



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

April 15, 2013

Aubree Hines, Administrator
Grace Assisted Living at Englefield Green
250 S. Allumbaugh Way
Boise, ID 83709

License #: Rc-989

Dear Ms. Hines:

On February 21, 2013, a state licensure/follow-up survey and complaint investigation was conducted at Grace Assisted Living at Englefield Green - Grace at Englefield Green, 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 Maureen A. McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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

mmc/mmc

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



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April 3, 2013

Aubree Hines, Administrator
Grace Assisted Living at Englefield Green
250 S. Allumbaugh Way
Boise, ID 83709

Dear Ms. Hines:

Congratulations to both you and your staff on your recent state licensure/follow-up survey and complaint investigation which was conducted at Grace Assisted Living at Englefield Green between 2/19/13 and 2/21/2013. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a Silver Excellence in Care Award.

This award demonstrates that you have worked exceptionally hard to meet the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing excellent care and ensuring the residents you serve live in a clean, safe and home-like community.

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 2/21/2013. 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.

Again, congratulations to you and your staff for a job well done.

Sincerely,

The Residential Assisted Living Facility Survey Team

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R989	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER GRACE ASSISTED LIVING AT ENGLEFIELD GF		STREET ADDRESS, CITY, STATE, ZIP CODE 250 S ALLUMBAUGH WAY BOISE, ID 83709		
(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 survey and complaint investigation conducted on 2/19/2013 through 2/21/2013 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	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

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

Critical Violations Noncritical Violations

Establishment Name <u>Grace Al. Evangelical</u>		Operator <u>Hines</u>	
Address <u>50 S. Aldemore Blvd Boise 83709</u>		Inspection time: _____ Travel time: _____	
County <u>ADA</u>	Estab # <u>20828</u>	EHS/SUR # <u>High</u>	Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____
Inspection Type: <u>High</u>		Risk Category: <u>High</u>	

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>Porta Pail</u>	<u>36.2</u>	<u>Roast Pork</u>	<u>36.0 F</u>				
<u>Tray</u>	<u>36.9</u>	<u>Boys</u>	<u>170 F</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>Karen Anderson</u>	(Print) <u>Aubree Hines</u> Title <u>admin</u>	Date <u>2/21/13</u>
Inspector (Signature) <u>Karen Anderson</u>	(Print) <u>KAREN Anderson</u> Date <u>2/21/13</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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March 22, 2013

Abree ("Aubree") Hines, Administrator
Grace Assisted Living at Englefield Green
250 S Allumbaugh Way
Boise, ID 83709

Dear Ms. Hines:

An unannounced, on-site complaint investigation survey was conducted at Grace Assisted Living at Englefield Green - Grace at Englefield Green, LLC from February 19, 2013, to February 21, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Dear Ms. Hines:

An unannounced, on-site complaint investigation survey was conducted at Grace Assisted Living at Englefield Green - Grace at Englefield Green, LLC from February 19, 2013, to February 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005694

Allegation #1: The facility did not monitor an identified resident's blood pressure medication for potential side effects.

Findings #1: On 2/20/13 at 2:50 PM the facility administrator, also a registered nurse, stated they monitored the identified resident's blood pressure monthly and the resident's blood pressure was never low, nor did the resident exhibit signs or symptoms of low blood pressure.

Between 2/20/13 and 2/21/13, twenty-three (23) residents stated they had their blood pressure taken at least monthly. The residents further stated staff were readily available and attentive whenever they experienced a change in condition such as dizziness.

On 2/20/13, the identified resident's record was reviewed. Medication records,

dated 1/1/12 through 7/28/12, documented the resident received the same dose of the same blood pressure medication as ordered by a physician. The resident's blood pressure and pulse were also documented monthly between 1/1/12 through 7/27/12. There was no documentation that the resident's blood pressure was low or that the resident had complained of feeling dizzy or light headed.

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

Allegation #2: The facility inappropriately billed an identified resident after the resident was discharged.

Findings #2: The identified resident's billing statements were reviewed:

According to IDAPA 16.03.22.221.01.a, the admission agreement cannot be terminated except when either party gives the other party 30 days written notice.

The identified resident left the facility on 8/7/12 after providing the facility a written discharge notice on 8/6/12.

A billing statement, dated 9/1/12, documented the resident was charged until 9/4/12, thirty (30) days after giving the facility notice of discharge, consistent with the state rule.

Furthermore, an accounts receivable statement, dated 9/13/12, documented the charges from 8/1/12 through 9/4/13, were not paid by the resident and were written off by the facility.

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

Allegation #3: An identified resident did not receive all of her belongings, such as disposable gloves, kitchenware and a bracelet when she moved from the facility.

Findings 3#: Between 2/19 and 2/21/13, four (4) caregivers, the administrator and the facility nurse, stated they were not aware the resident was missing any of the above items. One caregiver stated the resident often ate in her room and was brought a room tray from the kitchen. She stated the resident would use some of her tableware when eating and put it on the room tray which was brought back to the kitchen by staff. The caregiver further stated the resident's son visited each morning and he would go to the kitchen and retrieve the resident's tableware. Therefore, at times, the tableware was not in the resident's room, but was returned daily by the resident's son.

Between 2/19 - 2/21/13, twenty-three (23) residents and 3 family members

stated they were not aware of items missing from their rooms or other resident's rooms.

On 2/20/13, the facility's complaint log was reviewed. There were no complaints regarding the identified resident missing any items.

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

Allegation #4: The facility staff violated an identified resident's rights when they removed an over the counter medication (Tums) from her purse.

Findings 4#: Between 2/19 and 2/21/13, four (4) caregivers stated they were aware the nurse had removed over the counter medications from the resident's room, but not from the resident's purse. The nurse stated she had removed over the counter medications from the resident's room, but not from the resident's purse. She further stated, she had removed the medications from the resident's room, after she had assessed the resident to not be safe to self-medicate due to her confusion.

Between 2/19 - 2/21/13, twenty-three (23) residents and 3 family members stated they were not aware of items missing from their rooms or other resident's rooms.

On 2/20/13, the facility's complaint log was reviewed. There were no complaints regarding medications or other items being removed from any residents' purses.

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

Allegation #5: The facility did not respond appropriately when an identified resident fell.

Findings #5: On 2/20/13, the identified resident's NSA, dated 11/10/11 was reviewed. The NSA documented the resident was independent with transferring, ambulation, toileting and showering.

An incident report, dated 7/28/12 at 12:30 PM, documented the identified resident's son called staff using the resident's call light, to alert staff the resident had fallen. A caregiver and nurse responded to the residents's room. The nurse assessed the resident, placed the resident on 2 hours checks and notified the doctor of the fall. A second incident report dated 7/28/12 at 1:45 PM, documented the resident's son again contacted the staff because he was concerned the resident was confused. At that time, EMS was notified and the resident was taken to the hospital.

Abree ("Aubree") Hines, Administrator
March 22, 2013
Page 4 of #4

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,

A handwritten signature in cursive script that reads "Maureen A. McCann, RN". The signature is written in black ink and is positioned above the printed name and title.

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

mmc/mmc

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