IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 20, 2006

FILE COPY

Christopher Moore, Administrator
Hancock House - CTM Enterprises
9622 West Silverbirch Street
Boise, ID 83709

License #: RC-750

Dear Mr. Moore:

On July 31, 2006, a complaint investigation survey was conducted at Hancock House - CTM Enterprises. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Patrick Hendrickson, R.N., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Patty West-Geier, LSW for

PATRICK HENDRICKSON, R.N.
Team Leader
Health Facility Surveyor
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

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August 14, 2006

Christopher Moore, Administrator
Hancock House - CTM Enterprises
9622 West Silverbirch Street
Boise, ID 83709

FILE COPY

Dear Mr. Moore:

On July 31, 2006, a Complaint Investigation survey was conducted at Hancock House - CTM Enterprises. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 30, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Polly West-Heier, LSW for
JAMIE SIMPSON, BS, QRMP, MBA
Supervisor
Residential Care Assisted Liviing Program

JS/slc

Enclosure

IDAHO DEPARTMENT OF
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August 14, 2006

Christopher Moore, Administrator
Hancock House - CTM Enterprises
9622 West Silverbirch Street
Boise, ID 83709

FILE COPY

Dear Mr. Moore:

On July 31, 2006, a complaint investigation survey was conducted at Hancock House - CTM Enterprises. The survey was conducted by Patrick Hendrickson, R.N. and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00001459

Allegation #1: When a resident resided at that facility, she had a strong smell of urine, her hair was "ratted" and her clothing was dirty.

Findings #1: Based on interview and record review it was determined a resident that had resided at the facility did have a strong smell of urine, her her hair was "ratted" and her clothing was dirty.

Review of the facility's admission/discharge log on 7/31/06, documented the identified resident was discharged on 6/1/06 and therefore could not be interviewed or observed.

Review of the identified resident's closed record on 7/31/06, revealed an Negotiated Service Agreement (NSA) dated 7/5/05 that documented the resident needed assistance with urinary incontinence at night, wore depends and needed reminding to wash and bath herself.

Additionally the resident's closed record contained daily log notes from 2/9/06 through 5/29/06 that documented the resident wet the bed on the following dates: 2/9/06, 2/18/06, 4/20/06, 4/27/06, 5/17/06, 5/18/06, 5/19/06, 5/24/06, and 5/29/06.

The record also contained a signed physician's order dated 7/31/05 documented the resident was to take oxybutynin 5 mg twice a day and 10 mg at night. On 8/1/05 the order was changed to 5 mg three times a day and on 4/6/06 the oxybutynin was changed to 5 mg at mid day and 10 mg at bed time.

Oxybutynin chloride was used to treat urinary incontinence.

The resident's record also contained nursing assessments dated from 2/9/06 to 4/4/06 that documented the resident was incontinent of urine and that staff were to assist the resident to the toilet during the night. On 12/15/05 the facility nurse documented the resident would wet the bed at night. Further on 4/4/06 the facility's nurse documented the resident had an appointment with a urologist on 4/6/06.

On 7/31/06 at 9:30 a.m., the house manager stated the resident refused to shower and refused to get up during the night to go to the bathroom. She stated that she would cue the resident to shower and the resident would run the water, but wouldn't go into the shower and clean herself. She stated she and the administrator met with the resident to discuss the urinary incontinence issue. The resident's urinary incontinence continued and she was given a written notice of discharge.

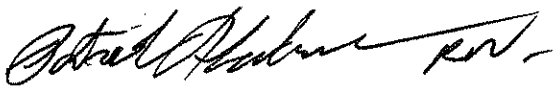
On 7/31/06 at 11:00 a.m., the administrator stated the identified resident refused to shower and would wet her bed continuously. He stated he sat down with the resident and house manager and discussed concerns of cleanliness and behaviors. He stated the resident's behavioral needs could not be met and she was given a written notice of discharge. Additionally, he stated the facility's nurse was not involved in the planning of how to deal with the resident's urinary incontinence because it was believed to be more of a behavior rather than a medical condition.

Conclusion #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.01 for the facility's nurse not assessing a resident's response to medication and prescribed therapies for a resident with urinary incontinence. The facility was required to submit evidence of resolution within 30 days.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. AND/OR Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



PATRICK HENDRICKSON, R.N.
Team Leader
Health Facility Surveyor
Residential Community Care Program

PH/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program

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P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1886

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Hancock House	1322 Hancock Dr	(208) 344-9044
Administrator	**City**	**ZIP Code**
Chris Moore	Boise	83706
Survey Team Leader	**Survey Type**	**Survey Date**
Polly Watt-Geier	Complaint Investigation	7/31/06

NON-CORE ISSUES

1	16.03.22 305.01	The facility's nurse did ~~assess~~ not assess a resident's response to medications and prescribed therapies for urinary incontinence.	8/2/06
2	16.03.22 305.05	The facility's nurse did not conduct a review and follow-up of the progress on previous recommendations for a resident who had urinary incontinence.	8/2/06

9/20/06 [illegible]

9/20/06 [illegible]

Response Required Date	Signature of Facility Representative
8/31/06	[signature]

BFS-686