

HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

FILE COPY

LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6826 FAX: (208) 364-1888

May 5, 2010

Jenifer Christensen, Administrator Harmony House Assisted Living I - Harmony House P.O. Box 2792 Hayden, ID 83835-2792

Dear Ms. Christensen:

On April 20, 2010, a State relicensure survey was conducted at Harmony House Assisted Living I - Harmony House. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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. 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 20, 2010.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Assisted Living Facility Program

JS/sm

Enclosures

PRINTED: 04/26/2010 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13R1820 04/20/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **454 WEST LACEY AVENUE** HARMONY HOUSE ASSISTED LIVING I HAYDEN, ID 83835 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID lD PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 000 Initial Comments R 000 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 issue deficiencies were cited during the standard health care survey conducted at your facility. The surveyors conducting the survey were: Donna Henscheid, LSW Team Coordinator Health Facility Surveyor Rae Jean McPhillips, RN Health Facility Surveyor Matt Hauser, QRMP Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

Print Form

L&C

USE

Reset Form

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Harmony House Assisted Living	Physical Address 454 West Lace Ave.	Phone Number 208-762-9852
Administrator Jenifer Christensen	City Hayden	Zip Code 83835
Team Leader Donna Henscheid	Survey Type Relicensure	Survey Date 04/20/10

NON-CORE ISSUES RULE# DESCRIPTION DATE Item# 16.03.22 **RESOLVED** 250.15 The facility did not have a functioning call system. The facility did not track all controlled medications. 2 310.03

3 Resident #3's NSA did not include the coordination of services between the facility, the Resident's PSR agency and parole officer. 320.01 711.01 The facility did not track the behaviors of Residents #2 and #3.

Response Required Date 05/20/10

Signature of Facility Representative

HEALTH & WELFARE

Food Establishment Inspection Report

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

450 West State St	treet, Boise, Laano 8570	Cittical viol	attons	Good Retail 1 factices			
		_		# of Risk Factor	1	# of Retail Practi	ice (
Establishment Name	1	Operator		Violations	<u> </u>	Violations	<u> </u>
HARMONY 1- Address 454 West	louse I	VeniFer C City Hauden	hristensen Zip 83835	# of Repeat Violations	B_	# of Repeat Violations	<u>-&</u>
County Estab#	EHS/SUR.#	Inspection time:	Travel time:	Score	\rightarrow	Score	+
Inspection Type:	Risk Category:		On-Site Follow-Up:	A score greater th	an 3 Med	A score greater ti	han 6 Med
	High	Date:	Date:	or 5 High-risk = n on-site reinspection		or 8 High-risk = on-site reinspecti	٠. ٠. ٠. ٠
Items marked are violatio	ns of Idaho's F ood Cod	on one remeposition					

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 (Demonstration of Knowledge (2-102)			R				Т	Potentia	ally Ha	zardou	s Food Time/Temperature	cos	R
	Certification by Accredited Program or Approved						v/O) N/					nd temperature (3-401)		
	Course; or correct responses; or compliance with Code			_	-		ÝQ N/		16. Reheati	ng for	hot hold	ing (3-401)		
Employee Health (2-201)			,		-		ùQ′ N∕		17. Cooling					
2. Exclusion, restriction and reporting					-		1/O, N/	_	18. Hot Hol					
Good Hygienic Practices					-		VO N/	_	19. Cold Ho					
(Y) N 3. Eating, tasting, drinking, or tobacco use					-	N N/O N/A 20. Date marking and disposition (3-501)				, ,				
(Ÿ) N 4. Discharge from eyes, nose and mouth		d	ч	ш	1	N N	V/O N/	A 2	21,Time as (3-501)	a publ	ic health	control (procedures/records)		
Control of Hands as a Vehicle of Con	ntamina	uon			-	V		1,	(3-301)		**************	or Advisant	\vdash	-
1 1 1	dalayan	ntion			-		V/O N/		22 Concus			er Advisory		_
6. Bare hand contact with ready-to-eat foc (3-301)		iption				Y (N N/A 22. Consumer advisory for raw or undercooked food (3-603)				X				
(Y) N 7. Handwashing Facilities (5-203 & 6-301))					Highly Susceptible Populations								
Approved Sources						Y) N N	N/O N/	$A \mid ^2$	23. Pasteur prohibit			d, avoidance of		
(X) N 8. Food obtained from approved source (3		3-201)						+	promon	cu ioo		 	┼	
N 9. Receiving temperature / condition (3-20)					1	N (Y	Chemical N N/A 24. Additives / approved, unapproved (3-202.12)				*******		ᆔ	
Y N (N/A) 10. Records: shellstock tags, parasite des required HACCP plan (3-202 & 3-203)							WA					erly identified, stored, used		_
Protection from Contaminat					1	Ý) N		(7	(7-101 thro	ugh 7∹	301)			
(Y) N N/A 11. Food segregated, separated and prote		3021			1		e • .		Conf	ormai	ice with	Approval Procedures		
N N/A 12. Food contact surfaces clean and sanit		JOL,			1	Y N/	V/A)	2	26. Complia	ince w	ith varia	nce and HACCP plan (8-201)		
(4-0, 4-0, 4-7)					1									
N 13. Returned / reservice of food (3-306 &					-				compliance	e		= no, not in compliance		
Y/ N 14. Discarding / reconditioning unsafe foo	d (3-701))							observed rected on-s	ite		A = not applicable = Repeat violation		
											S or R			
Item/Location Temp	tem/Loc	allan		1 7	emp	I	ltem/Lo	aatlar	n	1 - 5	emp	Item/Location		Temp
			,	_	2.2		Renuco	catioi	11	+ '	emp	Henviocation		remp
lunch meat Frig 42 ham	•10u	NIU		$+\omega$	<u>6.C.</u>					+				
tomato soup 1419														
·		soon s	FTAIL	PRΔ	TICE	S (⊠= not	f in com	nliano	col					
	1	1	T	11103	71101	0 1 52 - 1101	T		_					
	COZ	R						COS			i		COS	R
27. Use of ice and pasteurized eggs				34. Food contamination				42. Foo	od utensils/in-use					
28. Water source and quantity				35. con		ment for ten	np,				43. The	rmometers/Test strips		
29. Insects/rodents/animals			36. Personal cleanliness				rewashing facility							
30. Food and non-food contact surfaces: constructed, cleanable, use								oing cloths						
31. Plumbing installed; cross-connection; back flow				 					46. Ute	nsils & single-service storage				
prevention 32. Sewage and waste water disposal														
· · · · · · · · · · · · · · · · · · ·		-												
33. Sinks contaminated from cleaning maintenance tools	enance tools 🔲 🔲		40. Toilet facilities			a and rating		- 		, ,		ū		
41. Garbage and refuse disposal 49. Other														
OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)														
Countly Markey (1)														
Person in Charge (Signature)	(Print)				Title	e	1	Date	4	ンベン	Follow-up: Ye		
Inspector (Signature) ///////////	(Print)				Dat	te 4	1/2	20/10				(° 0	
,							,		•					



Person in Charge

mil Britagille

Datç

Inspector

CEP00-02-02

Food Establishment Inspection Report

Date

Operator Jenifer Christensen
Jenner Christensen
License Permit #

	OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)
<i>a</i> 2	There was no consumer advisory for undervioled eggs. 105 - the Facility posted a consumer advisory
	COS - the Facility posted a consumer advisory
39	There was a unewhed ham thawing in a large pan on the counter top. The temperature was 102.2. COS - the Facility three away the ham. Staff work ranched on errect thousing techniques.
	the counter top. The temperature was 102.2.
	COS - the Facility threen away the ham. Staff were
	vaucated on correct thousand techniques.
	
_	