# 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) 334-5747
FAX: (208) 364-1811

August 14, 2007

Coral Holley, Administrator
Creekside Care Center
525 16th Avenue East
Jerome, ID 83338

License #: RC-365

Dear Mr. Holley:

On May 15, 2007, a complaint investigation survey was conducted at Creekside Care Center. 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/sc

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

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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

May 30, 2007

Coral Holley, Administrator
525 16th Avenue East
Jerome, ID 83338

Dear Mr. Holley:

On May 15, 2007, a complaint investigation survey was conducted at Creekside Care Center. The facility was found to be providing a safe environment and safe, effective care to residents.

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 evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 15, 2007.

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

Sincerely,

Jamie Simpson for

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

IDAHO DEPARTMENT OF
# HEALTH & WELFARE

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May 30, 2007

Coral Holley, Administrator
525 16th Avenue East
Jerome, ID 83338

Dear Mr. Holley:

On May 15, 2007, a complaint investigation survey was conducted at Creekside Care Center. The survey was conducted by Maureen McCann, RN, Karen McDannel, RN, and Jamie Simpson, MBA, QMRP. This report outlines the findings of our investigation.

**Complaint # ID00002309**

Allegation #1: Only one staff works at night and resident's have fallen. The staff member is unable to assist resident's off the floor by herself.

Findings: Between May 14, 2007, 11:30 a.m. and May 15, 2007, 3:00 p.m., interviews with caregivers, the assistant administrator and residents, revealed that although only one staff member is assigned to work the night shift, the administrator and other supervisory staff live within minutes of the facility and have responded in a timely manner as needed.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by having assistance readily available to assist the night staff member as needed.

Allegation #2: Night staff rely on other residents to assist staff when a resident falls because there is only one staff person on duty at night.

Findings: Between May 14, 2007, 11:30 a.m. and May 15, 2007, 3:00 p.m., interviews with caregivers, the assistant administrator and residents, revealed that although only one staff member is assigned to work the night shift, the administrator and other supervisory staff live within minutes of the facility and have responded in a timely manner as needed. It could not be determined a resident had ever assisted the night staff when another resident had fallen.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

0Allegation #3: Residents are not given substitutions if they cannot eat what is on the menu.

Findings: Between May 14, 2007, 11:30 a.m. and May 15, 2007, 3:00 p.m., interviews with caregivers, the assistant administrator and residents, revealed residents are offered and have received substitutes when they do not like or cannot eat due to a medical contraindication, what is on the planned menu.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #4: Evening meds are given late or not given at all.

Findings: Between May 14, 2007, 11:30 a.m. and May 15, 2007, 3:00 p.m., during interviews, caregivers, the assistant administrator and residents stated evening medications had not been late or missed.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies and/or Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Jamie Simpson for

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

MM/sc

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

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P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

# ASSISTED LIVING
## Non-Core Issues Punch List

| Facility Name | Physical Address | Phone Number |
|---|---|---|
| Creekside Care | 222 6th Ave West | 208 324-4912 |
| **Administrator** | **City** | **ZIP Code** |
| Diane Holley | Jerome | 83338 |
| **Survey Team Leader** | **Survey Type** | **Survey Date** |
| Maureen McCann | C.I. Survey | 5-15-07 |

## NON-CORE ISSUES

| ITEM # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | BFS USE |
|---|---|---|---|---|
| 1 | 305.03 | The Facility RN did not conduct/document a Nursing assessment when Resident #1 had a significant change in health status. | 6/21/07 MMC | |
| 2 | 625.03 a | Staff were not trained appropriately to notify the RN when a Resident #1 had difficulty breathing, blood in sputum and pain with breathing. | 6/21/07 MMC | |
| 3 | 711.08 c | The facility did not document or report to BFS when a resident eloped from the facility. | 6/21/07 MMC | |
| 4 | 711.08 | The facility did not maintain care notes/signed & dated by person providing the care and services. | 6/21/07 MMC | |
| 5 | 711.08 e | Staff did not notify facility RN when Res #1 complained of a physical change in health condition. | 6/21/07 MMC | |

| Response Required Date | Signature of Facility Representative | Date Signed |
|---|---|---|
| 6-15-07 | [signature] 5/15/07 | 5-15-07 |