



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

April 8, 2011  
Mark Phelan, Administrator  
Applewood Assisted Living  
779 Tennyson Way  
Boise, ID 83709

**CERTIFIED MAIL #: 7009 0820 0000 2807 1743**

Dear Mr. Phelan:

Based on the State Licensure survey conducted by our staff at Applewood Assisted Living - Hawthone Assisted Living Inc on **April 6, 2011**, we have determined that the facility failed to provide adequate care.

This core issue deficiency substantially limits the capacity of Applewood Assisted Living - Hawthone Assisted Living Inc 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 **May 21, 2011**. **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 **April 21, 2011**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

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 Supervisor of

Mark Phelan, Administrator

April 8, 2011

the Residential Care Program 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 (**April 21, 2011**). 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 Licensing & Certification to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **April 21, 2011**, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov) under the heading of Forms and Information.

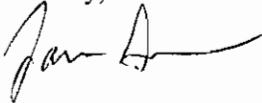
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **May 6, 2011**.

Please bear in mind that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

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 Applewood Assisted Living - Hawthorne Assisted Living Inc.

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  
Program Supervisor  
Residential Assisted Living Facility Program  
Medicaid Licensing & Certification

JS/ka

Enclosure



C.L. "BUTCH" OTTER - Governor  
RICHARD M. ARMSTRONG - Director

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6826  
FAX: (208) 364-1888

May 24, 2011

CERTIFIED MAIL #: 7009 0820 0000 2807 1811

Mark Phelan, RN, Administrator/Owner  
Applewood Assisted Living  
779 Tennyson Way  
Boise, ID 83709

RE: Licensure and Follow-up Survey conducted April 4-6, 2011  
May 6, 2011 Letter from Mark Phelan to the Idaho Department of Health and Welfare

Dear Mr. Phelan:

**I. Licensure and Follow-up Survey conducted April 4-6, 2011:**

1. The Plan of Correction for Supervision with eating is not acceptable. Please clarify Resident #3's diet order. The information "regular mechanical altered diet as tolerated" does not provide specific enough information for staff to know which type of mechanical alteration is being ordered. Also describe your plan of how caregivers will be trained on the resident's dietary needs.
2. Your evidence of resolution, which was due by May 6, 2011 is not complete. Please send in assessment for Resident #2's ability to determine his sliding scale insulin dose.
3. We did identify a typo in the survey report and have included a corrected copy of that report for you. Also enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution and the revised plan of correction on the corrected survey report to our office immediately. If we do not receive the information, the Licensing and Survey Agency may impose potential enforcement action(s) as listed in IDAPA 16.03.22. Rules for Residential Care or Assisted Living Facilities in Idaho subsection 910.02;
  - a. A provisional license may be issued.

- b. Admissions to the facility may be limited.
  - c. The facility may be required to hire a consultant who submits periodic reports to the Licensing and Survey agency.
4. Three of the non-core, punch list deficiencies had been cited on your previous survey. Please ensure each of these is corrected and compliance is maintained. If any of these deficiencies are cited for a third time, civil monetary penalties will be imposed.

## II. May 6, 2011 Letter from Mark Phelan to the Idaho Department of Health and Welfare

1. *Claims surveyors made against your facility:* I need more clarification regarding what claims you believe the surveyors have made. After receiving your letter, dated May 6, 2011, I have reviewed the statement of deficiencies, plan of correction, and your evidence of resolution, as well as interviewed the survey team and reviewed copies of documentation from your files. The statement of deficiencies included ample supporting information to demonstrate that a core issue deficiency existed. The two examples, retaining an individual with a pressure ulcer and failing to provide assistance with eating or providing proper foods are common deficiencies that would have been cited by any team that had come to your facility. You always have the opportunity to submit additional information or documentation you believe might change the findings, or show that a deficient practice actually did not exist. Additionally, any time you receive a core issue deficiency, you have the option of requesting an informal dispute resolution (IDR) review. The IDR panel consists of two administrators, two department staff and an ombudsman for the elderly.

On March 4, 2011, you admitted a resident against the advice and recommendations of the discharging facility. When the family attempted to return her to her former residence, it was explained to them she could not return because she was above the level of care assisted living facilities are licensed to provide.

Although this resident had several pressure ulcers, including one which was un-stageable, you wrote on your admission assessment that she had "no wounds" and proceeded to admit her. An un-stageable pressure ulcer, by definition is at least a stage III or stage IV, which is expressly prohibited by the rules for residential care or assisted living facilities in Idaho (IDAPA 16.03.22).

2. *Surveyor qualifications and practices:* I reviewed the feedback we have been receiving on the customer comment cards from other facilities. The feedback has been overwhelmingly positive, with many compliments on how helpful and professional these two surveyors are. In the time I have supervised them, one for four years and the other for five years, I have never received a complaint about either one of them. Regardless, I take your concerns seriously, and I will be increasing my observations of surveyors in the field to ensure all interactions with providers are professional. I will also be observing to ensure they follow the standard survey procedures, which call for at least three observations lasting a minimum of forty-five (45) minutes each.

Surveys are to be outcome-based, with an emphasis on determining the actual experience of the residents through interviews and observations. The primary purpose of the record review is to verify information obtained during observations and interviews. These are things I watch for when observing surveyors in the field. Through a combined nine years of survey experience in assisted living facilities, these two surveyors, who are both RNs, have observed the quality of care, record keeping systems, quality assurance programs, medication systems, food preparation and dining assistance, and environment, etc. in virtually every one of the three hundred forty-two facilities across the state. They are extremely well qualified to make observations and determinations about the quality of care and compliance with rules for residential care assisted living facilities in Idaho.

3. **Resident gained 5 pounds since admission:** Resident #3 was admitted more than two and one half years ago. She may have gained 5 pounds after admission but it was not relevant to whether she was receiving appropriate assistance with eating currently. The resident weighed only 87 pounds and was not getting the assistance she needed to eat during three observed meals. She was also being served foods she was not able to chew.
4. **Clerical error in her diet order that was corrected prior to the teams completion of the survey:** Resident #3's physician order dated 4/5/11, documented "diet regular puree as tolerated." The word puree had a line through it. It was unclear what this meant, or who had drawn the line through it. This needed to be clarified with the physician to assure she was receiving the correct diet. The deficiency, however, was related to not providing foods she could eat, or providing the assistance she required to eat, not the paperwork. My understanding is the picture of the lunch plate was taken after surveyors informed the administrator that the resident was not being assisted to eat and could not eat the food provided. Waiting one to two hours to assist a resident to eat, may mean a resident would eventually get something to eat. However, this is a quality of life issue. Residents should not have to eat cold food or experience the frustration of struggling to eat before help is provided. You stated in your EOR, that some residents take two to three hours to finish their meals. It should be considered that some cueing or assistance is needed.
5. **Surveyors did not speak with Resident #3's guardian:** During the survey, the resident's guardian was away on vacation. Visitors were present during the survey, and were interviewed regarding Resident #3's care.

If you have questions, or if we can be of further assistance, please call the Licensing and Survey Agency at (208) 334-6626. Thanks you for your continued participation in the Residential Assisted Living Facility Program in Idaho.

Sincerely,



JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

- c. Randy May, Deputy Administrator, Division of Medicaid



Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R939</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APPLEWOOD ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>779 TENNYSON WAY BOISE, ID 83709</b>
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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 008	<p>Continued From page 3 depth of wound".</p> <p>A home health nursing note, dated 4/4/11, documented the left heel pressure ulcer measured "4.2 cm x 3.0 cm." The depth of the pressure ulcer could not be staged due to the eschar. The measurement indicated the pressure ulcer had increased in width and length from 3/8/11.</p> <p>On 4/4/11 at 3:15 PM, the administrator, who was also the facility RN, stated the resident had a large black pressure ulcer on her left heel that was unstageable due to being covered with eschar. He further stated, he had not been aware of the pressure ulcer until after the resident was admitted to the facility.</p> <p>The facility admitted Resident #1, on 3/6/11, with a left heel pressure ulcer that was unstageable. An unstageable pressure ulcer by definition, has characteristics of a Stage III or IV pressure ulcer.</p> <p><b>II. Supervision of Dietary Needs</b></p> <p>IDAPA 16.03.22.012.25 Supervision - A critical watching and directing activity which provides protection, guidance, knowledge of the resident's general whereabouts, and assistance with activities of daily living. The facility is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement or other legal requirements.</p> <p>An initial survey was conducted on 10/30/08, and the facility was cited at IDAPA 16.03.22.600.05 for the administrator not being at the facility enough to ensure appropriate supervision.</p> <p>Resident #3 was admitted to the facility on</p>	R 008	<p><i>see attached letter and NSA</i></p>	4/6
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R939</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>APPLEWOOD ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>779 TENNYSON WAY BOISE, ID 83709</b>		
(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 008	<p>Continued From page 1</p> <p>provide adequate care for 2 of 3 sampled residents. The facility admitted and retained (Resident #1) with a pressure ulcer greater than a Stage II. Additionally, the facility failed to provide supervision to ensure Resident #3 received an appropriate diet and the necessary assistance with eating. The findings include:</p> <p>1. Admission and Retention of Inappropriate Pressure Ulcer</p> <p>IDAPA rule 16.03.22.152.05.b states that "No resident will be admitted or retained who requires ongoing skilled nursing care not within the legally licensed authority of the facility. Such residents include:</p> <p>ix. A resident with Stage III or IV pressure ulcer."</p> <p>The "National Pressure Ulcer Advisory Panel" documented the following staging descriptions of pressure ulcers:</p> <p>*Stage II pressure ulcer - Partial thickness loss which is characterized as a shallow open ulcer without slough.</p> <p>*Stage III pressure ulcer - Full thickness tissue loss. May include tunneling and slough.</p> <p>*Unstageable - Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until eschar is removed, the true depth can not be determined; but it will either be a Stage III or IV.</p> <p>Resident #1 was admitted to the facility on 3/4/11 with diagnoses that included dementia and anxiety.</p>	R 008	<p>4/21/11 Have resident 30 day notice to vacate. RN will assess and document complete nursing assessment upon/prior to admit. Facility will not accept or retain residents with stage III or IV decub ulcers.</p> <p>JM Pelar R</p>	



Facility Name Applewood Assisted Living	Physical Address 779 Tennyson Way	Phone Number 377-1656
Administrator Mark Phelan	City Boise	Zip Code 83709
Team Leader Karen Anderson	Survey Type Licensure and Follow-up	Survey Date 04/06/11

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	Two of 4 staff did not have a state only background check. REPEAT PUNCH	5/11/11	KA
2	220.02	The admission agreement did not clearly describe how rates were calculated, the process for contesting charges and their policy regarding a transition to medicaid.	5/11/11	KA
3	225.01	Resident #2 refusals of cares were not evaluated to develop a behavior management plan. REPEAT PUNCH	5/11/11	KA
4	225.02	Interventions were not developed for Resident #2's behaviors. REPEAT PUNCH	5/11/11	KA
5	250.013	A random resident's room was observed without a door.	5/11/11	KA
6	305.02	Resident #3 did not have current physician orders. Resident #2's Glucerna was not implemented.	5/11/11	KA
7	305.03	The facility RN did not assess Resident #1's pressure ulcers upon admission.	5/11/11	KA
8	310.01.d	Staff were observed to determine Resident #2's sliding scale insulin dose.	5/11/11	KA
9	320.08	Resident #3's NSA was not completed every 12 months, nor did it reflect her current mobility needs.	5/11/11	KA
10	350.02	The administrator did not investigate all accidents and incidents.	5/11/11	KA
11	350.07	Licensing and Certification was not notified of all reportable accident and incidents.	5/11/11	KA
12	451.02	Snacks were not offered between meals.	5/11/11	KA
13	711.08	Care notes did not document when the NSA was not followed and the facility's response.	5/11/11	KA
14	711.08.e	Caregivers did not document when they notified the RN when residents had a change in condition.	5/11/11	KA

Response Required Date

5/6/11

Signature of Facility Representative

Date Signed

4/6/11