



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

Tracey Brent, Administrator
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, Idaho 83704

Provider ID: RC-718

Ms. Brent:

On December 12, 2014, a state licensure/follow-up survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor 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 Karen Anderson, RN, 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/sc

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



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P.O. Box 83720
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PHONE: 208-364-1962
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December 19, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8692

Tracey Brent, Administrator
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, Idaho 83704

Ms. Brent:

On December 12, 2014, a state licensure and follow-up survey was conducted by Department staff at Aarenbrooke Place-Cory Lane, Ashley Manor LLC.

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 twenty-five (25) 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 January 11, 2015

CIVIL MONETARY PENALTIES

Of the twenty-five (25) non-core issue deficiencies identified on the punch list, one (1), **16.03.22.260.06 - The facility was not maintained in a clean and orderly manner**, had been cited on five (5) previous surveys:

11/28/2007 - "Dirty toilet bowls, stained carpet, full trash in resident rooms & cluttered rooms."

05/27/2009 - "Residents #'s 3,6 & 8 and 3 rooms in hallway "A" & 2 rooms in hallway "B" had offensive odors needing cleaning."

09/04/2009 - "Multiple rooms in all hallways had offensive odors and required a thorough cleaning."

02/02/2012 - "...various bathrooms had toilets dirty with fecal matter, various rooms had stained and torn linoleum, carpet was worn and stained, several room walls and doors were in need of paint, some of the cupboard doors were worn, the three tan chairs in the living room area were stained/dirty, the carpeting outside the shower room in the left hallway as you enter the building was wet and the tile was cracked in the shower area, a urine odor was very strong around the sleeping/sitting areas in Resident #2's and Resident #9's room. Throughout the survey, offensive odors were detected in the hallways."

12/01/2013 - "strong persistent odors were observed throughout the facility, including residents' rooms. Several residents' bathrooms were observed to be dirty and the floor(s) were observed to be sticky.

12/12/2014 - "Three out of 4 hallways had strong, foul odors, Hallway (A) had a musty odor and 2 rooms were noted to have offensive odors. Hallway (B) had strong urine odors the entire length of the hall and 7 rooms were noted to have offensive odors. Hallway (D) had strong, pervasive, musty urine odor and in 2 rooms....pillow...missing pillow case...dried blood spots on both sides of the pillow....second bed...pillow case that was stained with body oil and blood. Also at the foot of the bed, there were 6 spots of feces. The carpet throughout the facility was stained and odorous. The upholstered furniture, including the dining room chairs were in need of cleaning, repair or replacement.

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).

Because the facility did not receive a deficiency at IDAPA 16.03.22.260.06 during the follow-up survey on February 13, 2014, this deficiency will be considered an initial deficiency although it has been cited on five previous occasions. For the dates of 9/13/2014 through 12/12/2014:

Penalty	Number of Deficiencies	Times number of Occupied Bcbs	Times Number of days of non-compliance	Amount of Penalty
\$8.00	1	64	90	\$ 46,080

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 64 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$5,400.

Send payment of \$5,400 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 provisional license, requirement for a consultant or 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.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator submits a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected.

Because Aaronbrook Place - Cory Lane has repeatedly been cited for not being maintained in a clean, sanitary and orderly manner, the Department will have no alternative but to impose temporary management or revoke the facility license, or both if at the follow-up survey or on any future surveys, the Department finds the facility is again failing to maintain the facility in a clean, sanitary and orderly fashion.

Although not required for this type of deficiency, the Department strongly urges you to retain the services of a consultant on an ongoing basis to regularly visit the facility and assess the cleanliness of both the building and the residents.

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R718	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2014
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NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - CORY LANE, ASHLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9327 CORY LANE BOISE, ID 83704
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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 and follow-up survey conducted on 12/10/14 through 12/12/14 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW 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 _____



Facility Aarenbrooke Place - Cory Lane	License # RC-718	Physical Address 9327 Cory Lane	Phone Number (208) 376-1300
Administrator Tracy Brent	City Boise	ZIP Code 83704	Survey Date December 12, 2014
Survey Team Leader Karen Anderson	Survey Type <i>Licensure and Follow-up</i>	RESPONSE DUE: January 11, 2015	
Administrator Signature <i>Tracy Brent</i>	Date Signed <i>12-12-14</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
13	600.06.a	The administrator did not ensure all residents received appropriate grooming and assistance with their ADLs. Eighteen residents were observed to be unkempt. Such as, resident's being unshaved, wearing dirty clothing, having greasy and uncombed hair, and having body and urine odors. Further, the administrator did not ensure the interior of the building was maintained in a clean manner.	<i>Yallis</i>	<i>KA</i>
14	625.01	Seven of 10 staff did not have documentation they had completed 16 hours of orientation.	<i>Yallis</i>	<i>KA</i>
15	625.03.l	Five of 10 staff did not have documentation of infection control training.	<i>Yallis</i>	<i>KA</i>
16	630.01	Six of 10 staff did not have documentation of dementia training.	<i>Yallis</i>	<i>KA</i>
17	630.02	Six of 10 staff did not have documentation of mental illness training.	<i>Yallis</i>	<i>KA</i>
18	630.03	Seven of 10 staff did not have documentation of developmental disability training.	<i>Yallis</i>	<i>KA</i>
19	630.04	Seven of 10 staff did not have documentation of traumatic brain injury training.	<i>Yallis</i>	<i>KA</i>
20	711.01	The facility did not track Resident #1, #2 and #7's behaviors.	<i>Yallis</i>	<i>KA</i>
21	711.08.e	The staff did not document they notified the nurse when resident's experienced changes of condition.	<i>Yallis</i>	<i>KA</i>
22	711.11	The medication aides did not always document the reason medications were not given.	<i>Yallis</i>	<i>KA</i>
23	711.12	The medication aides did not always document the reason why PRN medications were given.	<i>Yallis</i>	<i>KA</i>
24	740.02	Kitchen staff did not maintain documentation of 3 months of served menus which reflected the substitutions.	<i>Yallis</i>	<i>KA</i>
25	260.06	The facility was not maintained in a clean and orderly manner. For example, three out of 4 hallways had strong, foul odors. Hallway (A) had a musty odor and 2 rooms were noted to have offensive odors. Hallway (B) had strong urine odors the entire length of the hall and 7 rooms were noted to have offensive odors. Hallway (D) had strong, pervasive, musty urine odor and in 2 rooms. One of the rooms had 2 beds, one of the beds had a pillow with a missing pillow case. The pillow had dried blood spots on both sides of the pillow. The second bed had a pillow case that was stained with body oil and blood. Also, at the foot of the bed, there were 6 spots of feces. The carpet throughout the facility was stained and odorous. The upholstered furniture, including the dining room chairs, were in need of cleaning, repair and/or replacement. ***Previously cited on 11/28/07, 5/27/09, 9/4/09, 2/12/12, and 11/1/13***	<i>Yallis</i>	<i>KA</i>



Facility Aarenbrooke Place - Cory Lane	License # RC-718	Physical Address 9327 Cory Lane	Phone Number (208) 376-1300
Administrator Tracy Brent	City Boise	ZIP Code 83704	Survey Date December 12, 2014
Survey Team Leader Karen Anderson	Survey Type <i>Licensure and Follow-up</i>	RESPONSE DUE: January 11, 2015	
Administrator Signature <i>Tracy Brent</i>	Date Signed <i>12-12-14</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.d	The facility had a mixed population of residents who were not socially, emotionally or physically compatible.	<i>12/11/15</i>	<i>KA</i>
2	215.08	The administrator did not ensure investigations were conducted when a resident eloped and another resident had skin tear of unknown origin.	<i>12/11/15</i>	<i>KA</i>
3	225.01 b	The facility did not evaluate Resident #11's previous sexually inappropriate behaviors.	<i>12/11/15</i>	<i>KA</i>
4	260.05.a	The facility did not have sufficient linens for 64 residents. The following was observed in the linen closet: 3 fitted sheets, 3 blankets, 8 bedspreads, 1 mattress pad, 1 matching set of sheets and 22 flats sheets. Additionally, the laundry room had approximately 17 towels and no clean sheets.	<i>12/11/15</i>	<i>KA</i>
5	300.01	Resident #7 was admitted to the facility with an unstageable pressure ulcer and had to be discharged to a skilled nursing facility for wound care due to not being assessed by the RN prior to or upon admission.	<i>12/11/15</i>	<i>KA</i>
6	300.02	The facility RN did not ensure Resident #3's sliding scale insulin was implemented as ordered.	<i>12/11/15</i>	<i>KA</i>
7	305.02	The facility RN did not clarify orders for Resident #3's as needed Lasix and Resident #7's antipsychotic medication or the discontinuation order for an anti-anxiety and a narcotic medication.	<i>12/11/15</i>	<i>KA</i>
8	305.03	The facility RN did not assess residents after they had changes in health conditions. Such as: Resident #2's weight loss, and Resident #3 and #4's wound status.	<i>12/11/15</i>	<i>KA</i>
9	305.06	The facility RN did not assess Resident #4's and #10's ability to self-administer their medications.	<i>12/11/15</i>	<i>KA</i>
10	305.08	The facility RN did not document that education had been provided to staff regarding the following parameters: High/low blood glucose, weight gain/loss or other vital signs.	<i>12/11/15</i>	<i>KA</i>
11	310.04.a	There was no documentation that non-drug interventions were attempted prior to increasing or implementing behavior modifying medications.	<i>12/11/15</i>	<i>KA</i>
12	310.04.e	The facility did not send 6 months psychotropic medication reviews which included behavioral updates to residents' physicians.		