



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

August 26, 2015

Deeon Waters, Administrator  
New Beginnings #2 Community Living Home  
2105 Avocet Drive  
Idaho Falls, Idaho 83406

Provider ID: RC-304

Ms. Waters:

On May 1, 2015, a state licensure/follow-up survey and complaint investigation were conducted at New Beginnings #2 Community Living Home. 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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May 5, 2015

Deeon Waters, Administrator  
New Beginnings #2 Community Living Home  
2105 Avocet Drive  
Idaho Falls, Idaho 83406

Provider ID: RC-304

Ms. Waters:

A state licensure/follow-up survey and complaint investigation were conducted at New Beginnings #2 Community Living Home between April 27, 2015 and May 1, 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 **May 1, 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 May 31, 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  
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:  <b>13R304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/01/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS #2 COMMUNITY LIVING HC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 AVOCET DRIVE IDAHO FALLS, ID 83406</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
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, complaint investigation and follow-up survey conducted April 27, 2015 through May 1, 2015 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Leader Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		

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



Facility NEW BEGINNINGS #2 COMMUNITY LIVING HOME	License # RC-304	Physical Address 2105 AVOCET DRIVE	Phone Number (208) 523-5371
Administrator DeeOn Waters	City IDAHO FALLS	ZIP Code 83406	Survey Date May 1, 2015
Survey Team Leader Karen Anderson	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: May 31, 2015	
Administrator Signature <i>DeeOn Waters</i>	Date Signed 5-1-2015		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	219.01	Resident #3 was not assessed prior to, or on the day of admission.	8/14/15	KA
2	225.01 a-g	The facility did not evaluate all residents who had documented behaviors.	8/6/15	KA
3	225.02 a-c	The facility did not develop interventions for residents who had documented behaviors.	8/6/15	KA
4	300	The administrator made nursing decisions without having a nursing license (to hold scheduled medications).	8/2	
5	300.01	Caregivers were not appropriately delegated by the facility nurse.	8/6/15	KA
6	300.02	Resident #1 and #2 had changes in their health condition and the nurse did not conduct an assessment. Additionally, the nurse did not implement residents new medication orders.	8/25/15	KA
7	305.02	Medications were not given as ordered by their physicians.	8/25/15	
8	305.04	The nurse did not make recommendations to the administrator regarding residents' medication needs.	8/25/15	
9	310.02 a-f	Multiple unused, outdated or discontinued medications were observed throughout the facility. Further, a written record of drug disposals was not maintained by the facility.	8/6/15	KA
10	310.03	The facility did not track all controlled substances that entered the facility.	8/6/15	KA
11	310.04.a	Several residents were on psychotropic or behavioral modifying medications prior to documenting non-drug interventions.	8/6/15	KA
12	310.04.e	Behavioral updates were not provided to physicians for the 6 month psychotropic medication reviews.	8/6/15	KA
13	350.04	The administrator did not provide a written response to complainants within 30 days of the complaint.	8/25/15	KA
14	711.01 a-c	The facility did not track specific time of the behavior, what intervention was used and the effectiveness of the interventions.	8/6/15	KA
15	711.08.c	Caregivers did not sign and date all incident and accidents.	8/25/15	KA
16	711.08.e	The facility nurse was not notified when residents had changes in their physical conditions.	8/25/15	KA
17	711.11	Caregivers did not document the reason medications were not given.		
18				
19				



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

10

Critical Violations Noncritical Violations

Establishment Name <u>New Beginnings</u>			Operator <u>Bee On Waters</u>		
Address <u>5105 Avocat Drive Idaho Falls</u>					
County <u>Bonneville</u>	Estab # <u>00008</u>	EHS/SUR # <u>00008</u>	Inspection time:		Travel time:
Inspection Type:			Risk Category:		
Follow-Up Report: OR			On-Site Follow-Up:		
Date:			Date:		

# of Risk Factor Violations <u>0</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations	# of Repeat Violations
Score <u>0</u>	Score <u>100</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

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

### 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>Chicken</u>	<u>41</u>						
<u>thru</u>	<u>41</u>						

### GOOD RETAIL PRACTICES ( = 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>Bee On Waters</u>	Date <u>5-1-2015</u>	Title	Date
Inspector (Signature) <u>Karen Anderson</u>	Date <u>5-1-15</u>	Follow-up: (Circle One)	Yes No



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May 5, 2015

Deeon Waters, Administrator  
New Beginnings #2 Community Living Home  
2105 Avocet Drive  
Idaho Falls, Idaho 83406

Provider ID: RC-304

Ms. Waters:

An unannounced, on-site complaint investigation was conducted at New Beginnings #2 Community Living Home between April 27, 2015 and May 1, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006935**

**Allegation #1:** The facility was not assisting residents with their medications according to physician orders.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for medications not being given as ordered. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The administrator instructed staff to hold medications from the residents.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300 for the administrator acting as a registered nurse without a nursing license. The facility was required to submit evidence of resolution within 30 days.

**Allegation #3:** The administrator did not respond in writing to complainants within 30 days of verbal complaints being lodged.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not providing a written response to complainants within 30 days. The facility was required to submit evidence of resolution within 30 days.

Deeon Waters, Administrator

May 5, 2015

Page 2 of 2

Allegation #4: The administrator was verbally abusive to residents.

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

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,

A handwritten signature in cursive script, appearing to read "Karen Anderson".

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

KA/sc

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