.</p> <p>The facility did not protect Resident #1 when the resident reported that she had been slapped by an employee of the facility. From October 29, 2013 until November 26, 2013, the employee was allowed to work at the facility for a total of 28 days. The administrator did not implement interventions to ensure Resident #1 and other residents were protected from abuse.</p> <p>The facility failed to contact APS, implement policies and procedures which included: completing an investigation, protecting residents from abuse and suspending the employee.</p> <p>* REPEAT DEFICIENCY*</p>	R 006	<p>Please See Exhibit A, E, F</p>	
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to implement policies and procedures to protect residents' rights for 3 of 10 sampled residents (Residents #2, #3 and #5) and potentially 100% of the residents. The findings include:</p> <p>IDAPA 16.03.22.001.08 defines Inadequate Care as, "When a facility engages in violations of residents rights..."</p>	R 008	<p>Please See Exhibit A, B, C, D</p>	

*Frank J. [Signature]*

Admin.

12/17/13

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R835</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2013</b>
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NAME OF PROVIDER OR SUPPLIER  
**GRACE ASSISTED LIVING OF FAIRVIEW LAKE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1960 NORTH LAKES PLACE  
MERIDIAN, ID 83642**

(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 008	<p>Continued From page 4</p> <p>IDAPA 16.03.22.550.12.b, documents "Each resident must have the right to control his receipt of health related services, including...The right to select the pharmacy or pharmacist of his choice..."</p> <p>The facility policy mirrors the language in IDAPA 16.03.22.550.12.b.</p> <p>Between 11/25/13 and 11/26/13, Residents' #2, #3 and #5's records were reviewed. Each of the residents' records contained forms from Pharmacy A signed by the residents or their family members at the time of their admission to the facility. Also found in each of the three residents' records, were the following forms from Pharmacy B, which were signed by facility staff, in August of 2013:</p> <p>The resident's name and date of birth was printed on the first form under beneficiary information. The form further documented the beneficiary had consented to receive services by Pharmacy B. "I certify that I have read the above agreement, received a copy thereof, agree with the conditions, and I am the client or duly authorized by the client as the client's general agent to execute the above and accept its terms." Resident #2's form did not contain a signature. Residents' #3 and #5's forms were signed by Staff Member A.</p> <p>The resident's name, social security number and date of birth were printed on the second form, "Charge Account Application Long Term Care". The residents' family members' name, address and phone number were printed on the forms under "responsible party." The second form further documented, "I, the undersigned, do</p>	R 008	<p>Please see exhibit A, B, C, D</p>	
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*Frankly Jones*

*Adman*

*12/17/13*

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R835	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/27/2013
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R 008	<p>Continued From page 5</p> <p>hereby agree to pay for, and guarantee the payment of, any and all such sums of money...for the said items furnished and supplied to said patient for which I am financially responsible..." Resident #2's form was signed by Staff Member B. Resident's #3 and #5's forms were signed by Staff Member A.</p> <p>There were no signatures on either of the forms from the residents, the residents' family members or legal guardians. There was no documentation on the forms or in the residents' records that explained why staff members had signed the forms. Further, there was no documentation found in the facility that staff members, or anyone representing the facility, had discussed the form or its implications with the residents, their family members or their legal guardians.</p> <p>On 11/26/13 at 10:55 AM, Resident #5's legal guardian and power of attorney stated, he had "never" been notified by the facility that there was going to be a change in the pharmacy nor had choices in pharmacies been presented. He stated he found out about the change when he received a bill from Pharmacy B.</p> <p>On 11/26/13 at 11:10 AM, Resident #3's family member stated, she had been notified by the facility after there had been a change in the pharmacy, but she was not notified that the resident had a choice in this decision. "My understanding is that the facility did not have a choice but to change" pharmacies. She stated the facility led her to believe, "If they were going to administer the drugs, then they have to have complete control." She further stated, she had not received a copy of the documents nor was she aware a facility staff member had signed the documents on her behalf.</p>	R 008	<p>Please see exhibit A, B, C, D</p>	
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*[Handwritten Signature]*

Admin.

12/17/13

Bureau of Facility Standards

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R 008	<p>Continued From page 6</p> <p>On 11/27/13 at 10:10 AM, Resident #2's family member stated, she had been notified by the facility after there had been a change in the pharmacy, but she was not notified that the resident had a choice in this decision. "I was under the impression we did not have a choice." She further stated, she had not received a copy of the documents nor was she aware a facility staff member had signed the documents on her behalf.</p> <p>On 11/25/13 at 10:45 AM, facility Staff Member A who signed Resident #3 and #5's forms, stated that services with Pharmacy B began in August due to problems the facility had experienced with Pharmacy A. She stated, she or Staff Member B, had spoken to all of the residents or to their family members affected by the pharmacy change. Staff Member A stated she had not documented these conversations. She stated she signed the forms, instead of waiting for the residents or their family members to sign in order to expedite the process.</p> <p>On 11/27/13 at 1:35 PM, the facility administrator stated neither the residents or their families had received copies of the Pharmacy B documents, which were signed by staff members.</p> <p>The facility changed pharmacies without first offering residents a choice. Also, two staff members signed legal documents representing three of ten sampled residents, without the residents or their family members' knowledge. Further, the facility did not provide copies of the documents to the residents or to their family members. This failure to protect the residents' rights to control the pharmacy of their choice, resulted in inadequate care.</p>	R 008	<p>Please see exhibit A, B, C D</p>	
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*[Handwritten Signature]* Admin 12/07/13



Facility GRACE ASSISTED LIVING OF FAIRVIEW LAKES	License # RC-835	Physical Address 1960 NORTH LAKES PLACE	Phone Number (208) 884-8080
Administrator Shantel Yogerst	City MERIDIAN	ZIP Code 83642	Survey Date November 27, 2013
Survey Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: December 27, 2013	
Administrator Signature <i>Shantel Yogerst</i>	Date Signed 11-27-2013		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	The facility did not ensure that state police background checks were completed for 1 of 2 employees.	1/6/14	DH
2	152.05.b.iii	Seven residents had rails attached to their beds.	1/13/14	DH
3	220.03.c	The facility's admission agreements did not disclose all prices, formulas or calculations used to determine the residents' basic service rates.	1/6/14	DH
4	220.03.d	The facility's admission agreements did not include the rates of optional services or amenities that are not included in the basic service rates. For example: bubble-packing medications and cost of room trays.	1/6/14	DH
5	220.17	The facility's admission agreements did not disclose what occurs when a resident transitions to a publicly funded program.	1/13/14	DH
6	225.01	The facility did not develop behavior management programs for Residents #1 and #10. COS		
7	225.02	The facility did not develop interventions for Resident #1's and Resident #10's behaviors. COS		
8	260.06	One resident's room in the memory care unit has strong offensive odors that are notable in the hallway.	1/6/14	DH
9	300.02	Residents #1 and #5 were not assisted with medications as ordered by their physicians.	1/6/14	DH
10	305.02	Medications were not available for Residents #1, #3, #5, #9 and #10.	1/6/14	DH
11	320.01	Resident #6's NSA was not updated to reflect the resident's current needs. For example it did not include the resident was bed bound, had a mechanical soft diet, required some assistance with eating and meal trays, received assistance with bathing from hospice and skin breakdown preventative measures.	1/13/14	DH
12	330.01	The facility administrator did not sign an investigation report.	1/6/14	DH
13	451.03	The facility did not provide residents with physician ordered therapeutic diets that were consistent with the Idaho Diet Manual.	1/6/14	DH
14	600.06.a	The administrator did not schedule sufficient staff to ensure residents received showers as agreed to in their NSAs.	1/6/14	DH





# IDAHO DEPARTMENT OF HEALTH & WELFARE Food Establishment Inspection Report

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

Critical Violations      Noncritical Violations

*Grace Assisted Living @ Finview Lake, Shantel Yogerst*

Establishment Name		Operator	
Address		Inspection time:	
County	Estab #	EHS/SUR #	Travel time:
Inspection Type:		Risk Category:	Follow-Up Report: OR On-Site Follow-Up:
			Date:                      Date:

Items marked are violations of Idaho Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>1</u>	# of Repeat Violations	<u>1</u>
Score	<u>2</u>	Score	<u>1</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection	

**RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)**  
The letter to the left of each item indicates that item's status at the inspection.

Demonstration of Knowledge (2-102)		COS	R
<input checked="" type="radio"/> Y	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health (2-201)</b>			
<input checked="" type="radio"/> Y	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
<input checked="" type="radio"/> Y	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
<input checked="" type="radio"/> Y	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
<input checked="" type="radio"/> Y	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
<input checked="" type="radio"/> Y	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

Potentially Hazardous Food Time/Temperature		COS	R
<input checked="" type="radio"/> Y	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
<input checked="" type="radio"/> Y	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
<input checked="" type="radio"/> Y	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical</b>			
<input checked="" type="radio"/> Y	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>			
<input checked="" type="radio"/> Y	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance      N = no, not in compliance  
N/O = not observed      N/A = not applicable  
COS = Corrected on-site      R = Repeat violation  
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Ham / Eggs - Bld 2	39	Beef Gravy / AVEN	195	Walk in cooler bldg #1	41	Plum chowder	43.5
Mashed Potatoes - Bld 2	39	Pas / Steam table	192	Italian dressing	42.8		
Potatoes / Steam table	174	Bld #2					

**GOOD RETAIL PRACTICES (☒ = not in compliance)**

	COS	R		COS	R		COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
						42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
						43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
						44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
						45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
						46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
						47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
						48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
						49. Other	<input type="checkbox"/>	<input type="checkbox"/>

**OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)**

Person in Charge (Signature) <i>Shantel Yogerst</i> (Print) <i>Shantel Yogerst</i> Title <i>Manager</i> Date <u>11/27/13</u>	Follow-up: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No
Inspector (Signature) <i>Sharon McCarty</i> (Print) <i>Sharon McCarty</i> Date <u>11/27/13</u>	



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

Page 1 of 1  
Date 11/27/13

Establishment Name <i>Grace Assisted Living of Finney Lakes</i>		Operator <i>Shantel Yegorak</i>
Address <i>460 N. Lotus Place</i>		
County Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#5. A kitchen employee was observed touching her hair 3 times and shaking her blouse while serving lunch and did not change her gloves or wash her hands.

The facility is required to provide evidence of resolution within 10 days (by 12/7/13).

#19. Food temped above 41° in the walk-in refrigerator in building #1. Kitchen dressing @ 42° and Main Boarder @ 43°.

The facility is required to provide evidence of resolution within 10 days (by 12/7/13).

Person in Charge <i>[Signature]</i>	Date <i>11-27-13</i>	Inspector <i>[Signature]</i>	Date <i>11/27/13</i>
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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 6, 2013

Shantel Yogerst, Administrator  
Grace Assisted Living Of Fairview Lakes  
1960 North Lakes Place  
Meridian, ID 83642

Dear Ms. Yogerst:

An unannounced, on-site complaint investigation survey was conducted at Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, Llc between November 25, 2013 and November 27, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006240**

- Allegation #1:** Residents were not assisted with their medications as ordered by their physicians.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 for residents not being assisted with their medications as ordered by their physicians. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility changed residents' pharmacies without giving the residents a choice.
- Findings #2:** Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.550 for not protecting Residents' Rights to chose their own pharmacy. The facility was required to submit a plan of correction within 10 days.

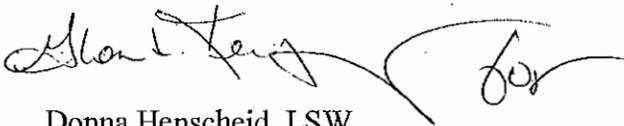
Shantel Yogerst, Administrator  
December 6, 2013  
Page 2 of 2

A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

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 27, 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) 364-1962. 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 "Donna Henscheid", with a large, sweeping flourish extending to the right.

Donna Henscheid, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/gk

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



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December 6, 2013

Shantel Yogerst, Administrator  
Grace Assisted Living Of Fairview Lakes  
1960 North Lakes Place  
Meridian, ID 83642

Dear Ms. Yogerst:

An unannounced, on-site complaint investigation survey was conducted at Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, LLC between November 25, 2013 and November 27, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006267**

- Allegation #1: The facility did not schedule adequate staffing to ensure residents received cares as agreed to in their Negotiated Service Agreements (NSA).
- Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06 for the administrator not scheduling sufficient staff to ensure residents received showers as agreed to in their NSAs. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2: Caregivers worked without appropriate certification.
- Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.b for the administrator not ensuring there were staff scheduled who were certified in CPR and First Aid. The facility was required to submit evidence of resolution within 30 days.
- Allegation #3: The facility did not protect residents from abuse.
- Findings #3: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.510 for not protecting residents from abuse. The facility was required to submit a plan of correction within 10 days.

A core issue deficiency was identified during the complaint investigation. Please review the cover letter, which outlines how to develop a Plan of Correction. The Plan of Correction must be submitted to our office within 10 (ten) calendar days of receiving the Statement of Deficiencies.

Shantel Yogerst, Administrator  
December 6, 2013  
Page 2 of 2

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 27, 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) 364-1962. 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 'Donna Henscheid', with a long horizontal flourish extending to the right. There is a small, illegible mark or initials to the right of the signature.

Donna Henscheid, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/gk

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