



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

February 25, 2015

L. Lark Linehan, Administrator
Lark's Haven on Reed
9886 Reed Road
Hayden, Idaho 83835

Provider ID: RC-1079

Ms. Linehan:

On January 9, 2015, an initial state licensure survey and complaint investigation were conducted at Lark's Haven on Reed. 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor

KA/sc

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



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January 26, 2015

Lark Linehan, Administrator
Lark's Haven on Reed
9886 Reed Road
Hayden, Idaho 83835

Provider ID: RC-1079

Ms. Linehan:

An initial state licensure survey was conducted at Lark's Haven on Reed between January 7, 2015 and January 9, 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 9, 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 8, 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

KAREN ANDERSON, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2015
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NAME OF PROVIDER OR SUPPLIER LARK'S HAVEN ON REED	STREET ADDRESS, CITY, STATE, ZIP CODE 9886 REED ROAD HAYDEN, ID 83835
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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
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 initial licensure survey and complaint investigation conducted January 7, 2015 through January 9, 2015 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____



Facility <i>Lark's Haven on Reed</i>	License # <i>RC1079</i>	Physical Address <i>9886 Reed Road</i>	Phone Number <i>208 749-9081</i>
Administrator <i>Lark Linehan</i>	City <i>Hayden</i>	ZIP Code <i>83835</i>	Survey Date <i>January 9, 2015</i>
Survey Team Leader <i>Karen Anderson</i>	Survey Type <i>Initial Licensure and Complaint Investigation</i>	RESPONSE DUE: <i>February 8, 2015</i>	
Administrator Signature <i>L Lark Linehan</i>	Date Signed <i>1-9-15</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	Two of 4 staff members did not have a State Police background check completed.	<i>2/8/15</i>	<i>KA</i>
2	225.01	The facility did not identify or evaluate Resident #2's behaviors. For example boundary issues.	<i>2/8/15</i>	<i>KA</i>
3	250.13.l	Shared closet in residents' rooms did not have dividers.	<i>2/8/15</i>	<i>KA</i>
4	250.15	Not all Residents had call lights available. <i>COS 1/9/15 KA</i>		
5	300.01	The facility RN did not delegate to all staff. Also, Resident #2 did not have a current nursing assessment.	<i>2/8/15</i>	<i>KA</i>
6	305.03	The RN did not follow up on the status of Resident #2's ankle injury.	<i>2/8/15</i>	<i>KA</i>
7	320.01	Resident #4's NSA was not updated to include positioning to prevent skin breakdown, positioning when eating, physician's ordered diet, outside service agencies, hooyer lift, wound care and weight loss.	<i>2/8/15</i>	<i>KA</i>
8	320.03	Not all NSA's were signed by the administrator.	<i>2/8/15</i>	<i>KA</i>
9	320.08	Resident #2's NSA was not updated yearly.	<i>2/8/15</i>	<i>KA</i>
10	705.02	The administrator did not sign 3 of 4 sampled residents' admission agreements.	<i>2/8/15</i>	<i>KA</i>
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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>Lark's Haven Assisted Living Center</u>		Operator <u>Lark Lincoln</u>	
Address <u>19760 1st Road</u>		<u>Hayden</u>	
County <u>Kootenai</u>	Estab #	EHS/SUR #	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up: _____
Date: _____		Date: _____	

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations <u>3</u>	# of Retail Practice Violations _____
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>3</u>	Score _____
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)
 The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
<u>Y</u> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)			
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
<u>Y</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
<u>Y</u> N <u>N/A</u>	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

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

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>meat/steak</u>	<u>33</u>	<u>pot/stove</u>	<u>170</u>				
<u>broth/sauce</u>	<u>47</u>	<u>broth/stove</u>	<u>148</u>				

GOOD RETAIL PRACTICES (X = not in compliance)

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

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Lark Lincoln</u> (Print)	Title <u>Admin</u>	Date <u>1-9-15</u>	Follow-up: (Circle One)	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Inspector (Signature) <u>[Signature]</u> (Print)	Date <u>1/9/15</u>				

1-208-364-1888 Attn Gloria



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

Page 2 of 2
Date 1/9/15

Establishment Name Cortis Haven on Reed	Operator L. Lark Lundeberg
Address 9886 Reed Road	Hayden
County Estab #	EHS/SUR.#
	License Permit #

- #11 - PAF stored above other foods in fridge - COS - Staff educated - food rearranged.
- #19 - Fridge temped hot in certain areas of fridge - PAF discussed by Staff - fridge adjusted/monitored - COS.
- #20 - Facility did not date mark all items opened in the fridge - COS staff educated on date marking + corrections were made to items not date marked.

Evidence of Resolution due 1/19/15 - #19 - Send a temp log.

1/19/15
KA

Person in Charge L. Lark Lundeberg	Date 1-9-15	Inspector 	Date 1/9/15
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January 26, 2015

Lark Linehan, Administrator
Lark's Haven on Reed
9886 Reed Road
Hayden, Idaho 83835

Provider ID: RC-1079

Ms. Linehan:

An unannounced, on-site complaint investigation survey was conducted at Lark's Haven on Reed between January 7, 2015 and January 9, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006799

Allegation #1: The facility did not ensure residents received appropriate medical care when they experienced changes of conditions, such as wound care for pressure ulcers.

Findings: Unsubstantiated.

Allegation #2: The facility retained resident's with wounds that did not improve bi-weekly.

Findings: Unsubstantiated.

Allegation #3: The facility did not implement measures when residents had significant weight loss.

Findings: Unsubstantiated. However, the facility was issued a non-core deficiency at IDAPA 16.03.22.320.01 for not updating the NSA to include interventions to prevent weight loss and choking. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not provide residents with their personal supplies.

Findings: Unsubstantiated, however the facility was issued a non-core deficiency at IDAPA 16.03.22.320.01 for not updating the NSA to include incontinent care needs. The facility was required to submit evidence of resolution within 30 days.

Lark Linehan, Administrator

January 26, 2015

Page 2 of 2

Allegation #5: The facility did not appropriately use residents' position devices.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for the NSA not including instructions to staff for the appropriate use of positioning devices. 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,

Karen Anderson, RN

KAREN ANDERSON, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/sc

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