# 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 18, 2013

Jodie Galloway, Administrator
Carefix-Juniper Grove Assisted Living
5685 S Bannock
Pocatello, ID 83204

License #: RC-1016

Dear Ms. Galloway:

On March 26, 2013, an Initial Licensure survey was conducted at Carefix Management & Consulting Dba Juniper Grove Assisted Living. 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 plan of correction and 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

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

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

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P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

April 1, 2013

Jodie Galloway, Administrator
Carefix-Juniper Grove Assisted Living
5685 S Bannock
Pocatello, ID 83204

Dear Ms. Galloway:

An Initial Licensure was conducted at Carefix-Juniper Grove Assisted Living between March 25, 2013 and March 26, 2013. 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 **03/26/2013**. 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,

Rae Jean McPhillips RN, BSN

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

RJM/gk

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 13R1016 | | 03/26/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CAREFIX-JUNIPER GROVE ASSISTED LIVING | 5685 S BANNOCK<br>POCATELLO, ID 83204 |

| (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<br><br>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 on 3/25/2013 through 3/26/2013 at your facility. The surveyors conducting the survey were:<br><br>Rae Jean McPhillips, RN, BSN<br>Team Coordinator<br>Health Facility Surveyor<br><br>Gloria Keathley, LSW<br>Health Facility Surveyor | R 000 | | |

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

# ASSISTED LIVING Non-Core Issues Punch List

| Facility Name | Physical Address | Phone Number |
|---|---|---|
| Carefix - Juniper Grove Assisted Living | 5685 S. Bannock | 208-239-0481 |
| **Administrator** | **City** | **Zip Code** |
| Jodi Galloway | Pocatello | 83204 |
| **Team Leader** | **Survey Type** | **Survey Date** |
| RaeJean McPhillips | Initial Licensure | 3/26/13 |

## NON-CORE ISSUES

| Item # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | L&C USE |
|---|---|---|---|---|
| 1 | 305.03 | The facility's RN did not document an assessment of Resident #2's cancer, her response to chemotherapy, or that she had a | | |
| | | Portacath. Additionally, the RN did not document an assessment of Resident #2's diabetes. | 4/18/13 RM | |
| 2 | 600.05 | The administrator did not supervise an employee to ensure that Resident #1's PRN pain medication was given with the appropriate time | | |
| | | intervals as prescribed by her physician. | 4/18/13 RM | |
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| Response Required Date | Signature of Facility Representative | Date Signed |
|---|---|---|
| 04/25/13 | | 3-26-13 |

Date 3/26/13 Page 1 of 1

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**

| Establishment Name | Operator |
|---|---|
| Chretix Jumper Grove | Jodie Galloway |
| Address: 5685 S Bannock | Pocatello 83204 |
| County: Bannock; Estab #; EHS/SUR.# | Inspection time: ; Travel time: |
| Inspection Type: ; Risk Category: High | 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.

| Critical Violations | Noncritical Violations |
|---|---|
| # of Risk Factor Violations: 0 | # of Retail Practice Violations: |
| # of Repeat Violations: | # of Repeat Violations: |
| Score: 0 | Score: |
| 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.

| | | COS | R |
|---|---|---|---|
| | **Demonstration of Knowledge (2-102)** | | |
| Y N | 1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code | ☐ | ☐ |
| | **Employee Health (2-201)** | | |
| Y N | 2. Exclusion, restriction and reporting | ☐ | ☐ |
| | **Good Hygienic Practices** | | |
| Y N | 3. Eating, tasting, drinking, or tobacco use (2-401) | ☐ | ☐ |
| Y N | 4. Discharge from eyes, nose and mouth (2-401) | ☐ | ☐ |
| | **Control of Hands as a Vehicle of Contamination** | | |
| Y N | 5. Clean hands, properly washed (2-301) | ☐ | ☐ |
| Y N | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | ☐ | ☐ |
| Y N | 7. Handwashing facilities (5-203 & 6-301) | ☐ | ☐ |
| | **Approved Source** | | |
| Y N | 8. Food obtained from approved source (3-101 & 3-201) | ☐ | ☐ |
| Y N | 9. Receiving temperature / condition (3-202) | ☐ | ☐ |
| Y N N/A | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | ☐ | ☐ |
| | **Protection from Contamination** | | |
| Y N N/A | 11. Food segregated, separated and protected (3-302) | ☐ | ☐ |
| Y N N/A | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | ☐ | ☐ |
| Y N | 13. Returned / reservice of food (3-306 & 3-801) | ☐ | ☐ |
| Y N | 14. Discarding / reconditioning unsafe food (3-701) | ☐ | ☐ |

| | | COS | R |
|---|---|---|---|
| | **Potentially Hazardous Food Time/Temperature** | | |
| Y N N/O N/A | 15. Proper cooking, time and temperature (3-401) | ☐ | ☐ |
| Y N N/O N/A | 16. Reheating for hot holding (3-403) | ☐ | ☐ |
| Y N N/O N/A | 17. Cooling (3-501) | ☐ | ☐ |
| Y N N/O N/A | 18. Hot holding (3-501) | ☐ | ☐ |
| Y N N/O N/A | 19. Cold Holding (3-501) | ☐ | ☐ |
| Y N N/O N/A | 20. Date marking and disposition (3-501) | ☐ | ☐ |
| Y N N/O N/A | 21. Time as a public health control (procedures/records) (3-501) | ☐ | ☐ |
| | **Consumer Advisory** | | |
| Y N N/A | 22. Consumer advisory for raw or undercooked food (3-603) | ☐ | ☐ |
| | **Highly Susceptible Populations** | | |
| Y N N/O N/A | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | ☐ | ☐ |
| | **Chemical** | | |
| Y N N/A | 24. Additives / approved, unapproved (3-207) | ☐ | ☐ |
| Y N | 25. Toxic substances properly identified, stored, used (7-101 through 7-301)) | ☐ | ☐ |
| | **Conformance with Approved Procedures** | | |
| Y N N/A | 26. Compliance with variance and HACCP plan (8-201) | ☐ | ☐ |

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 |
|---|---|---|---|---|---|---|---|
| Cottage Cheese / fridge | 41 | Potato Salad / fridge | 38 | | | | |
| Pudding / fridge | 41 | Chicken / crock pot | 170 | | | | |

## GOOD RETAIL PRACTICES (☒= not in compliance)

| | | COS | R | | | COS | R | | | COS | R |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | 27. Use of ice and pasteurized eggs | ☐ | ☐ | ☐ | 34. Food contamination | ☐ | ☐ | ☐ | 42. Food utensils/in-use | ☐ | ☐ |
| ☐ | 28. Water source and quantity | ☐ | ☐ | ☐ | 35. Equipment for temp. control | ☐ | ☐ | ☐ | 43. Thermometers/Test strips | ☐ | ☐ |
| ☐ | 29. Insects/rodents/animals | ☐ | ☐ | ☐ | 36. Personal cleanliness | ☐ | ☐ | ☐ | 44. Warewashing facility | ☐ | ☐ |
| ☐ | 30. Food and non-food contact surfaces: constructed, cleanable, use | ☐ | ☐ | ☐ | 37. Food labeled/condition | ☐ | ☐ | ☐ | 45. Wiping cloths | ☐ | ☐ |
| ☐ | 31. Plumbing installed; cross-connection; back flow prevention | ☐ | ☐ | ☐ | 38. Plant food cooking | ☐ | ☐ | ☐ | 46. Utensil & single-service storage | ☐ | ☐ |
| ☐ | 32. Sewage and waste water disposal | ☐ | ☐ | ☐ | 39. Thawing | ☐ | ☐ | ☐ | 47. Physical facilities | ☐ | ☐ |
| ☐ | 33. Sinks contaminated from cleaning maintenance tools | ☐ | ☐ | ☐ | 40. Toilet facilities | ☐ | ☐ | ☐ | 48. Specialized processing methods | ☐ | ☐ |
| | | | | ☐ | 41. Garbage and refuse disposal | ☐ | ☐ | ☐ | 49. Other | ☐ | ☐ |

## OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) [signature] (Print) Jodie Galloway Title dm Date 3-26-13

Inspector (Signature) [signature] (Print) [signature] Date 3/26/13

Follow-up: (Circle One) Yes No