



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

January 7, 2011

Tammy Witham, Administrator  
Grace Assisted Living Of Fairview Lakes  
4356 North Nines Ridge Lane  
Boise, ID 83702

Dear Ms. Witham:

On January 6, 2011, a State Licensure and Complaint Investigation survey was conducted at Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, Llc. 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 February 5, 2011.

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

Sincerely,

Rae Jean McPhillips, RN, BSN  
Team Coordinator  
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:  <b>13R835</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRACE ASSISTED LIVING OF FAIRVIEW LAKE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1960 NORTH LAKES PLACE MERIDIAN, ID 83642</b>		
(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	Initial Comments  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 1/4/11 through 1/6/11 at your facility. The surveyors conducting the survey were:  Rae Jean McPhillips, RN Team Coordinator Health Facility Surveyor  Gloria Keathley, LSW Health Facility Surveyor  Maureen McCann Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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





IDAHO DEPARTMENT OF

# HEALTH & WELFARE Food Establishment Inspection Report

Food Protection Program, Division of Health  
450 W. State Street, Boise, Idaho 83720-0036  
208-334-5938

*Lakes*

Establishment Name: Erac / Assisted Living Facility  
 Address: 19700 N. Lakes Ave  
 County: ADA Estab #: \_\_\_\_\_ EHS/SUR #: \_\_\_\_\_  
 Operator: Tammy Witham  
 Inspection time: Meridian - ID 83642  
 Follow-Up Report: 1/5/10, Noon + 11/10 OR On-Site Follow-Up: NO  
 Risk Category: HIGH  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

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

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approved Procedures</b>		
<u>Y</u> N <u>N/A</u>	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance  
 N/O = not observed  
 COS = Corrected on-site  
 N = no, not in compliance  
 N/A = not applicable  
 R = Repeat violation  
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Turkey/Bacon hot hold</u>	<u>167.9</u>	<u>Dark chop hot hold</u>	<u>166.4</u>	<u>chicken pre-refrig</u>	<u>42.0</u>		
<u>potatoes hot hold</u>	<u>184.1</u>	<u>colgate-cheese-refrig</u>	<u>35</u>				
<u>vegetable hot hold</u>	<u>165.2</u>	<u>cust milk</u>	<u>refrig 48.0</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. Insect/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 label/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. Utensil & 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) Tammy Witham (Print) Tammy Witham Title Administrative Date 1-6-11

Inspector (Signature) [Signature] Date 1/6/10

Follow-up: (Circle One)  Yes  No



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January 18, 2011

Tammy Witham, Administrator  
Grace Assisted Living Of Fairview Lakes  
4356 North Nines Ridge Lane  
Boise, ID 83702

Dear Ms. Witham:

An unannounced, on-site complaint investigation survey was conducted at Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, Llc from January 4, 2011, to January 6, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00004684**

**Allegation:** The facility retained an identified resident with a wound that was not healing bi-weekly.

**Conclusion:** Substantiated. However, the facility was not cited as the facility had identified the issue and corrected the practice prior to the survey. Further, the administrator had re-educated current nursing staff in State Rules regarding wounds, as well as the importance of continued communication between the nursing staff and the administrator.

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,

Rae Jean McPhillips, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

Tammy Witham, Administrator

January 18, 2011

Page 2 of 2

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



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Dear Ms. Witham:

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**Complaint # ID00004742**

- Allegation:** The facility nurse terminated residents' hospice services without authorization.
- Findings:** Eleven residents' records were reviewed from 1/4/11 through 1/6/11. Six records contained documentation that the residents' physicians had at one time ordered hospice services. Five records contained faxes from the residents' physicians discontinuing hospice services.
- One resident's record contained a fax from her physician that documented hospice services were to be continued. The resident was observed, during survey, to be receiving assistance from hospice staff. The resident's son stated, on 1/5/11, that he and the resident's physician determined the resident would benefit from the additional services that hospice provided.
- One family member stated, on 1/5/11, that her father needed the additional services from hospice for a short time, but that his condition had improved and no longer needed hospice services. Another family member stated that her grandmother's physician agreed with the facility RN's assessment and discontinued the resident's hospice services. She stated her grandmother

Tammy Witham, Administrator  
January 18, 2011  
Page 2 of 2

enjoyed the visits made by hospice staff and no longer resided at the facility. Another resident's family member did not return a phone call for an interview.

The administrator stated the facility RN assessed, on 8/24/10, all the residents at the facility who were on hospice to determine if they continued to need the additional services hospice provided. She stated the RN determined the facility could offer the same level of services as hospice for six of the residents. She said the nurse faxed the residents' physicians documenting that she felt the residents needs could be met by the facility and did not feel like the residents need continued services by hospice.

Conclusion: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. However, the facility was cited at IDAPA 16.03.22.305 as the facility RN did not document her assessments.

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,

Rae Jean McPhillips, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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