

HEALTH & WELFARE

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

OIVISION OF MEOICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

LESLIE M. CLEMENT - Administrator

FILE COPY

July 8, 2010

Ann Knigton, Administrator Pocatello Assisted Living Center P.O. Box 194 Malad, ID 83252

Dear Ms. Knigton:

On June 18, 2010, a state relicensure and complaint investigation survey was conducted at Pocatello Assisted Living Center. 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 July 18, 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 06/18/2010 13R804 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **520 WILLARD AVENUE** POCATELLO ASSISTED LIVING CENTER POCATELLO, ID 83201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE 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 deficiencies were cited during the standard survey and complaint investigation conducted at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor Polly Watt-Geier, MSW Health Facility Surveyor Accepted Called 10/5/10/11

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

Bureau of Facility Standards

STATE FORM

TITLE

(X6) DATE



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



ASSISTED LIVING Non-Core Issues Punch List

Facility Name Pocatello Assisted Living Center	Physical Address 520 Willard	Phone Number 208-232-2610
Administrator Ann Knigton	City Pocatello	Zip Code 83201
Team Leader HAUSER	Survey Type Relicensure + Complaint	Survey Date 06/18/10

1	219	Resident #2 did not have a signed and dated admission agreement.	1/30/10/16
2	260.06	The bathroom located by room #10 was observed to have a brown ring around the base of the toilet and the flooring around the toilet was	8/20/10/24
		observed to have water damage. The wall between the toilet and the shower was observed to be soft when touched and had a black	
		color build-up. The shower curtain had a brown stain approximately five inches from the bottom. The hallway carpet outside of room	
		#10 was observed to be loose and wrinkled. Room #11's closet had a strong urine odor, the carpet was removed in the closet and the	
		sub-floor was observed to have dried stains. The windows throughout the facility, including resident rooms, were observed to have a	
		black substance build-up on the bottom of the window sills. Additionally, the air vent on the ceiling next to the main kitchen was observed	
		to have a layer of dust build-up. ~	
3	350.07	The facility did not notify Licensing & Certification of reportable incidents.	7/30/10/1
			1
Response Required Date		Signature of Facility Representative	Date Signed

Response Required Date

07/18/10

Signature of Facility Representative

Amy Angles

ale Signed

Good Retail Practices

Yes No

Follow-up: (Circle One)

Tim

Inspector (Signature)

IDANO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Critical Violations

Residential Assisted Living Facility Program, Medicaid L & C, 3232 W. Elder Street, Boise, Idaho 83705 208-334-6626

											# of R		ctor	a. Walley	# of Retail Practice	0	
Establishment Name Poratollo Assided Low Ceaker Ann Kniston								Ш	Violat	ions		t	Violations	_ \)	-		
Address City					Zip,				# of R Violati			1	# of Repeat Violations	ϕ			
County Estab # EHS/SUR.# Inspection time:					0			X Travel ti	て <i>る</i> (<u>)</u> me:	-					Score	$\overline{\bigcirc}$	-
,									┧╽	Score				Score	(., se	-	
1 -	ection Type				ort: OR On-Site Follow-Up:								an 3 M				
45	Stando	(rd)ate:			,	Jate:							nandato		datory	
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.										181							
<u> </u>																	
	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		_	COS	R	,	-							Food Time/Temperature	. cos	R
$ \langle \mathbf{y} \rangle $	<u> </u>	 Certification by Accredited Program o Course; or correct responses; or complia 					(Y/N	N/O N						nd temperature (3-401)		
		Employee Health (2-201		Ni			۱ '	ANN.	N/O N	\rightarrow		neating poling (3			ng (3-403)		
(Y	_N	2. Exclusion, restriction and reporting	,			a	1	and the contract of the contra	(N/O)N			t Holdi					<u> </u>
		Good Hygienic Practice	S \$ 1	MAN WE			1 (N/O N							1	<u> </u>
	ΣN	3. Eating, tasting, drinking, or tobacco u	se (2-401)				1 7	Y) N	*					ā	ō		
, Y,	ĮΝ	4. Discharge from eyes, nose and mouth					,	\ 	N/O(N		21.Tin	ne as a			control (procedures/records)		
		Control of Hands as a Vehicle of Co		ion 😂	L					and of the same	(3-501)				 -	
	N	Clean hands, properly washed (2-301)						<u>Y_N</u>	N/O N	I/A		***			er Advisory		
	_N	Bare hand contact with ready-to-eat f (3-301)	oods/exen	nption			1	Y_N	N/A		22. Co (3-603		radvis	sory for	raw or undercooked food		
_	λN	7. Handwashing Facilities (5-203 & 6-30	1)				1			寸			ghly S	Suscep	tible Populations		
	,	Approved Sources		H ₃ (A)			23. Pasteurized foods used, avoidance of										
Y	_N	8. Food obtained from approved source					prombited social (3-601)				,	-					
	_N	9. Receiving temperature / condition (3-2	202)				The state of the s				-						
Ϋ́	_N N/A	10. Records: shellstock tags, parasite de			a		Y)_N_N/A 24. Additives / approved, unapproved (3-20/)										
<u> </u>	- Conserve	required HACCP plan (3-202 & 3-20)		Sa No D			25. Toxic substances properly identified, stored, used (7-101 through 7-301)										
Protection from Contamination Y N N/A 11. Food segregated, separated and protected (3-302)							ł				40.000	Confo	rmano	e with	Approval Procedures		
							1	Y_N	(N/A`)	}	26. Co	mplian	ce wit	h varian	ice and HACCP plan (8-201)		
N/A 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)																	
X)_N 13. Returned / reservice of food (3-306 & 3-801)											п сотр				no, not in compliance		
Y N 14. Discarding / reconditioning unsafe food (3-701)																	
														S or R			
W. 448	Item/Lo	ocation (Control of the Control of t	Item/Loca	ation `	, ' e'. '	T	emp	368.3425	ltem/L	ocat	ion		Te	mp	Item/Location	Yes.	Temp
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			cos	R						CC	os	R				COS	R
	27. Use of ic	ce and pasteurized eggs			a	34.	Food	contamin	ation		2			42. Foo	d utensils/in-use		
☐ 28. Water source and quantity						35. Equipment for temp.				╗	一	43. The	rmometers/Test strips				
29. Insects/rodents/animals				1		control 36. Personal cleanliness		1				44. War	Warewashing facility				
30. Food and non-food contact surfaces: constructed,			<u>-</u>	 -	+	37. Food labeled/condition					+		Viping cloths		 		
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prevention u			<u> </u>			food cool	King] [nsils & single-service storage				
32. Sewage and waste water disposal					1 <u>-</u>		Thawi			[-	_	=+		sical facilities	<u> </u>	
33. Sinks contaminated from cleaning maintenance tools			10	~—		facilities	· f					48. Spe	cialized processing methods				
						dis	oosal	age and re		[- 1	_ L	49. Oth	er		
		.OB	SERVATIO	NS AN	D COR			CTIONS	(CONTIN	IUED	ON NE	XT PA	GE)			-	
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Perso	n in Charge	(Signature) Ann Knistan	(Print)	1711	nB	195	ah.	ton I	ïtle		Da	te	6 -	15-	10		



3232 W. Elder Street, Boise, Idaho 83705

Food Establishment Inspection Report

Establishment Na	Assisted line ledke	Operator Ann Kniston
Address 500	Wilard	3
County Estab#	EHS/SUR.#	License Permit #

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	<u> </u>	VE ACTIONS (Continuation Sheet)	Sui Tai un sturctura referante na sun car el recuerte
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Person in Charge	Date	Inspector	Date



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July 8, 2010

Ann Knigton, Administrator Pocatello Assisted Living Center P.O. Box 194 Malad, ID 83252

Dear Ms. Knigton:

On June 18, 2010, a state relicensure and complaint investigation survey was conducted at Pocatello Assisted Living Center. The survey was conducted by Matthew Hauser, QMRP; Polly Watt-Geier, LSW; and Karen Anderson, RN. This report outlines the findings of our investigation.

Complaint # ID00004336

Allegation #1: Staff have been working at the facility for extended periods without background

checks being completed.

Findings #1: On June 17, 2010, seven staff records at the facility were reviewed. All seven staff

records contained documentation the facility had completed criminal history

background checks within the correct time frame.

Additionally, on June 17, 2010, at 2:45 p.m., the facility administrator stated all staff

must have their criminal background checks completed prior to working

unsupervised.

Unsubstantiated. Although the allegation may have occurred, it could not be

verified during the complaint investigation.

Allegation #2: Staff have been assisting with medications before having completed a medication

certification course.

Findings #2: On June 17, 2010, seven staff records at the facility were reviewed. Five of seven

staff records reviewed documented completion of a medication assistance certification course prior to passing medications at the facility. There was no evidence the two staff without the assistance with medication certification had

passed medications in the facility.

On June 17, 2010, at 2:45 p.m., the facility administrator stated all staff who pass medications were certified to do so prior to assisting with medications.

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

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

MÅTT HAUSER, QMRP

Health Facility Surveyor

Residential Assisted Living Facility Program

MH/sm

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