IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

FILE COPY

March 13, 2013

Robbe Redford, Administrator
Hearthstone Village, Llc
Po Box 418
Kootenai, ID 83840

License #: Rc-922

Dear Mr. Redford:

On February 1, 2013, a Re-Licensure and Complaint survey was conducted at Hearthstone Village, Llc. 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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

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February 4, 2013

FILE COPY

Robbe Redford, Administrator
Hearthstone Village, Llc
Po Box 418
Kootenai, ID 83840

Dear Mr. Redford:

A Re-Licensure, follow-up, and Complaint survey was conducted at Hearthstone Village, Llc between January 30th, 2013 and Feburary 1st, 2013. The 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 identified. The enclosed survey document is for your records and does not need to be returned to the Department.

Please keep 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, on **02/01/2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

MATT HAUSER
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R922	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 02/01/2013
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE VILLAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 402 3RD STREET KOOTENAI, ID 83840		

(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 on 1/30/13 through 2/1/13 at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Leader Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

Reset Form | Print Form

IDAHO DEPARTMENT OF HEALTH & WELFARE

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

cility Name	Physical Address	Phone Number
Hearthstone Village	402 3rd Street	208-255-4849
ministrator	**City**	**Zip Code**
Robbe Redford	Kootenai	83840
am Leader	**Survey Type**	**Survey Date**
Matt Hauser	Relicensure + Complaint + Follow-up	02/01/13

ON-CORE ISSUES

tem #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	300.01	Resident #4's RN assessment was not completed every 90 days, and Resident #6 was not assessed by the facility RN after a change of condition.	3/12/13	
2	320.08	Resident #6's NSA was not reviewed after she had a change of condition.	3/12/13	
3	350.02	The facility administrator did not complete investigations on all incidents and accidents.	3/12/13	
4	600.06.b	The facility did not have documentation that at least one staff on each shift (evening shift), in each building, had CPR/First Aid training.	COS 2/1/13	
5	705.02	The administrator did not sign each admission agreement.	3/12/13	
6	009.06.c	1 of 5 staff did not have state-only police background checks.	3/12/13	
7	220. 20	The facility admission agreement was not updated to reflect rule changes from 2010, for example, how residents would transition to Medicaid and what methods a resident may contest charges including, contacting the ombudsman.	3/12/13	

sponse Required Date	Signature of Facility Representative	Date Signed
3 /03/13		2/1/13

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

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

Establishment Name: Hearthstone Village	Operator: Kubbe Redford
Address: 402 3rd St	Kootenai ID
County: Bonner; Estab #: ; EHS/SUR.#:	Inspection time: ; Travel time:
Inspection Type: ; Risk Category: High	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	Noncritical Violations
# of Risk Factor Violations: 1	# of Retail Practice Violations:
# of Repeat Violations:	# of Repeat Violations:
Score: 1	Score:
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
Y N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
Y N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
Y N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
Y N	5. Clean hands, properly washed (2-301)	☐	☐
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
Y N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
Y N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
Y N	9. Receiving temperature / condition (3-202)	☐	☐
Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
Y N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
Y N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
Y N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
Y N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

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

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
Chicken dressing / oven	201	Lunch meat / fridge	53	milk / fridge	52.5		
Broccoli / stove	207	Lunch meat / fridge	41.9				

GOOD RETAIL PRACTICES (☒ = not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	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. Personal cleanliness	☐	☐	☐	44. Warewashing facility	☐	☐
☐	30. Food and non-food contact surfaces: constructed, cleanable, use	☐	☐	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed; cross-connection; back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature)	(Print) Rob Redford	Title: Administrator	Date: 2/1/13
Inspector (Signature)	(Print) Lori Kathy	Date: 2-1-13	Follow-up: (Circle One) Yes No

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Food Establishment Inspection Report

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

Date 2-1-13

Establishment Name	Operator
Hearthstone Village	Robbie Redford
Address: 602 3rd St Kootenai, ID	
County Estab # / EHS/SUR.#: Bonner	License Permit #:

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#19- Two refrigerators were not cooling food - Frig #2 + #4. Lunch meats, milk + eggs were removed / discarded. Operator went out and bought a new refrigerator to store perishable foods until others could be repaired. COS

Person in Charge	Date	Inspector	Date
[signature]	2-1-13	[signature]	2-1-13

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February 4, 2013

FILE COPY

Robbe Redford, Administrator
Hearthstone Village, Llc
Po Box 418
Kootenai, ID 83840

Dear Mr. Redford:

An unannounced, on-site complaint investigation survey was conducted at Hearthstone Village, Llc from 1/30/2013 to 2/1/2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005831

Allegation #1: Residents were left unsupervised at times, when staff left to assist other caregivers in the other building.

Findings #1: An unannounced, on-site survey was conducted at the facility from 1/30/13 through 2/1/13. During that time, observations, record review and interviews were conducted.

Between 1/30/13 and 2/1/13, residents were not observed to be left unsupervised. The facility was observed to be staffed with 2 caregivers in each building, on each shift. Additionally, a cook and the RN assistant both floated between buildings, as needed. The facility RN and administrator were also observed throughout the survey, assisting as needed.

The facility's as-worked schedules were reviewed for November and December 2012, and January 2013. The schedules documented that 2 caregivers were scheduled on each shift. The night shifts in 12/2012, did document that one caregiver had called in sick on one occasion, but had been covered by another staff member.

Nine caregivers were interviewed from 1/30/13 through 1/31/13. All nine caregivers stated residents were never left alone or unsupervised. They stated

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that even if there was an emergency, they would not leave a building with residents unsupervised. The caregivers stated they would call the administrator, who lived very near the facility, to come assist. None of the caregivers stated they were aware of a time when residents had been left unsupervised.

On 1/31/13 at 3:57 PM, the facility administrator stated he did not recall a time when residents were left unsupervised. He further stated, all of the caregivers were aware that leaving a building unsupervised would result in disciplinary action.

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

Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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