



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

April 2, 2012

Dr. Mark Stephenson, Administrator  
Gables Of Ammon Management, Inc  
1405 Curlew Drive  
Ammon, ID 83406

License #: RC-1013

Dear Dr. Stephenson:

On March 13, 2012, an Initial Licensure survey was conducted at Gables Of Ammon Management, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



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March 23, 2012

Mark Stephenson, Administrator  
Gables Of Ammon Management, Inc  
1405 Curlew Drive  
Ammon, ID 83406

Dear Mr. Stephenson:

A Initial Licensure was conducted at Gables Of Ammon Management, Inc between 03/13/2012. 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 03/13/2012. 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,

*Raejan McPhillips RN*  
*for*

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R1013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GABLES OF AMMON MANAGEMENT, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1405 CURLEW DRIVE AMMON, ID 83406</b>
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(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
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R 000	<p><b>Initial Comments</b></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 initial licensure survey conducted March 12, 2012 through March 13, 2012 at your facility. The surveyors conducting the survey were:</p> <p>Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Gables of Ammon Management	Physical Address 1405 Curlew Drive	Phone Number 208 542-3400
Administrator Dr. Mark Stephenson	City Ammon	Zip Code 83406
Team Leader RaeJean McPhillips	Survey Type Initial Licensure	Survey Date 03/13/12

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	2 of 10 employees did not have a criminal history and background check completed. <i>err</i>		
2	009.06.c	5 of 10 employees did not have a Idaho State Police background check completed.		<i>RM</i> <i>4/2/12</i>
3	305.03	The facility nurse did not document an assessment on Residents #5 & 6 when they had changes in condition such as starting insulin and swollen feet.		<i>4/2/12</i>
4	320	Resident #1, 2 and 4's NSAs were not signed within 14 days.		<i>4/12/12</i>
5	620	Staff training forms were not signed and dated.		<i>4/2/12</i>
6	711.07	The home health plan of care was not in Resident #2's record.		<i>4/2/12</i>
7	711.08.a	Staff did not document why Resident #1's NSA was not followed.		<i>4/2/12</i>
8	711.08.c	Home health nursing notes were not in Resident #2's record.		<i>4/2/12</i>
9	730.01.h	3 of 8 employee records did not contain documentation of nursing delegation.		<i>4/2/12</i>

Response Required Date  
04/12/12

Signature of Facility Representative  
*Mark Stephenson*

Date Signed  
*3/13/12*



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>Tables of Ammon</u>	Operator <u>Danny Lewis</u>
Address <u>1405 Curlew Dr</u>	<u>Idaho Falls ID</u>
County <u>Bonanza</u>	Estab # <u>20828</u>
BHS/SUR#	Inspection time: <u>83406</u>
Inspection Type:	Travel time:
Risk Category: <u>High</u>	Follow-Up Report: OR On-Site Follow-Up
	Date: _____ Date: _____

# 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

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

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	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) 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		
(Y) N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

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

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>meat loaf</u>	<u>41°</u>	<u>Scrambled egg</u>	<u>152°</u>	<u>Rice Sticks</u>	<u>170°</u>	<u>Chicken Noodle</u>	<u>180°</u>
<u>Chicken</u>	<u>41°</u>			<u>Biscuits</u>	<u>158°</u>	<u>Soup</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 utensil 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. Insect/rodent/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>Mark Stephenson</u>	(Print) <u>Mark Stephenson</u>	Title <u>Hd/M</u>	Date <u>3/13/12</u>
Inspector (Signature) <u>Karen Anderson</u>	(Print) <u>Karen Anderson</u>	Date <u>3/13/12</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>