



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
EMAIL: raif@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

July 23, 2014

Laura Elaine Todd, Administrator
Alpine Manor II
100 Polk Street East
Kimberly, Idaho 83341

Provider ID: RC-945

Ms. Todd:

An unannounced, on-site complaint investigation survey was conducted at Alpine Manor II between July 7, 2014 and July 8, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006323

Allegation #1: The facility did not assist residents with as needed (PRN) narcotic pain medications.

Findings: Unsubstantiated. However, the facility was provided technical assistance to have staff document the reason a PRN pain medication was given.

Allegation #2: Staff brought their children to work, so staff were unable to attend to residents.

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #3: The nurse was not available to address changes in residents' conditions.

Findings: Unsubstantiated

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

RAE JEAN MCPHILLIPS, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RM/sc