



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

September 23, 2015

Blake Bedke, Administrator  
Woodstone Assisted Living  
491 Caswell Avenue West  
Twin Falls, Idaho 83301

Provider ID: RC-1089

Dear Blake Bedke:

On July 30, 2015, an initial state licensure survey was conducted at Woodstone Assisted Living - Bridgestone Living LLC. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW  
Team Leader  
Health Facility Surveyor

DH/sc

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



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August 16, 2015

Blake Bedke, Administrator  
Woodstone Assisted Living  
491 Caswell Avenue West  
Twin Falls Idaho 83301

Provider ID: RC-1089

Mr. Bedke:

Based on the initial state licensure survey conducted by Department staff at Woodstone Assisted Living - Bridgestone Living LLC between July 28, 2015 and July 30, 2015, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Woodstone Assisted Living - Bridgestone Living LLC 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 **September 13, 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?

Return the **signed** and **dated** Plan of Correction to us by **August 28, 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.

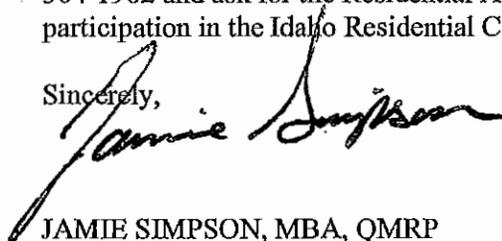
Blake Bedke  
August 16, 2015  
Page 2 of 2

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](http://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, on July 30, 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 **August 29, 2015**.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further 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

**Core Items – Statement of Deficiencies – Woodstone Assisted Living**

**Survey Dates:** July 28, 2015 through July 30, 2015

16.03.22.000 Initial Comments

The following core deficiency was cited during the initial survey conducted between July 28, 2015 and July 30, 2015 at your residential care/assisted living facility. The surveyors conducting the initial survey were:

Donna Henscheid, LSW  
Team Coordinator  
Health Facility Surveyor

Karen Anderson, RN  
Health Facility Surveyor

Jeremy Walker, LSW  
Health Facility Surveyor

Definitions:

MAR = Medication Assistance Record

MCG = Micrograms

MG = Milligrams

NSA = Negotiated Service Agreement

RN = Registered Nurse

16.03.22.520 Requirements to Protect Residents from Inadequate Care

Based on record review and interview, it was determined the facility failed to provide assistance and monitoring of medications for 2 of 10 sampled Residents (#7 and #8). The findings include:

1. According to her record, Resident #7 was a 98 year old female who was admitted to the facility on 4/16/15 with diagnoses of dementia and atrial fibrillation.

An NSA, dated 4/16/15, documented Resident #7 required extensive assistance with medications and would forget her routine medications without assistance.

A physician's order, dated 6/11/15, documented the resident was to receive 125 mcg (1 tablet) of digoxin per day. The order further documented to hold the medication and notify the nurse if the resident's heart rate was less than 90 beats per minute (bpm).

According to the 2016 Nursing Drug Handbook, digoxin is a medication used to treat heart failure.

A physician's order, dated 6/11/15, documented the resident was to receive one half a tablet of 125 mcg digoxin, once a day. The order further documented to hold the medication and notify the nurse if Resident #7's heart rate was less than 90 bpm.

Both orders were signed by the physician on 6/11/15, but there was no documentation the facility had clarified which order to follow.

On 7/29/15, a review of the medication cart was conducted. The cart contained medication packets which contained one whole tablet of digoxin, 125 mcg.

On 7/29/15, the MARS for May, June and July 2015 were reviewed. The June and July MARS documented the resident received a full tablet of digoxin once a day. Without a physician's clarification, it was unclear if Resident #7 received the appropriate dose of digoxin for approximately two months.

May, June and July 2015 MARs documented Resident #7's heart rate was less than 90 fifty-one times. However, Resident #7 continued to receive the digoxin when it should have been held.

On 7/29/15 at 4:15 PM, the facility RN stated she sent a list of Resident #7's pulse rates to her physician, but had not notified him of the number of times the medication had been given when it should have been held. Further, the facility RN stated she had not requested a clarification of the dose Resident #7 should have been given.

The facility failed to monitor medications to ensure Resident #7 received the correct dose of digoxin when two separate orders were received on the same day. Further, the facility did not ensure the digoxin was held as ordered. This had the potential to decrease Resident #7's heart rate to dangerous levels.

2. According to her record, Resident #8 was an 93 year old female who was admitted to the facility on 4/16/15, with diagnoses including dementia and history of urinary tract infections.

An NSA, dated 4/16/15, documented the resident required extensive assistance with medications and would forget her routine medications without assistance.

A physician's order, dated 6/29/15, documented Resident #8 was to receive 500 mg of cephalexin (an antibiotic) three times a day for a urinary tract infection. The course of the antibiotics was for 21 days, which was equivalent to 63 doses.

The June 2015 MAR documented Resident #8 received 3 doses of cephalexin.

The July 2015 MAR documented Resident #8 received 48 cephalexin over a 20 day period. Therefore, 12 doses were not given. Additionally, the July 2015 MAR documented between 7/10/15 and 7/12/15 the resident received no doses. The doses started again at 5:00 PM on 7/13/15.

On 7/29/15 at 4:10 PM, the facility RN stated, the antibiotic was ordered to be given 3 times a day for 21 days, but the Hospice RN wrote the antibiotic was to be given 3 times a day for 10 days. After 10 days the antibiotic was taken off the MAR. The RN stated the medication aide stopped giving the antibiotic because the 21 day order was not added to the MAR. The RN stated when they realized the mistake, they put the antibiotic back on the MAR, but the unused medication had been destroyed. She further stated, "I'm waiting for clarification on the order from the pharmacy and physician."

On 7/29/15 at 4:30 PM, per the surveyors' request, the facility RN received a clarification order from the physician documenting the antibiotic, 500 mg was to be given three times a day for 21 days.

There was no documented evidence the facility RN had attempted to clarify the duration of the antibiotic orders prior to the survey. Further, there was no evidence she informed Resident 8's physician that 12 doses of the antibiotic were missed. This indicated the facility was not doing quality checks to ensure orders were being implemented properly. This placed Resident #8 at risk for continued urinary tract infections.

The facility failed to provide assistance and monitoring of medications for Residents #7 and #8. These failures resulted in inadequate care.



Phone: 208-734-6062 Fax: 208-733-2474

September 3, 2015

Dear Ms. Simpson:

This letter is a follow up to the survey conducted at Woodstone Assisted Living between July 28, 2015 and July 30, 2015; addressing the core deficiency:

16.03.22.520 – Failure to provide adequate care.

“Based on record review and interview, it was determined that the facility failed to provide assistance and monitoring of medications for 2 of 10 sampled residents (#7 and #8).”

Response for Resident #7:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
  - Physician was contacted by facility RN on 7/30/2015. Order was received by the physician to discontinue the Digoxin. Order was noted. Medication was removed from the medication cart. Further follow up revealed new cycle-fill medications did NOT have Digoxin.
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective actions(s) will be taken?
  - All orders for current residents have been reviewed to identify those who are receiving medications with parameters.
    - A new medication ordering system has been implemented which requires the nurse to review all new orders on a daily basis. This will assist her in identifying any new orders received that require parameters with appropriate follow up. In-service education of the care staff and medication technicians has been initiated.
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
  - A new medication ordering system has been implemented which requires the nurse to review all new orders on a daily basis. This will assist her in identifying any new orders received that require parameters with appropriate follow up.
  - The Wellness director/nurse will run a daily report on those residents who are currently receiving medications with parameters to ensure the indicated parameter measurements are within normal range, and for those measurements outside of the allowed range, the MAR will be reviewed to ensure proper administration has been followed.
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur?
  - The Wellness director/nurse will monitor the new medication orders daily (Monday through Friday) on a continuous basis.

- The Wellness Director/nurse will run daily reports (Monday through Friday) on those residents who are currently receiving medications with parameters for four weeks to establish stability. Once stability of measurements has been established, the nurse will run a weekly report to review parameters. Appropriate follow up of measurements found to be outside of the parameters will occur.
- By What date will the corrective action be completed?
  - Corrective actions as listed above have been initiated and will be completed by September 10, 2015.

Response for Resident #8

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
  - The nurse directing care for this resident is no longer with the facility.
  - The resident has been free from signs and symptoms of Urinary Tract Infection since the end of July.
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective actions(s) will be taken?
  - All orders for current residents have been reviewed to identify those who are receiving antibiotics to ensure orders in the MAR match the physician's order.
    - A new medication ordering system has been implemented which requires the nurse to review all new orders on a daily basis. This will assist her in identifying any new orders received to ensure the order entered in the MAR matches the physician's order. In-service education of the care staff and medication technicians has been initiated.
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
  - A new medication ordering system has been implemented which requires the nurse to review all new orders on a daily basis. The system also requires the nurse to check the MAR entry for each new order with the actual order received. This will assist her in identifying any discrepancies and ensure a timely correction.
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur?
  - The Wellness director/nurse will monitor the new medication orders daily (Monday through Friday) on a continuous basis.
- By What date will the corrective action be completed?
  - Corrective actions as listed above have been initiated and will be completed by September 10, 2015.

Should you have any questions or need any additional information or items, please do not hesitate to let me know.

Sincerely,

A handwritten signature in black ink, appearing to read 'Blake Bedke', written in a cursive style.

Blake Bedke  
Administrator



<b>Facility</b> WOODSTONE ASSISTED LIVING - HERITAGE ASSISTED LIVING	<b>License #</b> RC-980	<b>Physical Address</b> 491 CASWELL AVE W	<b>Phone Number</b> (208) 734-6062
<b>Administrator</b> Blake Bedke	<b>City</b> TWIN FALLS	<b>ZIP Code</b> 83301	<b>Survey Date</b> July 30, 2015
<b>Survey Team Leader</b> Donna Henscheid, LSW	<b>Survey Type</b> Initial Licensure		<b>RESPONSE DUE:</b> August 29, 2015
<b>Administrator Signature</b> 	<b>Date Signed</b> 7/30/15		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	225.01	The facility did not develop a behavior management plan to address residents' behaviors.	9/22/15	DH
2	225.02	The facility did not develop specific interventions for residents' behaviors. Additionally, the facility did not review interventions to determine their effectiveness.	9/22/15	DH
3	250.14	The facility did not provide a secure interior or exterior environment for residents admitted to the facility who had cognitive impairment.	9/10/15	DH
4	305.02.b	The facility did not follow or implement physicians' orders for residents' weights and medications.	9/22/15	DH
5	305.03	The facility nurse did not document she had assessed residents who had changes of condition. For example: Resident #7's increased confusion and high blood glucose levels, Resident #1's UTI, blood in urine and skin rash, the status of wounds for Residents #3, #4, #6 and #9, Resident #5's skin condition, Resident #4's GI bleed, Resident #8's edema, and Resident #2's increased confusion.	9/22/15	DH
6	310.02	The facility did not have a system in place to document medication disposals.	9/22/15	DH
7	320.01	The facility's NSAs were not developed to clearly describe residents' care needs. For example: Resident #4's eating, bathing, toileting and skin precautions.	9/10/15	DH
8	320.08	The facility did not update Resident #3's and #9's NSAs when they experienced significant changes of condition.	9/10/15	DH
9	600.05	The administrator did not provide supervision to ensure staff were following policies and procedures for reporting incidents and notifying the facility nurse of residents' changes of condition.	9/10/15	DH
10	711.01.b	The facility did not track all behaviors to include what interventions were used for each exhibited behavior.	9/22/15	DH
11	711.01.c	The facility did not document the effectiveness of each intervention used.	9/22/15	DH
12				
13				
14				
15				



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>Woodstone AL</u>		Operator <u>Blake Becke</u>	
Address <u>491 Caswell Ave</u>		City <u>Twin Falls</u>	
County <u>Blaine</u>	Estab # <u>20828</u>	EHS/SUR #	Inspection time: _____ Travel time: _____
Inspection Type: <u>High</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>3</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>3</u>	Score	<u>1</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"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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"/>
<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"/>
<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"/>
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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>Cottage Cheese</u>	<u>45</u>	<u>Watermelon</u>	<u>50.9</u>	<u>green bean</u>	<u>44.6</u>		
<u>green beans</u>	<u>43.9</u>	<u>Pineapple</u>	<u>44.6</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 checked="" 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>M. Becke</u> (Print) <u>M. Becke</u> Title _____ Date <u>7/30/15</u>	Inspector (Signature) <u>Karen Anderson</u> (Print) <u>Karen Anderson</u> Date <u>7-30-15</u>	Follow-up: (Circle One) Yes _____ No _____
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Residential Assisted Living Facility Program, Medicaid L & C  
3232 W. Elder Street, Boise, Idaho 83705  
208-334-6626

Page 2 of 2  
Date 7/30/15

Establishment Name Woodstone AL	Operator Blake Bedke
Address 491 Caswell Ave	Twin Falls
County Estab # 20828	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#16: On 7/29/15, a kitchen staff member was observed wearing gloves & touching various items in the kitchen and did not change her gloves between tasks. On the evening shift another staff member did not change his gloves between tasks.  
COS: The dietary manager was informed of the observations & instructed staff to change gloves & wash hands between tasks.

#12: The lid to the ice machine was observed to be cracked on the inside of the machine which was made of plastic.  
Also, the bleach solution used for sanitizing counters was not strong enough.

COS: The dietary manager placed an order to replace the plastic part of the ice machine lid.  
The Clorox solution was re-made with the appropriate dilution.

#19: The walk in fridge was not keeping food at 41°F or below

#31: The air gap was not adequate to provide the required gap to prevent back flow

EOB: Date due 8/9/15: For #19 & #31

Person in Charge M. Paschek	Date 7/30/15	Inspector Karen Anderson	Date 7/30/15
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