

HEALTH & WELFARE

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

November 16, 2010

Diane Holley, Administrator Creekside Care Center 222 6th Avenue West Jerome, ID 83338

Dear Mrs. Holley:

On September 8, 2010, a Complaint Investigation and Licensure survey was conducted at Creekside Care 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 October 8, 2010.

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

Sincerely

AMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

JS/gk

Enclosure

PRINTED: 09/14/2010 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13R365 09/08/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 222 6TH AVENUE WEST **CREEKSIDE CARE CENTER** JEROME, ID 83338 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 Initial Comments R 000 Based on observation and interview it was determined the facility had placed a "keypad" lock on the front door that was not connected to the facility's fire alarm system and which required special knowledge to open. By not connecting the "keypad" lock to the facility's fire alarm system meant the door would not unlock automatically when the fire system activated or the electricity went off. This resulted in an immediate danger situation which was corrected on site. Gloria Keathley, LSW Team Coordinator Rae Jean McPhillips, RN, BSN Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE

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

STATE FORM

UZYP11

Reset Form

Print Form

ASSISTED LIVING Non-Core Issues Punch List



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

Facility Name Creekside Care Center	Physical Address 222 6th Avenue West	Phone Number 208-324-4941
Administrator Diane Holley	City Jerome	Zip Code 83338
Gloria Keathley	hicensure + Follow-up + complaint	Survey Date 09/08/10

NON-CORE ISSUES RULE# DESCRIPTION DATE Item # 16.03.22 USE RESOLVED .009.06 The facility did not complete Idaho State Police background checks as required on 2 of 7 employees, 2 6 of 30 residents had bed rails attached to their beds .152,05.iii 3 .300.01 2 of 7 caregivers, who passed medications, dld not have delegation from the current RN. 4 .310.01.a Medication carts and the first aid medication cabinet were left unattended and unlocked. 5 .630.02 3 of 7 caregivers, whose records were reviewed, did not have documentation of specialized training in mental illness. 6 .630.03 3 of 7 caregivers, whose records were reviewed, did not have documentation of specialized training in developmental disabilities. 7 .640 1 of 7 caregivers, who required 8 hours of continuing education, did not have documented evidence of training. 10-1310

Response Required Date 10/08/10 ignature of Facility Representative

Date Signed

9-8-2010

Critical Violations

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Good Retail Practices

Follow-up:

(Circle One)

Yes

Nö>

HEALTH & WELFARE

Mercal Market Commission (1987) (1987)

Food Establishment Inspection Report

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

	Establishment Name Creekside Care Carter Diane Hostley														<u> </u>	2	# of Retail Practice Violations	4]. -	
Address City Ave W Jerom							Zip # of Repeat							<u>-</u> -€	2	# of Repeat Violations	-()	_		
County Estab # EHS/SUR.# Inspection to															Score	0	-			
									ort: OR On-Site Follow-Up: Date:					A score greater than 3 Med A score greater than						
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19								•					or 5 High-risk = mandatory on-site reinspection on-site reinspection							
A CONTRACTOR OF AUGUST OF A COOR AND FILE A COORDINATION OF A COOR																				
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)							R			en e		Potenti	ally Ha	zardous	Food	Time/Temperature	cos	R	
(1)	N	Certification by Accredited Program or Approved Course; or correct responses; or compliance with Code								(N/O) N/						perature (3-401)				
		Employee Health (2-201)									N/O N/		 Reheat Cooling 			ing (3-4	U1)	a		
1	N	2. Exclusion, restriction and reporting									(N)/O N/		i8. Hot Ho						旹	
		Good Hygienic Practices								-	N/O N/	_	19. Cold H					1		
		3. Eating, tasting,								Ŷ N	N/O N/		20. Date m			osition	(3-501)			
(V)	N .	Discharge from eyes, nose and mouth (2-401) Control of Hands as a Vehicle of Contamination								Y N	N/Q(Ñ/		21.Time as (3-501)	a publ	ic health	control	(procedures/records)			
180	N	5. Clean hands, p			Y N N/O N/A Consumer Advisory															
(3)	N	 Bare hand con (3-301) 				ŶN	N/A		22. Consur (3-603)	ner ad	visory fo	raw or	undercooked food							
(Y)	N	7. Handwashing Facilities (5-203 & 6-301)															opulations			
	Approved Sources									N N/O N/A			23. Pasteu prohibi							
W.	8. Food obtained from approved source (3-101 & 3-201)													Chemical						
	9. Receiving temperature / condition (3-202) 10. Records: shellstock tags, parasite destruction,									Y) N N/A 24. Additives / approved, unapproved				ved (3-202.12)		ם				
Y	N (N/A)	required HAC							25. Toxic substances properly identified, sto (7-101 through 7-301)				ntified, stored, used							
				Contaminati		200	_	Conformano					ce with Approval Procedures							
	N N/A	11. Food segrega 12. Food contact				02)			Y N (N/A) 26. Compliance with variance and HACCP plan (8-201)											
	N N/A	(4-5, 4-6, 4-7)																		
		13. Returned / re											complianc							
(Y)	N	14. Discarding / r	econditionin	g unsafe food	(3-701)		N/O = 1 COS= 0						ected on-							
COS= Corrected on-site R= Repeat violation □ = COS or R																				
								mp	Item/Location Temp Item/Locat				Item/Location	.:	Temp					
	1-FI		42					ļ		-				_						
4	red h	ain	41.9				_													
-	. ' . :		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		G	OOD R	ETAIL	PRAC	TICE	S (⊠= n	ot in com	pliano	ce)_		١.				7.58	
					cos	R						COS			,			COS	R	
27. Use of ice and pasteurized eggs							u	34. Food contamination							42. Food utensils/in-use					
28. Water source and quantity								35. Equipment for temp. control						43. Thermometers/Test strips						
29. Insects/rodents/animals								36. F	Perso	nal cleanli	anliness				44. Wa	rewash	ing facility			
30. Food and non-food contact surfaces: constructed, cleanable, use						۵		37. 8	Food	labeled/condition					45. Wi	oing clot	ths			
31. Plumbing installed; cross-connection; back flow prevention						О		38. Plant food cookin		ing				46, Ute	nsils &	single-service storage				
32. Sewage and waste water disposal							ū	39. Thawing			O	0			7. Physical facilities					
33. Sinks contaminated from cleaning maintenance tools														48. Specialized processing methods						
							41. Garbage and refuse disposal													
OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)																				
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November 16, 2010

Diane Holley, Administrator Creekside Care Center 222 6th Avenue West Jerome, ID 83338

Dear Mrs. Holley:

An unannounced, on-site complaint investigation survey was conducted at Creekside Care Center on September 8, 2010. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004547

Allegation #1: Caregiver was verbally abusive to an identified resident.

Findings #1: On 09/08/10 between 8:00 AM and 10:30 AM, five caregivers were

interviewed. All five stated they had not witnessed a caregiver being verbally abusive to residents. Further, they stated if they witnessed this type of behavior, they would report to the administrator immediately. Additionally, the five caregivers stated the administrator would look into allegations, if the allegation

were reported to her.

On 09/08/10 between 10:00 AM and 11:30 AM, eight random residents were interviewed. All eight residents stated they had never witnessed a caregiver be verbally abusive or unkind to another resident.

On 09/08/10 at 10:30 AM, the identified resident stated all the caregivers were polite and respectful. She denied that a caregiver had ever spoken to her in a harsh tone or unkind manner.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Diane Holley, Administrator November 16, 2010 Page 2 of #

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Gloria Keathley, LSW

Health Facility Surveyor

Residential Assisted Living Facility Program



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Dear Mrs. Holley:

An unannounced, on-site complaint investigation survey was conducted at Creekside Care Center from September 8, 2010. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004746

Allegation #1: The facility installed an unapproved electronic keypad locking device on the

front door.

Findings #1: Substantiated. The facility was issued an immediate danger citation for failing

to connect the keypad lock to the facility's fire alarm system. Additionally, by not connecting the keypad lock to the fire alarm system, the keypad lock would not disengage when the fire alarm system was activated or if the power went off. This posed an immediate threat to the health and safety of residents. The facility corrected the immediate danger citation on site by removing the keypad

lock.

Allegation #2: The facility installed bicycle type combination locks to exterior fence gates in

violation of fire life safety rules.

Findings #2: On 9/7/10, a tour of the facility was conducted. The outer parameters of the

facility were checked and bicycle type combination locks were observed on the gates. The combination to open the locks was posted. The space between the outside openings and the fence was 25 feet which is within the acceptable

distance allowed by code.

On 9/8/10 at 1:30 PM, the facility administrator stated she had to place locks on

the back gates because students from a near-by school were sneaking in the

Diane Holley, Administrator November 16, 2010 Page 2 of #

back doors and coming into the facility. She further stated the paramedics and fire department had used the gates to access the facility and did not mention a problem with combination locks on the gates.

Unsubstantiated.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Gloria Keathley, LSW Health Facility Surveyor

Residential Assisted Living Facility Program