



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

March 10, 2011

Nancy Hines, Administrator  
Streamside Alzheimer Care  
1355 South Edgewater Circle  
Nampa, ID 83616

Dear Ms. Hines:

On March 3, 2011, a State Licensure survey and Complaint Investigation was conducted at Streamside Alzheimer Care-Streamside Alzheimers, 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 April 2, 2011.

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

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

JS/gk

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R925</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>STREAMSIDE ALZHEIMER CARE-STREAMSID</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1333 SOUTH EDGEWATER CIRCLE NAMPA, ID 83686</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	<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 and complaint survey conducted on 03/02/11 through 03/03/11 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Matt 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 Streamside Alzheimer Care	Physical Address 1333 South Edgewater Circle	Phone Number 208-461-1172
Administrator Nancy Hines	City Nampa	Zip Code 83686
Team Leader Gloria Keathley	Survey Type Licensure, Follow-up and Complaint	Survey Date 03/03/11

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	One of five staff did not have a state police background check.	4-2-11 gk	
2	152.05.b.iii	Three residents had bed rails.	4-2-11 gk	
3	215.01	The administrator did not assure the facility's emergency discharge policy was followed.	4-2-11 gk	
4	220.02	The admission agreement did not include all required items including; contested charges, how prices are calculated, the price for transportation and transition to a public program.	4-2-11 gk	
5	221.04.h	The facility written notice of discharge did not contain a description of the right to appeal or where to appeal.	4-2-11 gk	
6	305.03	Resident #2 did not have a nursing assessment completed when she had a change in condition.	4-2-11 gk	
7	305.07	The facility nurse did not document her actions when a medication error occurred with Resident #4.		
8	310.04.e	Resident #3's psychotropic review was not completed every six months. Resident #2 and #4's psychotropic review did not include behavior updates to the physician.	4-2-11 gk	
9	320.01	Resident # 2 and Resident #3's NSA was not signed by the administrator, the resident or appropriate parties.	4-2-11 gk	
10	320.08	Resident # 2's NSA was not reviewed or updated when the resident had a change in condition and required different services.	4-2-11 gk	
11	335.03	Liquid soap and paper towels were not provided in residents rooms', who required personal cares thus proper hand washing could not be completed.	4-2-11 gk	
12	350.02	The administrator did not complete an investigation of incidents or accidents.	4-2-11 gk	
Response Required Date 04/02/11	Signature of Facility Representative <i>Gloria Keathley</i>		Date Signed 3/3/11	





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>Streamside Alzheimer</u>		Operator <u>Nancy Hines</u>	
Address <u>1333 South Edgewater Circle</u>			
County <u>Canyon</u>	Estab #	EHS/SUR.#	Inspection time: <u>11 AM</u>
Inspection Type: <u>Standard</u>		Risk Category: <u>High</u>	Travel time:
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.

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</u>	Score	<u>1</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>X</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>X</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<u>X</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> <u>N</u>	5. Clean hands, properly washed (2-301)	<input checked="" 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>X</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>X</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</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 = 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>potato pancakes</u>	<u>163</u>	<u>peas - hot holding</u>	<u>166</u>	<u>turkey - fridge</u>	<u>420</u>		
<u>brock - hot holding</u>	<u>144</u>	<u>Fruit cocktail</u>	<u>411</u>				

**GOOD RETAIL PRACTICES (X = 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 checked="" 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. Surks 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>	(Print) <u>Bachel Corey</u>	Title	Date <u>3/2/11</u>	Follow-up: (Circle One)	Yes No
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Bachel Corey</u>	Date <u>3/2/11</u>			



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

Page 7 of 2  
Date 3/2/11

Establishment Name Streamside Alz Care		Operator Nancy Hines
Address 1333 S Edgewater Circle		
County Estab # Canyon	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

6. A caregiver assisting with serving food, did not wash hands before and after changing gloves. The facility administrator developed a plan to insure all staff on handwashing COSI

46. A cottage cheese container was observed containing fruit cocktail. It was corrected on sight, as the cocktail was discarded and staff were trained on using appropriate containers for leftovers

Person in Charge [Signature]	Date	Inspector [Signature]	Date 3/2/11
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March 17, 2011

Nancy Hines, Administrator  
Streamside Alzheimer Care  
1355 South Edgewater Circle  
Nampa, ID 83616

Dear Ms. Hines:

An unannounced, on-site complaint investigation survey was conducted at Streamside Alzheimer Care-Streamside Alzheimers, Llc from Invalid Datetime, to Invalid Datetime. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004853

- Allegation #1: The facility did not implement measures to prevent falls for two at risk residents.
- Findings #1: On 3/2/11 through 3/3/11, during the tour of the residents' rooms, bed alarms were observed to be in use in the identified residents' rooms. On 3/2/11 at 2:00 PM, one of the identified residents was observed attempting to get out of bed. Staff were observed to respond immediately to the bed alarm.
- Both identified residents' records were reviewed and documented the use of bed alarms and frequent safety checks. All caregivers were aware of residents who were at risk of falls and stated they provided frequent checks and assistance with mobility, when needed.
- Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.
- Allegation #2: The facility did not utilize a witness for medication destruction.
- Findings #2: On 3/2/11, four caregivers stated they had not witnessed destruction of medications. They further stated it was a nursing task they did not perform.
- On 3/3/11 at 2:30 PM, the LPN stated she destroyed medications with the administrator each month and as needed.
- The destruction log documented signatures of two witnesses of each medication disposal.
- Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Nancy Hines, Administrator  
March 17, 2011  
Page 2 of #

Allegation #3: Medications were given which were not ordered or on the medication assistance record.

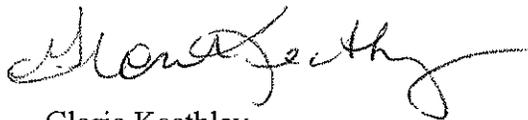
Findings #3: On 3/2/11 through 3/3/11 four sampled resident's medication assistance records were reviewed. The medication assistance record was congruent with physician orders and the medications were observed in the medication cart. All sampled residents' medications were observed to be given as ordered. Two medication passes were observed, medication aides assisted appropriately and verified the medication on the MAR prior to assisting the resident.

Two medication aids stated they would only give medications that were on the MAR as ordered. If there was a medication in the cart that was not on the MAR they would notify the LPN.

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

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,



Gloria Keathley  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



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March 10, 2011

Nancy Hines, Administrator  
Streamside Alzheimer Care  
1355 South Edgewater Circle  
Nampa, ID 83616

Dear Ms. Hines:

An unannounced, on-site complaint investigation survey was conducted at Streamside Alzheimer Care-Streamside Alzheimers, Llc from March 2,2011 to March 3, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00004914**

Allegation #1: The staff are not properly trained to care for the residents.

Findings #1: On 3/2/11 through 3/3/11, four caregivers stated they received three days of orientation, which included book work and job shadowing. All four stated they felt comfortable providing cares. They further stated, they received monthly training.

On 3/2/11 at 11:10 AM, the house manager/LPN stated she had been training staff on infection control, transferring, and individual resident care needs.

Five sampled staff records documented caregivers received orientation and specialized training. The staffing schedule documented which days caregivers received orientation.

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

Allegation #2: The administrator did not respond to family concerns in writing.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not responding in writing to all complaints. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not protect resident's right to privacy.

Findings #3: On 3/2/11 through 3/3/11, there were no observations of any facility personnel violating resident's rights to privacy. Four caregivers stated if they needed to speak about a resident's care needs or personal information, they would go to an empty room or private area. They further stated they were unaware of any resident's right to privacy being violated.

Nancy Hines, Administrator

March 10, 2011

Page 2 of #

The complaint logs did not document any complaints regarding violations of resident's rights to privacy.

Unsubstantiated.

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 "Gloria Keathley".

Gloria Keathley

Health Facility Surveyor

Residential Assisted Living Facility Program

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



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March 10, 2011

Nancy Hines, Administrator  
Streamside Alzheimer Care  
1355 South Edgewater Circle  
Nampa, ID 83616

Dear Ms. Hines:

An unannounced, on-site complaint investigation survey was conducted at Streamside Alzheimer Care-Streamside Alzheimers, Llc from to Invalid Datetime. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00004930**

Allegation #1: The facility did not respond appropriately to allegation of abuse.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.05 for not immediately reporting to Adult Protection. However, the facility did not receive any other citations as they responded appropriately by protecting the resident, conducting an investigation and implementing a plan to prevent reoccurrence. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not offer activities.

Findings #2: On 3/2/11 through 3/3/11, observations and interviews were conducted. During this time three activities were observed including pet therapy, card games and crafts. Four caregivers stated an activity director came to the facility two times a day. The caregivers further stated, they also attempt to engage residents in activities. Two family members stated activities were done daily at the facility.

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

Allegation #3: Sufficient personnel were not scheduled to meet the needs of the residents.

Findings #3: On 3/2/11 through 3/3/11, all residents were observed well groomed. The facility was observed to be clean and odor free. Four sampled residents were observed to be provided assistance with cares according their Negotiated Service Agreements. Four caregivers stated they felt there was enough staff to meet the needs of the residents. Six family members had no complaints about the number of staff scheduled. They further stated, the residents' care needs were being met.

Nancy Hines, Administrator

March 10, 2011

Page 2 of #

The staffing schedule documented two caregivers were scheduled on each shift.

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

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 black ink, appearing to read 'Gloria Keathley', with a long horizontal flourish extending to the right.

Gloria Keathley  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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