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

October 26, 2006

Sandra Overlie, Administrator
Valley View Assisted Living
1130 N Allumbaugh St
Boise, ID 83704

License #: RC-250

Dear Ms.. Overlie:

On September 13, 2006, a state licensure survey was conducted at Valley View Assisted Living. 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.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/slc

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

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September 20, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 1336

Sandra Overlie, Administrator
Valley View Assisted Living
1130 N Allumbaugh St
Boise, ID 83704

Dear Ms.. Overlie:

Based on the state licensure survey conducted by our staff at Valley View Assisted Living on **September 13, 2006,** we have determined that the facility failed to protect residents from inadequate care. The facility failed to update the NSA when there was a change in the residents health status for 2 of 7 sampled residents (#1 amd #5).

This core issue deficiency substantially limits the capacity of Valley View Assisted Living to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **October 27, 2006.** **We urge you to begin correction immediately.**

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)?
- What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **October 3, 2006,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**October 3, 2006**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **October 3, 2006,** your request will not be granted.

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 **October 13, 2006**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Valley View Assisted Living.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards
Marilyn Kelseth, RN Manager, Regional Medicaid Services, Region IV - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13R250		09/13/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW ASSISTED LIVING	1130 N ALLUMBAUGH ST BOISE, ID 83704

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	Initial Comments The following deficiency was cited during the standard survey conducted at your residential care/assisted living facility on September 13, 2006. The surveyors conducting your survey were: Debbie Sholley, LSW Team Coordinator Health Facility Surveyor Rebecca Winter, RN Health Facility Surveyor Survey Definitions: NSA = Negotiated Service Agreement UAI = Uniform Assessment Instrument RN = Licensed Professional Nurse or Registered Nurse	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on interview, observation and record review, it was determined the facility failed to update the NSA when there was a change in the resident's health status for 2 of 7 sampled Residents (#1 and #5). The findings include: A. Review of Resident #1's record on 9/11/06, revealed the resident was admitted on 11/13/01 with diagnoses which included dementia, anxiety, depression, high blood pressure and hypothyroidism.	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R250	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 09/13/2006
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 N ALLUMBAUGH ST BOISE, ID 83704		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 008	Continued From page 1 Further review of the resident's record revealed a UAI dated 11/7/05. The UAI documented the resident was independent in transferring and mobility. The resident's record contained an NSA dated 11/7/05 that documented the resident was independent in transferring and mobility, and "sometimes uses walker." Review of the facility's "Incident/Significant Change Reports" on 9/11/06 revealed the following incidents for Resident #1: 4/18/06 at 11:45 a.m. - The resident lost her balance and fell to the floor. It was documented the resident complained that her "head hurt" and her "bottom" was sore. 6/28/06 at 11:30 p.m. - The resident was putting clothes in the closet, turned too fast, lost her balance and fell to the floor. 7/9/06 at 9:15 p.m. - The resident was in her bathroom when she lost her balance and fell to the floor. 8/10/06 at 5:00 a.m. - Staff heard a "crashing sound" and found the resident on the floor in front of her bathroom door. The resident stated, " I just got dizzy and fell ". It was documented the resident was complaining of lower back pain. 8/19/06 at 6:30 a.m. - The resident was on her way to the bathroom and fell. It was documented the resident stated she hit her head and her hip, and "hurt all over." 8/26/06 at 2:50 p.m. - The resident fell in the	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R250	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 09/13/2006
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 N ALLUMBAUGH ST BOISE, ID 83704		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 008	Continued From page 2 activity room. 9/5/06 at 1:30 a.m. - The resident fell in front of her door and required "stiches." Review of the resident's record on 9/11/06 revealed no documented evidence the facility had updated the resident's NSA to reflect the change in the resident's need for assistance in mobility and transferring. On 9/12/06 at 11:30 a.m. the administrator confirmed Resident #1's NSA was not updated to reflect the change in the resident's need for assistance with mobility and transferring. B. Review of Resident #5's record on 9/11/06 revealed the resident was admitted with diagnoses which included prostate cancer, hypertension and non-insulin dependent diabetes mellitus. Review of the resident's UAI dated 1/9/06 revealed no documented evidence the resident was receiving hospice services and that the resident had a decubitus ulcer. Review of the resident's NSA dated 1/10/06 revealed no documented evidence the resident was on hospice. Additionally, the NSA did not provide instructions on how the staff was to care for the resident's decubitus ulcer. The resident's record also contained a signed physician's order dated 6/30/06 for hospice services. The resident's record also contained daily log notes, in which the facility RN documented the following:	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R250	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 09/13/2006
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 N ALLUMBAUGH ST BOISE, ID 83704		

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R 008	Continued From page 3 On 6/23/06 at 5:00 p.m., hospice would be started for pain control and for cares if the resident's level of care required it. On 6/29/06 at 3:30 p.m., the hospice organization opened the resident to their services. On 8/29/06 an untimed late entry for 8/28/06, the hospice nurse told the facility RN the resident had stage II open areas on the buttocks. The record also contained a hospice visit note written by the hospice nurse, dated 8/28/06, which documented the resident had a decubitus on the buttocks. Further, it documented the wounds on either side of the resident's tail bone were dime sized, and the area on the left side was a one centimeter sized blistered area. On 9/12/06 at 9:00 a.m., the resident stated he had "sores on his bottom." On 9/12/06 at 10:30 a.m., a caregiver was observed giving the resident cares for the decubitus, which was observed to be an open wound with a depth into the layers of the skin. The wound was dark pink in color and located on either side of the resident's tail bone. On the left side, the wound was about the size of a dime. The wound on the right did not have broken skin, but was very red in the center. The caregiver stated to the resident the wound "looked better." On 9/12/06 at 10:45 a.m., the same caregiver stated the resident is encouraged to move from side to side in his chair to take the pressure off the wound. Additionally, she stated they encouraged the resident to get up from the chair and stand about once an hour, and they	R 008		

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 N ALLUMBAUGH ST BOISE, ID 83704		

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R 008	Continued From page 4 encouraged the resident to go out to the dining room for meals. On 9/12/06 at 11:30 a.m., another caregiver stated the resident is encouraged to get up and move from the chair. Further, she stated they have given the resident a chair cushion with a cut out area for the resident's tail bone. She said they work very hard to keep the resident's wound clean, and they apply a barrier cream to help the wound heal. On 9/12/06 at 11:50 a.m., the administrator, who is also the facility's RN, confirmed the NSA had not been updated since the resident was placed on hospice and had developed a decubitus ulcer. The facility did not update the NSA's to include cares required for changes in the health condition for 2 of 7 residents. As the NSA's were not complete for Residents #1 and #5, the facility could not implement an NSA that provided guidance to personnel in their provision of care and services to meet the needs of the residents. These failures resulted in inadequate care.	R 008		

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(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Valley View Assted Living	1130 N. Allumbaugh St	322-0311
Administrator	**City**	**ZIP Code**
Sandra Duerlie	Boise	83704
Survey Team Leader	**Survey Type**	**Survey Date**
Debbie Shelley	Standard	9/13/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.350.07	The facility did not notify the licensing agency of all reportable incidents	
2.	16.03.22.625.01	The facility did not provide 16 hours of orientation training to new employees	
3.	16.03.22.630.01	The facility did not provide Specialized Training to staff for resident with Alzh dementia diagnoses.	
4	16.03.22.405.01.b	The facility did not assure extension cords were not used in the facility.	
5	16.03.22.305.01-07	The RN did not conduct an assessment of each resident's health status, response to medications and ability to self administer medications. Additionally recommendations were not documented.	

Response Required Date	Signature of Facility Representative
10/13/06	Sandra J Duerlie Rn / Admin

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Facility Name	Physical Address	Phone Number
Valley View Assisted Living	1130 N. Allumbough St	322-0311
Administrator	**City**	**ZIP Code**
Sandra Dverlie	Boise	83704
Survey Team Leader	**Survey Type**	**Survey Date**
Debbie Shorley	Standard	9/13/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
6.	16.03.22.730.03	The facility did not have contracts with Outside Service providers and staff.	
7.	16.03.22.350.03	The facility did not conduct an investigation of all incidents and accidents.	
8.	16.03.22.310.01	The facility did not assure all resident medications were maintaind in medi-sets or blister packs.	
9.	16.03.22.310.01.a.	The facility did not assure all medications were maintained in a locked box or room.	
10.	16.03.22.711.13	Resident records did not contain current Nursing assessments #'s 1, 2, 4, 5, + 6.	

Response Required Date	Signature of Facility Representative
10/13/06	Sandra J Dverlie Adm