



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: 208-364-1962
FAX: 208-364-1888

March 18, 2015

Bobbi Hunting, Administrator
Huckleberry Retirement Homes - IV
1513 Hemlock Court
Sandpoint, Idaho 83864

Provider ID: RC-668

Ms. Hunting:

On January 7, 2015, a complaint investigation was conducted at Huckleberry Retirement Homes LLC - IV. 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, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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



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: 208-364-1962
FAX: 208-364-1888

January 13, 2015

Bobbi Hunting, Administrator
Huckleberry Retirement Homes - IV
1513 Hemlock Court
Sandpoint, Idaho 83864

Provider ID: RC-668

Ms. Hunting:

A state licensure/follow-up survey and complaint investigation were conducted at Huckleberry Retirement Homes - IV between January 6, 2015 and January 7, 2015. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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, on **January 7, 2015**. 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 February 6, 2015.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Karen Anderson, RN
for

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R668	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES - IV	STREET ADDRESS, CITY, STATE, ZIP CODE 1513 HEMLOCK COURT SANDPOINT, ID 83864
--	--

(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	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure/follow-up survey and complaint investigation conducted on 1/6/15 through 1/7/15 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



P. 4

Facility HUCKLEBERRY RETIREMENT HOMES LLC IV	License # RC-668	Physical Address 1513 HEMLOCK COURT	Phone Number (208) 255-5999
Administrator Bobbi Hunting	City SANDPOINT	ZIP Code 83864	Survey Date January 7, 2014
Survey Team Leader Maureen McCann	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: February 6, 2014	
Administrator Signature <i>Bobbi Hunting</i>	Date Signed 1-8-15		

NON-CORE ISSUES

2082555999

JAN-13-2015 12:44 PM Huckleberry Retirement

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	220	The facility admission agreement was not in compliance with state rules.	3/17/15	mmc
2	305.03	A) The RN had not assessed and documented the status of Resident #1's and #2's wounds. B) The RN had not documented Resident #3's change in condition which resulted in hospitalization.	2/9/15	mmc
3	310.01.e	Unlicensed staff pre-poured medications.	2/9/15	mmc
4	451.02	The facility did not offer residents snacks three times daily, particularly between dinner and bedtime.	2/9/15	mmc
5	600.06.a	The administrator did not schedule sufficient staff to complete all required tasks and provide appropriate care for the residents. Such as: a) not scheduling a medication aid each shift. b) Not having two staff scheduled when a resident required two persons to transfer.	(3/10/15) A 3/10/15 B 2/9/15	mmc mmc
6	600.06.b	The facility scheduled staff to work alone who were not currently certified in 1st aid and CPR.	2/9/15	mmc
7	711.11	The facility did not document the reason why residents did not receive their medications as ordered by their physician.	2/9/15	mmc
8	335.03	Hand soap and paper towels were not available in all resident's rooms for caregivers to wash their hands after providing cares.	2/9/15	mmc
9	009.06.c	One employee had not completed the required state police background check after being rehired.	2/19/15	mmc
10				
11				
12				
13				
14				
15				
16				



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Establishment Name <u>Huckleberry IV</u>		Operator <u>Bobbi Hunting</u>	
Address <u>1513 Hemlock</u>		Saralpoint <u>83864</u>	
County <u>Boone</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up: Date: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</u>	Score	<u>0</u>
A score greater than 3 Med or 5 High risk = mandatory on-site reinspection.		A score greater than 3 Med or 5 High risk = mandatory on-site reinspection.	

The letter to the left of each item indicates that item's status at the inspection.

		COS	R
(Y) N	1. Certification by Accredited Program, or Approved Course, or correct responses, or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	5. Clean hands, properly washed (2-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Recalling temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	11. Food segregated, separated and protected (3-502)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Deciding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

		COS	R
(Y) N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	17. Boiling (3-601)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	22. Consumer advisory for raw or undercooked food (3-803)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	26. Compliance with variance and HACCP plan (3-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance
 N/O = not observed
 COS = Corrected on-site
 N = no, not in compliance
 N/A = not applicable
 R = Repeat violation
 = COS or R

Cottage Cheese 35° egg bake 145°
(refrigerated) tomato soup 165°

	COS	R		COS	R		COS	R
<input type="checkbox"/>			27. Use of ice and pasteurized eggs	<input type="checkbox"/>		34. Food contamination	<input type="checkbox"/>	
<input type="checkbox"/>			28. Water source and quantity	<input type="checkbox"/>		35. Equipment for temp control	<input type="checkbox"/>	
<input type="checkbox"/>			29. Insect/rodent/animal	<input type="checkbox"/>		36. Personal cleanliness	<input type="checkbox"/>	
<input type="checkbox"/>			30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>		37. Food labeling/condition	<input type="checkbox"/>	
<input type="checkbox"/>			31. Plumbing installed; cross-contaminant back flow prevention	<input type="checkbox"/>		38. Plant food cooking	<input type="checkbox"/>	
<input type="checkbox"/>			32. Sewage and waste water disposal	<input type="checkbox"/>		39. Thawing	<input type="checkbox"/>	
<input type="checkbox"/>			33. Sinks contaminated from cleaning multi-use tools	<input type="checkbox"/>		40. Toilet facilities	<input type="checkbox"/>	
				<input type="checkbox"/>		41. Garbage and refuse disposal	<input type="checkbox"/>	
						42. Food utensils/in-use	<input type="checkbox"/>	
						43. Thermometers/Temp strips	<input type="checkbox"/>	
						44. Handwashing facility	<input type="checkbox"/>	
						45. Wiping cloths	<input type="checkbox"/>	
						46. Utensil & single-serve storage	<input type="checkbox"/>	
						47. Physical facilities	<input type="checkbox"/>	
						48. Specialized processing methods	<input type="checkbox"/>	
						49. Other	<input type="checkbox"/>	

Person in Charge (Signature) Bobbi Hunting (Print) BOBBI HUNTING Title Admin Date 1/8/15
 Inspector (Signature) Dana Henschel (Print) Dana Henschel Date 1/6/15 Follow-up: (Circle One) Yes



Establishment Name <i>Huckleberry IV</i>	Operator <i>Bobbi Hunting</i>
Address <i>1513 Hemlock</i>	
County Estab # <i>Bonner</i>	EHS/SUR # License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

In the kitchen staff used bare hands when cutting ready-to-eat foods. MCS. The staff washed her hands and donned gloves as instructed. Contaminated food was disposed of.

Sign/Date

Person in Charge <i>Bobbi Hunting</i>	Date <i>1-8-15</i>	Inspector <i>Donna Henschel</i>	Date <i>1/6/15</i>
--	-----------------------	------------------------------------	-----------------------



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: 208-364-1962
FAX: 208-364-1888

January 13, 2015

Bobbi Hunting, Administrator
Huckleberry Retirement Homes - IV
1513 Hemlock Court
Sandpoint, Idaho 83864

Provider ID: RC-668

Ms. Hunting:

An unannounced, on-site complaint investigation was conducted at Huckleberry Retirement Homes - IV between January 6, 2015 and January 7, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006428

Allegation #1: The caregivers pre-poured medications.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.01.e for unlicensed staff pre-pouring medications. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not have a pest control program to control fleas and gnats in the facility.

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 facility did not schedule adequate staffing to meet all of the residents' needs.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.06.a for not scheduling sufficient staff to provide appropriate care to the residents, to include residents who required two-person assistance with transfers. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility was not maintained in a clean and orderly manner.

Findings: Unsubstantiated. However, the facility was provided technical assistance that the carpet was in need of replacing.

Bobbi Hunting, Administrator

January 13, 2015

Page 2 of 2

Allegation #5: The facility did not maintain an adequate amount of food in the facility to meet the menu.

Findings: Unsubstantiated. However, the facility was provided technical assistance to ensure the facility maintained a 7 day food supply as well as food items to meet the weekly menu.

Allegation #6: Caregivers did not document the reasons why residents did not get their medications as ordered by their physicians.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.711.11 for not documenting the reasons why residents did not receive their medications as ordered by their physicians. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: Staff were instructed to falsify documentation on medication assistance records (MARs) by filling in documentation which had not been completed at the time the residents were assisted with their medications.

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

Allegation #8: Caregivers worked alone who were not trained or delegated to assist residents with their medications.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.33.600.06.a for the administrator not scheduling staff on each shift who were trained and delegated to assist residents with their medications. The facility was required to submit evidence of resolution.

Allegation #9: Snacks were not provided in between meals and in the evening.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.02 for not providing snacks three times a day, particularly between dinner and bedtime. The facility was required to submit evidence of resolution within 30 days.

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,

Handwritten signature of Maureen McCann, RN, with the initials 'MM' written below the signature.

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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