



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

April 22, 2015

Stacy Pawson, Administrator  
Highland Estates - Burley Operations LLC  
2050 Hiland Avenue  
Burley, Idaho 83318

Provider ID: RC-911

Ms. Pawson:

On February 12, 2015, a state licensure/follow-up survey and complaint investigation were conducted at Highland Estates-Burley Operations, 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW  
Team Leader  
Health Facility Surveyor

GK/sc

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



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February 18, 2015

Rod Johnson, Administrator  
Highland Estates - Burley Operations LLC  
2050 Hiland Avenue  
Burley, Idaho 83318

Provider ID: RC-911

Mr. Johnson:

A state licensure/follow-up survey and complaint investigation were conducted at Highland Estates - Burley Operations LLC between February 10, 2015 and February 12, 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 **February 12, 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 March 14, 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,

GLORIA KEATHLEY, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

GK/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R911</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2015</b>
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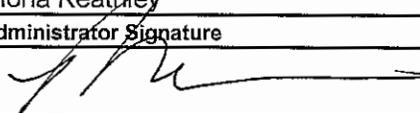
NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND ESTATES - BURLEY OPERATIONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2050 HILAND AVENUE BURLEY, ID 83318</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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
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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 02/10/2015 through 02/12/2015 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



<b>Facility</b> HIGHLAND ESTATES - BURLEY OPERATIONS, LLC	<b>License #</b> RC-911	<b>Physical Address</b> 2050 HILAND AVENUE	<b>Phone Number</b> (208) 678-4411
<b>Administrator</b> Rod Johnson	<b>City</b> BURLEY	<b>ZIP Code</b> 83318	<b>Survey Date</b> February 12, 2015
<b>Survey Team Leader</b> Gloria Keathley	<b>Survey Type</b> Licensure, Follow-up and Complaint Investigation		<b>RESPONSE DUE:</b> March 14, 2015
<b>Administrator Signature</b> 	<b>Date Signed</b> 2/12/2015		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	One of ten employee records reviewed did not contain a state police background check.	3-25-15	gk
2	225.01	Residents were not evaluated for specific behaviors.		
3	225.02	Interventions were not developed for residents' specific behaviors.		
4	300.01	The facility RN delegated medication assistance to caregivers who had not completed a medication assistance course.	3-17-15	gk
5	305.02	Medications including PRNs were not available for six out of ten residents. Resident #5's daily blood pressures were not taken as ordered for eleven days. Resident #4 received a medication without a physician's order.	3-17-15	gk
6	305.03	The facility RN did not document the status of Residents #4 & #5's wounds. ***Previously cited on 2/19/14***	3-17-15	gk
7	310.01	The facility used a house supply of medications.	3-17-15	gk
8	310.03	The facility did not accurately track controlled substances.	3-17-15	gk
9	310.04.a	There was no documentation non drug interventions were used prior to giving residents psychotropic medications.		
10	320.08	Resident #5 and #8's NSAs were not updated. For example: Resident #8's diet, fluid restrictions and skin prevention interventions and Resident #5's current care needs.	3-20-15	gk
11	335.03	There were no paper towels and/or liquid hand soap in all rooms where resident's needed assistance with toileting. Feces were observed on a resident's toilet for two days.	3-17-15	gk
12	350.02	The administrator did not document investigations of all incidents, accidents and complaints.	3-20-15	gk
13	350.04	Complainants did not receive a written response from the administrator.	3-20-15	gk
14	451	The facility did not serve mechanical soft diets to several residents per the Idaho diet manual.	3-17-15	gk
15	600.06.a	The administrator did not provide supervision to ensure all residents' needs were met. For example some female residents were observed in the memory care with greasy hair, long facial hair and dirty clothes. Some residents in the main unit were observed for two days wearing the same clothes and with dried food on their clothing. Some residents were not assisted with repositioning and other ADL needs.	3-17-15	gk
16	711.01	Not all residents' behaviors were tracked to include time and date.		
17				



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>Highland Estates</u>		Operator <u>Karl Johnson</u>	
Address <u>2050 Highland Ave</u>		Inspection time: <u>Burley 83318</u>	
County <u>Cassia</u>	Estab # <u>20828</u>	EHS/SUR #	Travel time:
Inspection Type: <u>Risk Category: 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>0</u>	# of Retail Practice Violations <u>2</u>
# of Repeat Violations _____	# of Repeat Violations <u>0</u>
Score <u>0</u>	Score <u>2</u>
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"/>
	<b>Employee Health (2-201)</b>		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<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"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<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"/>
	<b>Approved Source</b>		
<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 (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<u>Y</u> N N/A	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"/>
	<b>Conformance with Approved Procedures</b>		
<u>Y</u> N (N/A)	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>Ground Beef</u>	<u>40°</u>						
<u>Chicken breast</u>	<u>36</u>						

### GOOD RETAIL PRACTICES (input 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 checked="" type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input checked="" 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 general 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>[Signature]</u>	(Print) <u>ADMINISTRATOR</u>	Title <u>ADMINISTRATOR</u>	Date <u>2/12/2015</u>
Inspector (Signature) <u>KAREN Anderson</u>	(Print) <u>KAREN Anderson</u>	Date <u>2/12/15</u>	Follow-up: (Circle One) Yes No



Food Protection Program, Office of Epidemiology  
450 West State Street, Boise, Idaho 83702  
208-334-5938

Page 2 of 2  
Date 2/12/15

Establishment Name Highland Estates	Operator Kod Johnson
Address 2050 Highland Ave	Burley 83318
County Cassia	License Permit #
Estab # 20828	EHS/SUR # 20828

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#30: Kitchen counter tops in the food prep area were observed with gouges and worn surface.

#31: Two back flow drains did not have an one inch air gap.

Compliance Date: 2/22/15

Person in Charge

Date

2/12/15

Inspector

Karen Anderson

Date

2/12/15



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February 18, 2015

Rod Johnson, Administrator  
Highland Estates - Burley Operations LLC  
2050 Hiland Avenue  
Burley, Idaho 83318

Provider ID: RC-911

Mr. Johnson:

An unannounced, on-site complaint investigation was conducted at Highland Estates - Burley Operations LLC between February 10, 2015 and February 12, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006743**

**Allegation #1:** The facility delayed seeking treatment for a resident who complained of severe pain.

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

**Allegation #2:** The facility did not appropriately track narcotic medications.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.03 for not accurately tracking controlled substances. 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,

GLORIA KEATHLEY, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

GK/sc

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