



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT – DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

March 22, 2012

David Parke, Administrator
Northfork #146
PO Box 532
St Anthony, ID 83445

License #: RC-301

Dear Mr. Parke:

On February 16, 2012, a state licensure/follow-up survey and complaint investigation was conducted at Northfork #146. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen McCann, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT—Deputy Director
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6628
FAX 208-364-1888

February 21, 2012

David Parke, Administrator
Northfork #146
PO Box 532
St Anthony, ID 83445

Dear Mr. Parke:

A state licensure/follow-up survey and complaint investigation was conducted at Northfork #146 between 2/15/2012 and 2/16/2012. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) 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.

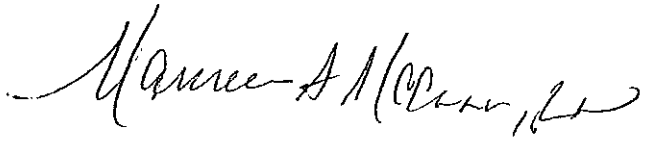
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **02/16/2012**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Please continue to monitor the facility's compliance with the Rules for Residential Care or Assisted Living Facilities, and pay special attention to the issues identified on the punch list. If the facility fails to submit acceptable evidence of resolution, or if the non-core issue deficiencies are identified on subsequent surveys, the Department will initiate enforcement actions per **IDAPA 16.03.22.910.01-03**, which could include:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing & Certification
- d. Civil monetary penalties

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,

A handwritten signature in cursive script, reading "Maureen A. McCann, RN". The signature is written in black ink and is positioned at the top left of the page.

Maureen A. McCann, RN
Health Facility Surveyor
Team Coordinator
Licensing and Certification Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2012
NAME OF PROVIDER OR SUPPLIER NORTHFORK #146		STREET ADDRESS, CITY, STATE, ZIP CODE 146 EAST 9TH SOUTH SAINT ANTHONY, ID 83445		
(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 survey and complaint investigation conducted on 2/15/2012 through 2/16/2012 at your facility. The surveyors conducting the survey were: Maureen A. McCann, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE

(X8) DATE

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



Facility Name Northfork #146	Physical Address 146 East 9th South	Phone Number 208-624-7781
Administrator David Parks	City St. Anthony	ZIP Code 83445
Survey Team Leader Maureen McCann, RN	Survey Type Licensure/follow-up survey and complaint investigation	Survey Date Feb. 16, 2012

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	210	The facility did not provide activities per state rules. <i>1 ON REF"</i>		
2	305.03	The facility nurse did not document her assessment when Resident #4 had a documented 17 pound weight loss in 3 months.	<i>3/22/12</i>	
3	305.04	The facility nurse did not document her recommendations to the administrator when Resident #4 had a documented 17 pound weight loss in 3 months.	<i>3/22/12</i>	
4	320	A) Four of four residents were not assisted with morning oral care ADL's as needed. B) Resident's #1 and #4 were not toileted during the night as documented on their NSA.	<i>3/23/12</i>	
5	335.03	Two residents (#2 & #3) were observed using a shared hand towel. Further, these two residents were also observed to use the rest room without toilet paper available. Finally, these two residents were observed to use the restroom unassisted, although their NSA's documented they required assistance.	<i>3/23/12</i>	
6	600.06.b	One of four staff did not have documentation of current 1 st Aid and CPR certification.	<i>3/23/12</i>	

Response Required Date March 17, 2012	Signature of Facility Representative 	Date Signed <i>3-16-12</i>
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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

Establishment Name <u>Northfork #146</u>		Operator <u>David Pinke</u>	
Address <u>146 E 9th St</u>		City <u>St Anthony 83445</u>	
County <u>Franklin</u>	Estab # <u>20828</u>	RHS/SUR #	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up: _____ 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 _____	# of Repeat Violations _____
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"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<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"/>
	Control of Hands as a Vehicle of Contamination		
<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"/>
	Approved Source		
<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 N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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 / reservice 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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N N/A	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"/>
	Conformance with Approved Procedures		
<u>Y</u> N N/A	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>Stew</u>	<u>37°</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. 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) <u>[Signature]</u>	DAVID PINKER (Print)	Title <u>OWNER</u>	Date <u>2-16-12</u>
Inspector (Signature) <u>[Signature]</u>	KAREN ANDERSON (Print)	Date <u>2/16/12</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>



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LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0099
PHONE 208-334-6626
FAX 208-364-1888

February 23, 2012

David Parke, Administrator
Northfork #146
PO Box 532
St Anthony, ID 83445

Dear Mr. Parke:

An unannounced, on-site complaint investigation survey was conducted at Northfork #146 from February 15, 2012 to February 16, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005343

Allegation #1: The facility bathtub was not properly cleaned between residents.

Findings #1: On 2/15/2012 and 2/16/2012, the facility bathtub was observed to be very clean, free of bathtub ring or other debris.

On 2/16/2012 at 1:00 PM, the caregiver stated the bathtub was cleaned and sanitized using bleach and water between residents baths.

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

Allegation #2: Residents did not have their own hair brushes and deodorant sticks.

Findings #2: On 2/15/2012, the facility storage room was observed to have an ample supply of toiletries including hair brushes and deodorant.

On 2/15/2012 and 2/16/2012, a hair brush and deodorant stick were observed for each resident in the facility.

David Parke, Administrator
 February 23, 2012
 Page 2 of #4

On 2/16/2012 at 1:00 PM, a caregiver stated each resident had their own hair brush and deodorant stick.

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

Allegation #3: Comforters were not washed after being soaked with urine.

Findings #3: On 2/15/2012 and 2/16/2012, all residents bedding, bedrooms, closets and the laundry area were observed to be clean and free of any odors.

On 2/15/2012 between 10:00 AM and 15:30 PM, the administrator and a caregiver stated the bedding/linen was changed every other week and as needed if soiled.

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

Allegation #4: Residents did not receive assistance with ADLs (oral care and toileting) as needed.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 6.03.22.320 for not assisting four residents with morning oral care and two residents with toileting during the night per their NSA's. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: Residents did not receive assistance with ADLs (changing clothing daily) as needed.

Findings #5: Four residents were observed on 2/15/2010 and 2/16/2012. On 2/15/2012, one of the residents was observed with dried food and drink on her shirt and pants after lunch. On the morning of 2/16/2012, the identified resident was observed wearing a different outfit without stains. Also on the morning of 2/16/2012, the other three residents were observed wearing the same outfit as they had worn on 2/15/2010. However, the clothing appeared clean and odor free.

On 2/15/2012 at 9:43 AM, a caregiver stated he gets the resident up

David Parke, Administrator
February 23, 2012
Page 3 of #4

in the morning and assists them with dressing.

On 2/15/2012 at 3:30 PM, the administrator stated the residents clothes are laid out the night before. The residents are assisted with dressing as needed, each morning.

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

Allegation #6: An identified resident was restricted to her room.

Findings #6: On 2/15/2012 and 2/16/2012, the resident's room was observed to have a motion alarm in the hall outside of her room, but it was not enabled. On 2/16/2012 at 12:55 PM, the administrator stated the alarm was on at night to alert staff if the resident came out of her room because she would stuff items in the toilet in the bathroom adjacent to her bedroom.

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

Allegation #7: The facility did not follow a planned menu signed by a registered dietitian.

Findings #7: On 2/15/2012, the facility's menu was posted on the refrigerator.

On 2/15/2012 at 9:22 AM, a caregiver stated he follows the menu posted on the refrigerator and produced copies of the old menus from the past 6 months.

On 2/15/2012 at 10:10 AM, the administrator stated all of the food items needed for the menu were kept in the cupboards, refrigerator and large freezer in the basement. A tour of these areas revealed the food items required for the posted menu were available in the facility.

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

Allegation #8: Two identified residents were not provided a mechanically altered diet.

David Parke, Administrator
February 23, 20124
Page 4 of #4

Findings #8: Two identified residents records were reviewed. Both records contained physician's orders for a "normal" diet. Both residents' weights had been stable over an extended period. Between 2/15/2012 and 2/16/2012, the administrator and a caregiver stated they were aware the residents did not have teeth, however, the residents did not have any problem eating the foods they were served.

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

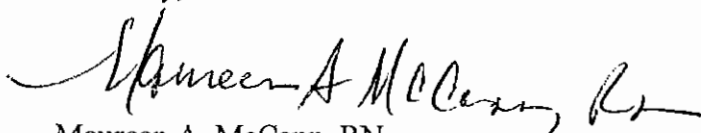
Allegation #9: The facility did not provide an activity program per state rules.

Findings #9: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.210 for not providing activities per state rule. The facility was required to submit evidence of resolution within 30 days.

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, on **02/16/2012**. 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.

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,



Maureen A. McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program