



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

May 29, 2012

Steve Farnsworth, Administrator
Birchwood Retirement Estate, Cec, Inc
Po Box 324
Filer, ID 83328

License #: Rc-602

Dear Mr. Farnsworth:

On April 10, 2012, a State Licensure survey was conducted at Birchwood Retirement Estate, Cec, Inc. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
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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April 16, 2012

Steve Farnsworth, Administrator
Birchwood Retirement Estate, Cec, Inc
641 Rimview Drive
Twin Falls, ID 83301

Dear Mr. Farnsworth:

Congratulations to both you and your staff on your recent State Licensure which was conducted at Birchwood Retirement Estate, Cec, Inc on 04/10/2012. No core deficiencies were found and you had three or less 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 **April 10, 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.

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: 13R602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2012
NAME OF PROVIDER OR SUPPLIER BIRCHWOOD RETIREMENT ESTATE, CEC, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 641 RIMVIEW DRIVE TWIN FALLS, ID 83301		
(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 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 04/09/2012 through 04/10/2012 at your facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Food Establishment Inspection Report

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

Establishment Name: Estables
Address: 1041 Rim View Dr
County: Twin Falls
EHS/SUR.#:
Inspection time:
Travel time:
Risk Category: high
Follow-Up Report: OR On-Site Follow-Up
Date:
Date:

of Risk Factor Violations: 0
of Retail Practice Violations: 0
of Repeat Violations: 0
of Repeat Violations: 0
Score: 0
Score: 0
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.

Table with 4 columns: Item, Status (Y/N), COS, R. Rows include: Demonstration of Knowledge (2-102), Employee Health (2-201), Good Hygienic Practices, Control of Hands as a Vehicle of Contamination, Approved Source, Protection from Contamination.

Table with 4 columns: Item, Status (Y/N/N/A), COS, R. Rows include: Potentially Hazardous Food Time/Temperature, Consumer Advisory, Highly Susceptible Populations, Chemical, Conformance with Approved Procedures.

Y = yes, in compliance; N = no, not in compliance; N/O = not observed; COS = Corrected on-site; R = Repeat violation; X = COS or R

Table with 8 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes handwritten entries like 'Dnr cream temp 38', 'Milk in refr 36.1', 'Cottage cheese 38.6', 'pork and beans 205.9'.

GOOD RETAIL PRACTICES (X = not in compliance)

Table with 12 columns: Item, COS, R, Item, COS, R, Item, COS, R, Item, COS, R. Rows include: 27. Use of ice and pasteurized eggs, 28. Water source and quantity, 29. Insects/rodents/animals, 30. Food and non-food contact surfaces, 31. Plumbing installed, 32. Sewage and waste water disposal, 33. Sinks contaminated, 34. Food contamination, 35. Equipment for temp. control, 36. Personal cleanliness, 37. Food labeled/condition, 38. Plant food cooking, 39. Thawing, 40. Toilet facilities, 41. Garbage and refuse disposal, 42. Food utensils/in-use, 43. Thermometers/Test strips, 44. Warewashing facility, 45. Wiping cloths, 46. Utensil & single-service storage, 47. Physical facilities, 48. Specialized processing methods, 49. Other.

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): Steve J. ... Title: ... Date: 4-10-12
Inspector (Signature): ... Date: 4/10/12
Follow-up: (Circle One) Yes No