



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  
PHONE: 208-334-6626  
FAX: 208-364-1888

September 18, 2013

Camille Gordon, Administrator  
Brookstone Village-Brookstone Village, LLC  
921 Corporate Lane  
Nampa, ID 83651

License #: RC-896

Dear Ms. Gordon:

On August 20, 2013, a Complaint Investigation survey was conducted at Brookstone Village-Brookstone Village, LLC. 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.

Your submitted evidence of resolution is being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Maureen McCann, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Maureen McCann, RN  
Team Leader  
Health Facility Surveyor

MM/tfp

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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August 27, 2013

Ralph Ball  
Brookstone Village-Brookstone Village, LLC  
921 Corporate Lane  
Nampa, ID 83651

Dear Mr. Ball:

An unannounced, on-site complaint investigation survey was conducted at Brookstone Village - Brookstone Village, LLC on August 20, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00005936**

Allegation #1: Residents were found multiple times in soiled attends.

Findings #1: Evidence available at the time of this investigation substantiated this allegation.

Substantiated. However, the facility was not cited as they acted appropriately by identifying the practice and correcting it prior to the survey.

Allegation #2: Facility staff documented they had assisted residents with their medications, when they had not.

Findings #2: Evidence available at the time of this investigation substantiated this allegation.

Substantiated. However, the facility was not cited as they acted appropriately by identifying and correcting the practice prior to the survey.

Allegation #3: The facility did not implement a physician's order in a timely manner.

Findings #3: Evidence available at the time of this investigation substantiated this allegation.

Substantiated. However, the facility was not cited as they acted appropriately by correcting the problem prior to the complaint investigation.

Ralph Ball  
August 27, 2013  
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Allegation #4: The facility was not kept in a clean and orderly manner.

Findings #4: On 8/20/13, an unannounced survey was conducted at the facility. All areas of the facility were observed to be clean and orderly.

On 8/20/13, between 9:00 AM and 2:00 PM, three interviewable residents, three staff and two outside agency staff were interviewed. All stated the facility currently was and had been kept in a clean and orderly manner. The administrator stated she had not received any complaints regarding the facility not being clean or orderly.

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

Allegation #5: Residents' medications, including narcotics, were missing.

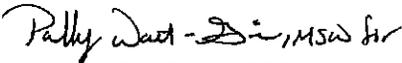
Findings #5: A letter dated 3/21/13, from the administrator to a hospice agency, documented the facility had conducted an investigation regarding missing medications, including narcotics. The letter further documented the Board of Pharmacy, Facility Standards, Adult Protection, the local Ombudsman and the local Police were also contacted.

Substantiated. However, the facility was not cited as they acted appropriately by identifying, investigating and correcting the deficiency prior to the survey.

Please bear in mind that a non-core issue deficiency was identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **August 20, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

  
Maureen McCann, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MM/TFP

cc: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



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August 27, 2013

Ralph Ball  
Brookstone Village-Brookstone Village, LLC  
921 Corporate Lane  
Nampa, ID 83651

Dear Mr. Ball:

An unannounced, on-site complaint investigation survey was conducted at Brookstone Village - Brookstone Village, LLC on August 20, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005962**

Allegation #1: Residents' medications, including narcotics, were missing.

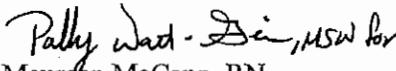
Findings #1: A letter dated 3/21/13, from the administrator to a hospice agency, documented the facility had conducted an investigation regarding missing medications, including narcotics. The letter further documented the Board of Pharmacy, Facility Standards, Adult Protection, the local Ombudsman and the local Police were also contacted.

Substantiated. However, the facility was not cited as they acted appropriately by identifying, investigating and correcting the deficiency prior to the survey.

Please bear in mind that a non-core issue deficiency was identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **August 20, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

  
Maureen McCann, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MM/TFP

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program

