



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

Larae Romrell, Administrator
Bear Lake Manor
855 Boise Street
Montpelier, ID 83254

License #: RC-738

Dear Ms. Romrell:

On February 28, 2013, a state licensure/follow-up survey was conducted at Bear Lake Manor. 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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March 5, 2013

Larae Romrell, Administrator
Bear Lake Manor
855 Boise Street
Montpelier, ID 83254

Dear Ms. Romrell:

A State Licensure was conducted at Bear Lake Manor between 3/27/13 and 3/28/13. 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 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 **02/28/2013**. 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,

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

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R738 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/28/2013 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER BEAR LAKE MANOR | | STREET ADDRESS, CITY, STATE, ZIP CODE 855 BOISE STREET MONTPELIER, ID 83254 | | |
| (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 conducted on 3/27/2013 through 3/28/2013 at your facility. The surveyors conducting the survey were:</p> <p>Maureen A. McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Matthew Hauser, QMRP Health Facility Surveyor</p> | R 000 | | |

Bureau of Facility Standards

TITLE

(X6) DATE

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



| | | |
|--------------------------------------|---|------------------------------|
| Facility Name Bear Lake Manor | Physical Address 855 Boise St | Phone Number 208-847-2400 |
| Administrator Larae Romrell | City Montpelier | ZIP Code 83254 |
| Survey Team Leader Maureen McCann | Survey Type Licensure/follow-up survey | Survey Date 2/28/2013 |

NON-CORE ISSUES PAGE 1 OF 2

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | L&C USE |
|-------------------------------------|--|--|------------------------|---------|
| 1 | 220 | A) The facility's admission agreements were not updated to reflect rule changes effective 3/2010 such as pricing, price changes with changes in condition, 15 day discharge notices. B) Resident #5 did not have an admission agreement. C) Resident #1's admission agreement was not signed by the administrator. | 4/15/13 mme | |
| 2 | 225.01 | The facility did not identify or evaluate residents' behaviors. | 3/22/13 mme | |
| 3 | 225.02 | The facility did not develop interventions for residents' behaviors. | 3/22/13 mme | |
| 4 | 250.10 | The facility water temperature was above 120 degrees F. | COS | |
| 5 | 305.01 | The facility nurse did not conduct a nursing assessment of residents' responses to medications. | 3/22/13 mme | |
| 6 | 305.02 | The facility nurse did not ensure Resident #2's physician's orders were current. | 3/22/13 mme | |
| 7 | 305.03 | The facility nurse did not document assessments when Resident #2 experienced changes of condition. ****ALSO CITED ON 5/12/2009**** | 3/22/13 mme | |
| 8 | 308.08 | The facility nurse did not address healthcare related education needs of Resident #1 with the resident and the staff. ****ALSO CITED ON 5/12/2009**** | 4/15/13 mme | |
| 9 | 350.02 | The facility administrator did not investigate all incidents and accidents. ****ALSO CITED ON 5/12/2009**** | 3/22/13 mme | |
| 10 | 350.04 | The facility administrator did not respond to a resident's complaint within 30 days. | 3/22/13 mme | |
| 11 | 350.07 | The facility did not notify licensing and certification of all reportable incidents, such as Resident #5's fractured hip. | 3/22/13 mme | |
| Response Required Date 3/30/2013 | Signature of Facility Representative | | Date Signed 2-28-13 | |



Food Establishment Inspection Report

| | | | |
|--|-------------------------------|------------------------------------|--------------------|
| Establishment Name <u>Starline Lake Manor</u> | | Operator <u>Larae Romrell</u> | |
| Address <u>855 Boise St</u> | | City Zip <u>Montpelier</u> | |
| County Estab # <u>Blaine Lake</u> | EHS/SUR.# | Inspection time: <u>2:30 PM</u> | Travel time: |
| Inspection Type: | Risk Category: <u>high</u> | Follow-Up Report: OR | On-Site Follow-Up: |
| Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted. | | Date: _____ | Date: _____ |

| Critical Violations | Good Retail Practices |
|--|--|
| # 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> <u>N</u> | 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> <u>N</u> | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | |
| <u>Y</u> <u>N</u> | 3. Eating, tasting, drinking, or tobacco use (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> | 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> <u>N</u> | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> | 7. Handwashing Facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Sources | | | |
| <u>Y</u> <u>N</u> | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> <u>N/A</u> | 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> <u>N</u> <u>N/A</u> | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> <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> <u>N</u> | 13. Returned / reservice of food (3-306 & 3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> | 14. Discarding / reconditioning unsafe food (3-701) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Potentially Hazardous Food Time/Temperature | COS | R |
|---|--|--------------------------|--------------------------|
| <u>Y</u> <u>N</u> <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> <u>N</u> <u>N/O</u> <u>N/A</u> | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> <u>N/O</u> <u>N/A</u> | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> <u>N/O</u> <u>N/A</u> | 18. Hot Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> <u>N/O</u> <u>N/A</u> | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> <u>N/O</u> <u>N/A</u> | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> <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"/> |
| Consumer Advisory | | | |
| <u>Y</u> <u>N</u> <u>N/A</u> | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| Highly Susceptible Populations | | | |
| <u>Y</u> <u>N</u> <u>N/O</u> <u>N/A</u> | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical | | | |
| <u>Y</u> <u>N</u> <u>N/A</u> | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Y</u> <u>N</u> | 25. Toxic substances properly identified, stored, used (7-101 through 7-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| Conformance with Approval Procedures | | | |
| <u>Y</u> <u>N</u> <u>N/A</u> | 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>Milk</u> | <u>40 + days</u> | <u>Margarine</u> | <u>41</u> | | | | |
| <u>Sides</u> | <u>3-4 days</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>Larae Romrell</u> | (Print) <u>Larae Romrell</u> | Title <u>Admin</u> | Date <u>2-28-13</u> |
| Inspector (Signature) <u>[Signature]</u> | (Print) <u>[Name]</u> | Date <u>2/28/13</u> | Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |