IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER– 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

March 2, 2007

Shirlie Meyer, Administrator
Meyer Manor II
3610 W Lamont Rd
Meridian, ID 83642

License #: RC-470

Dear Ms. Meyer:

On February 2, 2007, a state licensure survey was conducted at Meyer Manor II. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

MM/slc

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

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February 2, 2007

Shirlie Meyer, Administrator
Meyer Manor II
3610 W Lamont Rd
Meridian, ID 83642

Dear Ms. Meyer:

On February 2, 2007, a state licensure survey was conducted at Meyer Manor II. 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 March 4, 2007.

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

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Liviing Program

JS/slc

Enclosure

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
	13R470		02/02/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEYER MANOR II	3610 W LAMONT RD 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
R 000	Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on Feburary 1, 2007. The surveyors conducting the standard survey were: Maureen McCann, RN Team Leader Health Facility Surveyor Patrick Hendrickson, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Meyer Manor II	3710 W. Lamont Rd	208 888 4111
Administrator	**City**	**ZIP Code**
Christie Meyer	Meridian ID	83642
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen McCann	Standard	2/1/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	250.10	The facilities hot water temperature was 128.7 degrees	3/2/07	
2	250.15	The facility did not have a call system	3/2/07	
3	260.04a	Toxic chemicals in laundry room not under lock and key	3/2/07	
4	305.02	The facility nurse did not assure Res. #2's orders (Medication) were current	COS	
5	325.06	The facility nurse did not conduct an initial nursing assessment for Resident #3 to participate in self-administration medication (Robinson @ RS)	3/2/07	
6	310.01	Residents were assisted with medicine from bulk containers	3/2/07	
7	320	Residents #2's NSA was not developed within 14 days of admission	COS	
8	320.03	Resident #2's NSA was not signed and dated by the Resident and Administrator	COS	
9	330.01	Residents #'s 1 + 3's NSAs/UAI's had entries that were not current	COS	
10	450	The facility did not meet all of the standards of the Idaho Code	COS	
11	650.01	The facility did not train staff who provided care to residents with diagnoses of dementia and developmental disability	3/2/07	

Response Required Date	Signature of Facility Representative	Date Signed
3/3/07		02-07-07

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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Meyer Manor II	3710 W. Lamont Rd	208 888 4111
Administrator	**City**	**ZIP Code**
Sherlie Meyer	Meridian ID	83642
Survey Team Leader	**Survey Type**	**Survey Date**
Maureen McClure	Standard	2/1/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
12	710.05	Resident #2's record did not contain a list of current prescribed medication orders	COS	
13	711.08b	Staff who assisted with medications did not document	Task 3/2/07	
14	730.01F	Employee records did not contain current 1st aid (emp-layee #2)	3/2/07	
15	730.01h	Employee records did not contain nursing delegation for treatment (ie. Medication assistance, colostomy care, obtaining blood sugars).	3/2/07	
			3/3/	

Response Required Date	Signature of Facility Representative	Date Signed
3/3/07		02.02.07