



IDAHO DEPARTMENT OF
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 29, 2010

Amy Johnson, Administrator
Gardens Of Rigby
3693 South Milan Way
Meridian, ID 83642

Dear Ms. Johnson:

On September 23, 2010, a Complaint Investigation and State Licensure survey was conducted at The Gardens Of Rigby. The survey was conducted by Donna Henscheid, LSW and Rachel Corey, RN. 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 23, 2010.

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

Sincerely,

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R962	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2010
NAME OF PROVIDER OR SUPPLIER GARDENS OF RIGBY		STREET ADDRESS, CITY, STATE, ZIP CODE 130+144 STOCKHAM BOULEVARD RIGBY, ID 83442		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>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 licensure, follow-up and complaint survey conducted on 9/22/10 through 9/23/10 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



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November 30, 2010

Amy Johnson, Administrator
Gardens Of Rigby
3693 South Milan Way
Meridian, ID 83642

License #: Rc-962

Dear Ms. Johnson:

On September 23, 2010, a Complaint Investigation and State Licensure survey was conducted at The Gardens Of Rigby. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



Facility Name <i>Gardens of Rigby</i>	Physical Address <i>130 + 144 Stockham Bld.</i>	Phone Number <i>208-745-7290</i>
Administrator <i>Amy Johnson</i>	City <i>Rigby</i>	ZIP Code <i>83442</i>
Survey Team Leader <i>Donna Henschel</i>	Survey Type <i>Licensure, follow-up, Complaint</i>	Survey Date <i>9/23/10</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	300.02	The facility RN was not contacted after Resident #2 fell. There was no documented evidence she had assessed Resident #2 after a fall and when Resident #2 c/o rectal bleeding.	11/30/10	DH
2	305.02	The facility RN did ensure Resident #4's abdominal order was consistent with the physician's order and implemented correctly.	11/30/10	Repeat Punch*
3	305.06.a	Resident #1 was not assessed by the facility RN to safely self-administer insulin.	11/18/10	DH
4	310.01.a	Medications were not looked at all times.	11/18/10	DH
5	310.01.d	Medications were withheld without instruction from the RN. (Res #2)	11/18/10	DH
6	320.01	Resident #4's NSA was not updated to reflect changes of condition and did not include services provided by hospice staff. Resident #3's NSA was not signed and dated.	11/30/10	DH
7	335.03	Paper towels were not provided in bathrooms to ensure proper infection control.	9/23/10	10.5 DH error on
8	350.02	The administrator did not document a thorough investigation was done on all accidents/incidents.	11/30/10	Repeat Punch*
Response Required Date	Signature of Facility Representative		Date Signed	
10/23/10	<i>Amy Johnson</i>		<i>11/10/10</i>	



Facility Name <i>Gardens of Rigby</i>	Physical Address <i>130 + 144 Stockham Blvd.</i>	Phone Number <i>208-745-7290</i>
Administrator <i>Amy Johnson</i>	City <i>Rigby</i>	ZIP Code <i>83442</i>
Survey Team Leader <i>Donna Henschel</i>	Survey Type <i>Licensure, Follow-up, Complaint</i>	Survey Date <i>9/23/10</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
9	630.03	5 of 5 staff did not have Developmental Disabilities Training.	11/18/10	DN
10	710.04	Resident #1 and one random resident did not have an H+P.	11/18/10 <i>Repeat 11/18/10</i>	DN
11	711.11	A reason was not documented for medications not given.	11/18/10	DN

Response Required Date <i>10/23/10</i>	Signature of Facility Representative <i>Amy J. Johnson</i>	Date Signed <i>9/23/10</i>
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Food Establishment Inspection Report

Establishment Name: <u>Gardens of Highway</u>		Operator: <u>Amy Johnson</u>	
Address: <u>30144 Stockham Blvd</u>		City: <u>Provo</u> Zip: <u>83442</u>	
County:	Estab #:	EHS/SUR #:	Travel time:
Inspection Type: <u>Standard</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.

Critical Violations		Good Retail Practices	
# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>—</u>	# of Repeat Violations	<u>—</u>
Score	<u>2</u>	Score	<u>0</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
X N	1. Certification by Accredited Program or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
X N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
X N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
X N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
X N	5. Clean hands, properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
X N	7. Handwashing Facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Sources		
X N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
X N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
X N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
X N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
X N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
X N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/O N/A	16. Reheating for hot holding (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/O N/A	17. Cooling (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/O N/A	18. Hot Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
X N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
X N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
X N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
Y N N/A	24. Additives / approved, unapproved (3-202.12)	<input type="checkbox"/>	<input type="checkbox"/>
X N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approval Procedures		
Y 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>Chicken - fridge</u>	<u>40.8</u>	<u>turkey bacon</u>	<u>41.0</u>	<u>Meat sauce - fridge</u>	<u>39.8</u>		
<u>fat tof casseroles</u>	<u>50.8</u>	<u>egg</u>	<u>45.0</u>	<u>chicken soup - stove</u>	<u>175</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 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. Utensils & 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>Amy Johnson</u> (Print)	Title:	Date: <u>9/23/10</u>
Inspector (Signature): <u>Bachel Corey</u> (Print)	Date: <u>9/23/10</u>	Follow-up: (Circle One) <u>Yes</u> No



Establishment Name Gardens of Bigby	Operator Amy Johnson
Address 1301144 Stockholm Blv	
County Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

5. A resident was observed scooping ice with bare hands that had not been washed. The facility administrator corrected on sight by counseling the resident and placing a reminder sheet on the container of ice, reminding residents that ice is only to be taken out with a gloved hand.

17. A lateral cassette that had been prepared by the night shift at 5 AM measured 50.8° at 11 AM. The administrator discarded the cassette, instructed staff on proper cooling techniques, posted reminders to staff in the kitchen on cooling techniques. The administrator implemented a policy to check all foods prepared by the night shift to ensure the foods cooled properly first thing on AM shift.

Person in Charge Amy Johnson	Date 9/23/10	Inspector [Signature]	Date 9/23/10
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November 29, 2010

Amy Johnson, Administrator
Gardens Of Rigby
3693 South Milan Way
Meridian, ID 83642

Dear Ms. Johnson:

An unannounced, on-site complaint investigation survey was conducted at The Gardens Of Rigby from September 22, 2010, to September 23, 2010. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004428

Allegation #1: Facility staff were not giving medications as prescribed by the physician.

Findings #1: Substantiated. The facility was issued non-core deficiencies at IDAPA 16.03.22.305.02 and 310.01.a for not ensuring medications were given consistent with the physician's order and for unlicensed staff withholding medications without nurse direction. The facility was required to submit evidence of resolution within 30 days.

Allegation # 2: Medication cart was not locked and residents had access to the unlocked cart.

Findings #2: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.310.01.a for not keeping medications locked at all times. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Staff did not observe residents take their medications.

Findings #3: Substantiated. However, the facility was not cited as they were taking steps to correct the problem by identifying staff who were out of compliance. These staff were taken off medication assistance duties and provided additional training.

Allegation #4: Narcotic medications were not appropriately tracked.

Findings #4: On 9/22/10 the September 2010 narcotic tracking sheets were observed and were found to be congruent with the amount of narcotics in the facility.

During the survey on 9/22/10 through 9/23/10, three staff members and the administrator stated

narcotics were counted by two people at each change of shift. Further, they stated if the narcotic counts were off, staff could not leave until the count discrepancy could be resolved.

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

Allegation #5: Medications were placed in baggies. The black marker used to write on the baggies wore off and the caregivers could not determine what medications were in each of the baggies.

Findings #5: Substantiated. However, not cited as the system was no longer being used. On 9/22/10, the administrator stated they had used the baggies for over-the-counter medications for some of the residents but felt it was disorganized. She stated the RN bubble-packed all medications that required repackaging.

Allegation #6: Not all staff had documented CPR and first aid.

Findings #6: On 9/23/10, five staff records were reviewed. One staff member had a CPR/First Aid card but the date of the training was illegible. Because the date of his training could not be verified, this staff member was scheduled to work on a shift with someone appropriately certified.

Substantiated. However, the facility was not cited because they ensured all shifts were covered by CPR/First Aid trained staff.

Allegation #7: An identified resident did not receive a diabetic diet as ordered.

Findings #7: On 9/23/10, the identified resident's record was reviewed and did not contain a physician's order for a diabetic diet.

On 9/22/10 at 11:45 AM, the administrator stated no residents were on specialized diets nor did she remember any special diets from past residents. She stated some residents made special requests for food which they tried to accommodate as much as possible.

Unsubstantiated.

Allegation #8: Staff did not have access to the facility nurse.

Findings #8: On 9/22/10, the facility nurse's contact information was observed posted in the kitchen by the medication carts.

On 9/22/10 through 9/23/10, three caregivers were interviewed and stated they were able to contact the facility nurse when needed.

On 9/23/10 at 12:00 PM, the administrator stated the nurse was available by phone to the staff at any time.

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

Amy Johnson, Administrator

November 29, 2010

Page 3 of # 3

Allegation #9: The administrator was not available for a fire emergency.
Findings #9: On 9/22/10 through 9/23/10, three caregivers stated they had no problems contacting the administrator when needed.

On 9/23/10 at 12:05 PM, the administrator stated there had been an incident where smoke set off the fire alarm. She stated this happened while she was on vacation. However, she stated she had appointed an administrator designee to act in her absence. The designee responded to the smoke alarm, but was not certain how the system worked. The administrator stated, once she had been notified, it took her less than two hours to get to the facility. Further, she stated an in-service was conducted and all staff were trained how to disarm the system.

On 9/23/10, a "Fire Drill In-Service & Training Documentation" documented staff were in-serviced by the fire marshal and the alarm company representative on 11/22/09.

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

Allegation 10#: Caregivers were not receiving 16 hours of orientation.

Findings #10: On 9/22/10 through 9/23/10, three caregivers stated they received more than 16 hours of orientation.

On 9/23/10 at 3:00 PM, the administrator stated she provided over 16 hours of training prior to allowing caregivers to work independently.

On 9/23/10, five staff records were reviewed and all of them contained documentation of 16 hours of orientation.

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

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,



Donna Henscheid, LSW

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program