



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

March 26, 2015

Misti Nelson, Administrator  
Cedar Living Center  
270 Cedar Street  
Blackfoot, Idaho 83221

Provider ID: RC-204

Ms. Nelson:

On December 5, 2014, a complaint investigation was conducted at Cedar Living Center. 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

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/05/2014
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NAME OF PROVIDER OR SUPPLIER  CEDAR LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 270 CEDAR STREET BLACKFOOT, ID 83221
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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 survey conducted on 12/4/14 through 12/5/14 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, BSN, RN Health Facility Surveyor</p> <p>Gloria Keathley, LSW 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 CEDAR LIVING CENTER	License # RC-204	Physical Address 270 CEDAR STREET	Phone Number (208) 785-5890
Administrator Misti Nelson	City BLACKFOOT	ZIP Code 83221	Survey Date December 5, 2014
Maureen McCann	Survey Type Complaint Investigation	RESPONSE DUE: January 4, 2015	
Administrator Signature <i>Misti Nelson</i>	Date Signed 12-5-14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	<del>225.02.e</del> 16.03.22	Behavioral interventions for Resident #2 were not evaluated for effectiveness or a continued need. <del>***PREVIOUSLY CITED ON 7/9/09 AND 1/11/12***</del> deleted. <i>Jan</i>		
2	250.13.L	2 of 9 residents did not have closet doors. <del>***PREVIOUSLY CITED ON 1/11/12***</del>	2/2/15	<i>MW</i>
3	300.01	The facility nurse did not complete assessments after residents experienced a change in condition. Such as the ongoing status of Resident #3's wounds or when he sustained a burn on his abdomen. <del>***PREVIOUSLY CITED ON 1/11/12***</del>	2/2/15	<i>MW</i>
4	305.02	Resident #1's medication, Coumadin, was not given as ordered by the physician.	1/13/15	<i>MW</i>
5	310.01	Not all residents' medications were blister packed.	1/13/15	<i>MW</i>
6	310.02	The facility did not dispose of expired medications within 30 days, such as aspirin which had expired in 2009.	1/13/15	<i>MW</i>
7	310.03	The facility's controlled substance count was not correct.	1/13/15	<i>MW</i>
8	320.03	Resident #1's NSA was not signed by the administrator.	2/13/15	<i>MW</i>
9	350.02	The administrator did not investigate incidents, accidents and complaints.	1/13/15	<i>MW</i>
10	705.02	Resident #1 was admitted to the facility in March 2014, however, did not have a completed admission agreement.	1/13/15	<i>MW</i>
11	711.08.b	Caregivers did not document dressing changes on Resident #3's wounds.	1/13/15	<i>MW</i>
12	711.11	Caregivers did not document the reasons medications were not given to or not taken by residents.	1/13/15	<i>MW</i>
13	711.12	Caregivers did not document the reasons pm medications were given.	1/13/15	<i>MW</i>
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FAX: 208-364-1888

December 12, 2014

Misti Nelson, Administrator  
Cedar Living Center  
270 Cedar Street  
Blackfoot, Idaho 83221

Provider ID: RC-204

Ms. Nelson:

An unannounced, on-site complaint investigation survey was conducted at Cedar Living Center between December 4, 2014 and December 5, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006494**

**Allegation #1:** Residents' care plans were not completed or were outdated.

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

**Allegation #2:** Residents' medications were not given as ordered by the residents' physicians.

**Findings:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.305.02 for not assisting an identified resident with her medication as ordered by the resident's physician. The facility was required to submit evidence of resolution within 30 days.

**Allegation #3:** The facility's controlled substance tracking was not accurate.

**Findings:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.310.03 for not maintaining accurate controlled substance tracking. The facility was required to submit evidence of resolution within 30 days.

**Allegation #4:** The facility did not accurately monitor residents' oxygen tanks to assure the tanks did not run out of oxygen.

Misti Nelson, Administrator

December 12, 2014

Page 2 of 2

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

Allegation #5: The facility did not dispose of expired medications within 30 days.

Findings: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.310.02 for not disposing of expired medications within 30 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The facility did not accurately monitor the supply of residents' blood glucose test strips and prescribed mouthwash, which ran out.

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

Allegation #7: Residents behavioral management plans were not monitored and/or interventions were not updated.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.225.02.c for not evaluating the effectiveness, or the continued need of behavioral interventions for an identified resident. The facility was required to submit evidence of resolution within 30 days.

Allegation #8: Residents were admitted or retained who required a BiPAP device.

Findings: Substantiated. A BiPAP device was observed in an identified resident's room. The facility was provided technical assistance regarding requesting a variance from Licensing and Certification in order to retain the resident in the assisted living facility.

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