## HEALTH & WELFAR

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

May 6, 2010

Nathaniel Knowles, Administrator Heritage Assisted Living of Boise 1777 South Curtis Road Boise, ID 83705

Dear Mr. Knowles:

On April 28, 2010, an initial licensure survey was conducted at Heritage Assisted Living of Boise -Heritage Assisted Living, Inc. 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 28, 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

Enclosure

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 04/28/2010 13R981 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1777 S CURTIS RD HERITAGE ASSISTED LIVING OF BOISE BOISE, ID 83705 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) 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 initial standard health care survey conducted at your facility. The surveyors conducting the survey were: Karen Anderson, RN Team Coordinator Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Polly Watt - Geier, MSW Health Facility Surveyor Bureau of Facility Standards

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

STATE FORM 6899 LG4311 If continuation sheet 1 of 1

**JITIT** 

(X6) DATE

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## TIDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Nam	ne	0	Physical Address	Phone Number		
Her;	; tage	Retirement	1777 S. Curtis K	(d 376-6	1[9]	
Administrato	or 2		City	ZIP Code		
Nath	nan }	(nowles	Boise	83709	Ž	
Survey Tear	m Leader		Survey Type CHOW	Survey Date		
Kare	n And	erson	Initial Survey	18614	10	
NON-CO	ORE ISSU		1			
ITEM #	RULE # 16.03.22	1 章 1 P L 1	DESCRIPTION		DATE RESOLVED	BFS
	250.10	The facilitis	not water temperat	ures Were not	5/aulio Kr	1
		maintained bet	2 1	gre &S.		N. Jack
2 9	50.13L	The facility did	not have a varience		15 5/ac/10/	99
		missing closet	door-			
3 3	05.02		not have all PRN:	medications	5/26/10 K	M
		available as or	dered for kesident	#1,2 4. 4. The		100
		tacility RN LPN	did not clarify R	esident#1025	i	
		diet orders. Th	e nurse did hot!	Varity Residen	<u> </u>	
		#2's current me	edications orders	and treatments		100
4 3	35.03	The facility did	not provide liquic	1 soap and	SPULIOFA	
		Paper towels in	Residents room &	or staff to		
		Wash their hanc	ls after providing	personal caves.		
			()	<u> </u>		
						363
	Required Date	Signature of Eacility Representative			Date Signed	
5/20	2 lin	that they led			4-27-	11

PAGE 3/18 \* RCVD AT 5/26/2010 4:58:20 PM [Mountain Daylight Time] \* SVR:DHWRIGHTFAX/0 \* DNIS:1888 \* CSID:208 376 9512 \* DURATION (mm-ss):02-52

Good Retail Practices

Follow-up: (Circle One)

Yes No

## HEALTH & WELFARE

## **Food Establishment Inspection Report**

**Critical Violations** 

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

												of Risk I	actor	X	# of Retail Practice	λŢ		
Establishment Name Greater Great Cother Great Cother											$\prod^{v}$	'iolations		15	Violations	' <del>//</del>	-	
Address, 7 S. Curtis R. Baia.						83705 <sup>Zip</sup>						of Repeations		Ž	# of Repeat Violations	$\widetilde{\mathcal{R}}$	-	
County Estab # EHS/SUR # Inspection time:							Travel time: Score Score						Score	$Q_{-}$	-			
								ort: OR Oa-Site Follow-Up:					A score greater than 3 Med A score greater than					
	Hic	sh	Da	ate:		Date:					OI	r 5 Hìgh-	ndatory					
Items marked	Items marked are violations of Idaho's Food Code, IDAPA 16.02.19							9, and require correction as noted.					ispect	ion	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						Potentially Hazardous Food Time/Temperature					
NCY	1. Certification by	Accredited I	Program or A	pproved				(	NY	N/O N	/A 1				nd temperature (3-401)	COS	R	
Y / N	Course; or correct responses; or compliance with Code				ode			(	NCY	N/O N		16. Reheat	ing for	hot holdir	ng (3-401)			
(Y)N	Employee Health (2-201)							<i>\</i>	Y) N	N/O N		17. Cooling				밀		
\	2. Exclusion, restriction and reporting  Good Hygienic Practices							\	Y) N	N/O N	_	18. Hot Hol						
(Y)N	3. Eating, tasting,			(2-401)				- }	N. Y	N/O N		19. Cold He			osition (3-501)	出	旹	
( <u>V)</u> N	4. Discharge from								Y	N/O N					control (procedures/records)	1 1		
	Control of Ha			taminati	ion		1	,	20		<u>'^ (</u>	3-501)	·			<u> </u>		
N(X)	5. Clean hands, p 6. Bare hand cont			ła lawa ni	ation				YN	N/O N		22 Canaura			er Advisory raw or undercooked food	$\perp$	_	
XV	(3-301)	acı willi rea	oy-to-eat 1000	ısrexem	onon				YN	N/A		3-603)						
( Y), N	7. Handwashing F								Highly Susceptible Populations									
( <del>)</del>	A = 1 11 1		Y) N N/O N/A			/A   2	23. Pasteu prohibit		<b>u</b>									
( X N	Receiving temp	-201)					1	· • ·	$\Box$									
` <del></del>	10. Records: shell							Y/N N/A 24. Additives / approved, un					ū					
Y N N/A	required HAC								N(Y		2	25. Toxic su 7-101 thro	ıbstanı uoh 7-	ces prope 301)	erly identified, stored, used		▫╽╽	
TXX NE. NI/A	Prote 11. Food segrega		Contaminati		U3/					1	Con							
Y) N N/A	12. Food contact	02)			Y N' N/A			, 2	26. Complia									
N N/A	(4-5, 4-6, 4-7)							The state of the s										
Y/ N	7								Y = yes, in compliance N = no, not in compliance N/O = not observed N/A = not applicable									
( W N	14. Discarding / re	conditioning	g unsate tood	(3-701)								ected on-s		R≔	Repeat violation			
												<u>IX</u>	] = Ct	S or R				
1	ocation	Temp		em/Loca			<del>-</del>							• Item/Location →				
Ham Greatbal				(m-p	<u> 41 Say</u>				٨٩٩	20		<del> </del>	60	Jes /130				
Mary		[4°)',	Y\. R<_	Nb.	<u>CLL.</u>	e 1181 1201 cta					0		7					
GOOD RETAIL PRACTICES ( ⋈ = not in compliance)																		
				cos	R						cos	R				cos	R	
27. Use of i							34 1	. Food contamination					42 Foo	d utensils/in-use		$\Box$		
28. Water source and quantity						<u> </u>	35, 1	, Equipment for temp.		_			43. Thermometers/Test strips					
` '							-	control						<u> </u>		+		
29. Insects/rodents/animals     30. Food and non-food contact surfaces; constructed.							+ -	36. Personal cleantiness				) [	44. Warewashing facility					
Cleanable, use							37. f	l boo-	ood labeled/condition			<u> </u>		45. Wipi	ing cloths			
31. Plumbing installed; cross-connection; back flow prevention							38. f	38. Plant food cooking					46. Utensils & single-service storage					
32. Sewage and waste water disposal							39. Thawing						47. Physical facilities					
33. Sinks contaminated from cleaning maintenance tools										<u> </u>		48. Specialized processing methods						
							41, ( disp	Garba; osal	ge and re	fuse				49. Olhe	er			
	., ,		OBSE	RVATIO	NS AND	COR			CTIONS	CONTIN	UED O	N NEXT P	AGE)				* ;	
11	20 / Day		6	1000	117	1 00	7.1 m	ωź	2115	JP & C	いた	11	111	~~	i Cs.			