



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 25, 2015

Kelly Martin, Administrator
Fairwinds - Sandcreek
3310 Valencia Drive
Idaho Falls, Idaho 83404

Provider ID: RC-661

Ms. Martin:

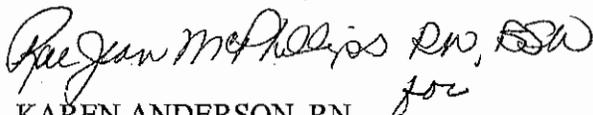
On July 9, 2015, a state licensure/follow-up survey and complaint investigation were conducted at Fairwinds - Sandcreek. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are 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
Team Leader
Health Facility Surveyor

KA/sc



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July 20, 2015

CERTIFIED MAIL #: 7007 3020 0001 4050 8975

Kelley Martin
Fairwinds - Sandcreek
3310 Valencia Drive
Idaho Falls, Idaho 83404

Provider ID: RC-661

Ms. Martin:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Fairwinds - Sandcreek between July 6, 2015 and July 9, 2015, it has been determined that the facility admitted and retained a resident who requires ongoing skilled nursing or care not within the legally licensed authority of the facility.

This core issue deficiency substantially limits the capacity of Fairwinds - Sandcreek to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **August 23, 2015**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ◆ By what date will the corrective action(s) be completed?

Kelley Martin

July 20, 2015

Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **August 2, 2015**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **August 8, 2015**.

Five (5) of the twenty-two (22) non-core deficiencies cited were identified as repeat punches. Please be aware, any non-core deficiency which is identified on three consecutive surveys will result in a civil monetary penalty.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, or if any of the repeat non-core punches are identified as still out of compliance, the Department will have no alternative but to initiate an enforcement action against the license held by Fairwinds - Sandcreek.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

JS/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2015
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NAME OF PROVIDER OR SUPPLIER FAIRWINDS - SANDCREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3310 VALENCIA DRIVE IDAHO FALLS, ID 83404
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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 following deficiency was cited during the Licensure/Follow-up Survey and Complaint Investigation conducted between 7/6/15 and 7/9/15, at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Jeremy Walker, LSW Health Facility Surveyor</p> <p>Survey Definitions:</p> <p>cm = centimeters mg = milligrams MRSA = methicillin resistant Staphylococcus aureus QID = four times a day</p>	R 000		
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record</p>	R 008		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kelly W. [Signature]

TITLE
General Manager
Administrative

(X6) DATE
8/1-15

Residential Care/Assisted Living

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R 008	<p>Continued From page 1</p> <p>review it was determined the facility retained 1 of 1 sampled residents (#1) who had a wound that did not improve bi-weekly. The findings include:</p> <p>IDAPA 16.02.33.152.5.b documents, "No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include...x. A resident with any type of pressure ulcer or open wound that is not improving bi-weekly."</p> <p>Resident #1's record documented he was a 97 year-old male who was admitted to the facility on 3/6/10 with a diagnosis of kidney failure, hypertension and gout.</p> <p>On 7/6/15 at 4:20 PM, Resident #1 was observed in his room sitting in a chair. The resident had a dressing which measured approximately 4 inches by 4 inches on his upper forehead. He stated, "Since the doctor removed a sample of the cancer, it [the wound] is not healing."</p> <p>Between 7/7/15 and 7/9/15, Resident #1's record was reviewed.</p> <p>The earliest documentation of a wound on the resident's head was in February of 2014.</p> <p>A physician's "history and physical", dated 10/29/14, documented Resident #1 had "chronic skin wounds" on his head. "They have been slow to heal."</p> <p>The following entries were documented in facility's "Progress Notes" from January 1, 2015 to July 7, 2015 regarding the wound(s) on Resident #1's forehead:</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 2</p> <p>*1/9/15 - Left forehead measures 1.5 cm X 1.0 cm and Right forehead measures 2 cm X 2.4 cm.</p> <p>*1/28/15 - The resident has 2 large wounds on the top of his head.</p> <p>*4/6/15 - A home health agency nurse told the facility nurse, Resident #1's wound "may be skin cancer."</p> <p>*4/16/15 - A home health agency nurse "clarified" the wound on Resident #1's head had a staphylococcus infection.</p> <p>*5/6/15 - The home health agency was "to begin 7 days of antibiotics to augment the healing."</p> <p>Between 1/1/15 and 7/7/15, for 7 months, there were no facility progress notes describing the wound to determine if it was "improving bi-weekly." There were no home health agency progress notes found in the resident's record. The facility obtained the notes from the home health agency at the surveyor's request.</p> <p>Resident #1's head wound had also been treated at a wound clinic. There were no wound clinic notes found in the resident's record. The facility had to obtain these notes from the wound clinic at the surveyor's request. The following entries were documented in the wound clinic progress notes, with the measurements in centimeters:</p> <p>*2/3/15 - "3 x 8 x 7 x 0.1"</p> <p>*2/10/15 - "6 x 10 x 0.1." A topical corticosteroid was ordered to be applied with dressing changes.</p> <p>*2/16/15 - "6 x 10 x 0.1"</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 3</p> <p>*3/2/13 - "2.1 x 2 x 0.1"</p> <p>*3/16/15 - "2 x 1.7 x 0.1"</p> <p>*3/30/15 - two weeks later the wound size had increased to "2.4 x 11 x 0.1...wound culture performed."</p> <p>*4/6/15 - "2.8 x 5." An oral antibiotic was ordered.</p> <p>*4/13/15 - "2 x 4.5 x 0.1"</p> <p>*4/20/15 - Seven days later the wound size had increased to "2.4 x 5 x 0.1"</p> <p>*5/4/15 - Two weeks later, the wound size had increased further to "2.7 x 6 x 0.1" An intravenous antibiotic was ordered.</p> <p>*5/11/15 - "2.1 x 4.8 x 0.1" Again, an oral antibiotic was ordered.</p> <p>*5/26/15 - "2.3 x 2.2 x 0.1"</p> <p>*6/1/15 - A week later the wound size had increased to "2.5 x 2.3 x 0.1." For the third time since 4/6/15, An oral antibiotic, was ordered.</p> <p>*6/15/15 - Two weeks later the wound size had increased further to "2.5 x 5 x 0.1...Will continue to monitor head wound."</p> <p>Several times between 1/1/15 and 7/7/15, Resident #1's wound did not improve bi-weekly. Further, the wound became infected several times and required treatment with a topical antibiotic, an oral antibiotic (three times) and an IV antibiotic.</p> <p>There was no documentation in the resident's</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 4</p> <p>record the administrator, or the facility nurse, had discussed with Resident #1 or his family, the facility could not retain a resident who had wounds that were not improving bi-weekly.</p> <p>Between 7/7/15 and 7/8/15, four caregivers stated Resident #1 had wounds on his head "for a long time." The caregivers stated they were not sure if it had improved because the wound was always covered with a dressing which was changed by a home health nurse. One caregiver stated Resident #1's wound was from cancer. Another caregiver stated the wound had been infected with MRSA.</p> <p>On 7/7/15 at 5:10 PM, the facility nurse stated she did not know how long Resident #1 had the wound(s) on his head. She stated the resident's wound was not from cancer or surgery, but the wound had been infected with staphylococcus. The nurse stated, "Home Health takes care of the wound." The facility nurse further stated she had not documented the wound description to ensure compliance with state rules regarding the wound improving bi-weekly.</p> <p>On 7/8/15 at 4:05 PM, the administrator stated the resident had wounds on his head for a long time, "he picks at them, one heals and another opens up." The administrator stated a home health agency took care of the wound.</p> <p>The facility retained Resident #1 with a non-cancerous wound which had not improved bi-weekly. This resulted in inadequate care.</p>	R 008		



Facility FAIRWINDS - SANDCREEK	License # RC-661	Physical Address 3310 VALENCIA DRIVE	Phone Number (208) 542-6200
Administrator Kellie Martin	City IDAHO FALLS	ZIP Code 83404	Survey Date July 9, 2015
Survey Team Leader Karen Anderson, RN	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: August 8, 2015	
Administrator Signature <i>Kellie Martin</i>	Date Signed 7/9-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use	
			KA	EOR Accepted
1	009.04	Two of 10 staff did not have a Criminal History and background check completed. *** Previously cited on 8/12/11 ***	KA	7/9/15
2	152.05.iii	Resident #5's bed had a side rail.	KA	8/7/15
3	220.01	The facility did not complete an admission agreement when Resident #4 was admitted.	KA	8/7/15
4	220.02	Resident #1's admission agreement was not signed by a representative of the facility.	KA	8/7/15
5	225.01	Resident #3 and #10's behaviors were not evaluated.	KA	8/7/15
6	300.01	The facility RN did not complete an assessment every 90 days as required.	KA	8/7/15
7	305.03	The RN did not complete an assessment when Resident #1, #2 & #5 had changes in their health status. ***Previously cited on 8/12/11***	KA	8/7/15
8	305.08	The RN did not recommend educational needs for care staff after: a) Staff assisted a resident with digoxin and diltiazem when Resident #10's pulse was 47. b) Staff did not immediately contact the facility RN when a resident experienced an unresponsive episode while being assisted with bathing.	KA	8/7/15
9	310.01	The facility allowed families to fill medi-sets.	KA	8/7/15
10	310.04.e	Psychotropic medication reviews did not include behavioral updates to the physician. ***Previously cited on 8/12/11***	KA	8/7/15
11	320.01	Resident #2 & #5's NSAs did not include the frequency of services.	KA	8/7/15
12	320.08	Resident #2, #4 & #10's NSAs were not updated to reflect after they experienced significant changes in their health status. ***Previously cited on 8/12/11***	KA	8/7/15
13	330.02	The facility did not maintain residents' records for 3 years.	KA	8/7/15
14	350.01	The administrator was not notified of all incidents and complaints.	KA	8/7/15
15	350.02	The administrator did not complete a written investigation of all incidents and complaints.	KA	8/7/15
16	350.04	The administrator did not provide complainants with a written response.	KA	8/7/15
17	350.07	Licensing and Certification was not notified of all reportable incidents.	KA	8/7/15
18	451.02	The facility did not offer snacks three times per day. ***Previously cited on 8/12/11***	KA	8/7/15



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Administrator Signature <i>Kellie Martin</i>	Date Signed 7/8-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use	
			EA	EOR Accepted
19	600.05	The facility administrator did not supervise outside agencies to ensure coordination of care for Resident #'s 1, 2 & 5. ***Previously cited 8/12/11***	KA	8/7/15
20	600.06.a	Fifty-six residents resided on two levels of the facility and only one care staff was scheduled between 2:00 PM and 2:30 PM, seven days a week.	KA	8/7/15
21	630.04	10 of 10 staff did not have documented evidence of traumatic brain injury training.	KA	8/7/15
22	711.08.e	The RN was not notified when residents had changes in their health status.	KA	8/7/15
23	730.02.a	The administrator and nurse's as worked hours were not documented.	KA	8/7/15
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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>Fair Winds - Smokey Creek</u>		Operator <u>Kelly Martin</u>	
Address <u>3310 Valenka Drive</u>			
County <u>Benewah</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type: <u>Standard</u>	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>0</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>0</u>	Score <u>0</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"/>
	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>Maple Bridge</u>	<u>41</u>	<u>N.E. Bread-stove</u>	<u>180</u>				
<u>Shrimp Scampi Stove</u>	<u>150</u>	<u>Portobello Stove</u>	<u>180</u>				

GOOD RETAIL PRACTICES (input checked box = 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/n-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>Kelly Martin</u>	(Print) <u>Kelly Martin</u>	Title <u>MA</u>	Date <u>7/8/15</u>
Inspector (Signature) <u>Matt Hauser</u>	(Print) <u>MATT HAUSER</u>	Date <u>7/8/15</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



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

July 20, 2015

Kelley Martin, Administrator
Fairwinds - Sandcreek
3310 Valencia Drive
Idaho Falls, Idaho 83404

Provider ID: RC-661

Ms. Martin:

An unannounced, on-site complaint investigation was conducted at Fairwinds - Sandcreek between July 6, 2015 and July 9, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006716

Allegation #1: The facility was not following physicians orders.

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 implement Residents' NSAs to ensure their ADLs needs were met.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for not including the frequency of toileting needs for residents who were incontinent and required additional assistance. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The administrator did not document her investigation when a former caregiver spoke to residents in a harsh tone.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for the administrator not documenting an investigation when residents and caregivers alleged a caregiver had spoke to residents in a harsh tone. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The administrator was not following up when complaints were brought to her attention.

Kelley Martin, Administrator

July 20, 2015

Page 2 of 2

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not providing complainants with a written response. 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,

A handwritten signature in black ink, appearing to read "Karen Anderson", with a stylized flourish at the end.

KAREN ANDERSON, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

KA/sc

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