



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

FILE COPY

April 20, 2010

CERTIFIED MAIL #: 7005 1160 0000 1506 8455

Yvonne Dollins, Administrator
Serenity Guest Home Elderly Care
8618 Ustick Road
Boise, ID 83704

Dear Ms. Dollins:

Based on the State licensure survey conducted by our staff at Serenity Guest Home Elderly Care on **April 14, 2010**, we have determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Serenity Guest Home Elderly Care to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described in the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **May 29, 2010**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Yvonne Dollins, Administrator
April 20, 2010
Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **May 3, 2010**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

You have available the opportunity to question cited deficiencies through an Informal Dispute Resolution (IDR) process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**May 3, 2010**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for Licensing & Certification to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **May 3, 2010**, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **May 14, 2010**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Serenity Guest Home Elderly Care.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



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

JS/sm

Enclosures



C.L. "BUTCH" OTTER -- Governor
RICHARD M. ARMSTRONG -- Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Post Office Box 83720
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CONFIDENTIAL

Facility Name: SERENITY GUEST HOME ELDERLY CARE

Date of Survey: APRIL 14, 2010

NOTE: The information on this page is not being forwarded to any other agency, office, or personnel. This is confidential information for use by the above-named Licensure and/or Certification facility/agency.

RESIDENT IDENTIFIERS FOR SURVEY REPORT

1. Irene Zoschnick
2. Laura C. Toth
3. Caroline Rich

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2010
NAME OF PROVIDER OR SUPPLIER SERENITY GUEST HOME ELDERLY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 8618 USTICK ROAD BOISE, ID 83704		
(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 following deficiency was cited during the standard conducted at your residential care/assisted living facility. The surveyors conducting the survey were: Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor Matt Hauser, QMRP Health Facility Surveyor Abbreviations used in this report include: NFPA = National Fire Protection Association NSA = Negotiated Service Agreement	R 000 16.03.22. 520 R008 R008 16.03.22. 520 R008 16.03.22. 520	R008 "The facility is in the process of putting in an approved automatic sprinkler system. We (facility) will conduct fire drills monthly to identify residents who are unable to self-evacuate. We are also putting in sprinkler. The facility will put in auto sprinkler system to be in compliance with NFPA Standard #101 Life Safety Code, 2000 Edition, Chapter 33	5-29-10 5-29-10 5-29-10
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on observation, interview and record review it was determined the facility, which was not equipped with an approved automatic sprinkler system, retained 1 of 3 residents (#1) who was unable to self evacuate from the facility in the event of a fire. The findings include: IDAPA 16.03.22.152.05.g documents "Residents who are not capable of self evacuation must not be admitted or retained by a facility which does not comply with the NFPA Standard #101, 'Life Safety Code, 2000 Edition, Chapter 33, Existing	R 008 R008 16.03.22. 520 R008 16.03.22. 520	The facility administrator will monitor the sprinkler system monthly. We plan for the sprinkler to be in 5-29-10.	5-29-10

Bureau of Facility Standards

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

Jeanne Dolin ADMINISTRATOR TITLE (X6) DATE 4-29-10

STATE FORM

6599

GQQQ11

1 continuation sheet 1 of 2

RECEIVED

MAY 3 2010

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2010
NAME OF PROVIDER OR SUPPLIER SERENITY GUEST HOME ELDERLY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 8618 USTICK ROAD BOISE, ID 83704		
(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 008	<p>Continued From page 1</p> <p>Residential Board and Care Impracticable Evacuation Capability."</p> <p>Chapter 33 of the Life Safety Code documents the facility must be protected by an approved automatic sprinkler system.</p> <p>During the tour of the facility, on 4/13/10, the facility was observed not to have an automatic sprinkler system. During the tour, Resident #1 was observed to be lying in bed with a wheelchair in her room.</p> <p>Resident #1's record was reviewed on 4/13/10. The record documented she was admitted to the facility, on 9/3/04, with diagnoses that included mild dementia.</p> <p>The record contained an NSA, dated 2/14/07, which documented the resident required assistance to transfer out of chairs and bed.</p> <p>On 4/13/10 at 1:15 PM, the administrator stated Resident #1 would be unable to self evacuate from the facility in the event of a fire.</p> <p>The facility, which was not equipped with an approved automatic sprinkler system, retained a resident who was unable to self evacuate from the building in the event of a fire.</p>	R 008		

Gronne Döllin



Facility Name Serenity Guest House	Physical Address 8618 Ustick Road	Phone Number 377-8199
Administrator Yvonne Dollins	City Boise	Zip Code
Team Leader RaeJean McPhillips	Survey Type Relicensure	Survey Date 04/14/10

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	1 of 3 residents did not have current, signed admission agreements.	Found	
2	250.10	Hot water temperatures exceeded the maximum temperature allowed.	COS 4/14/10	
3	300.02	The facility nurse did not conduct 90 day nursing assessments on 3 of 3 sampled residents and the facility nurse did not follow Board of Nursing rules when she did not provide written instructions for delegated tasks.	5/27/10	Rm
4	305.02	Resident records were missing current physician orders in 2 of 3 records reviewed.	5/27/10	Rm
5	310.02	The facility had an accumulation of expired medications.	5/27/10	Rm
6	320.03	1 of 3 records contained NSAs which were not signed and dated by residents or their legal guardians.	5/27/10	Rm
7	320.08	Resident #1 & #3's NSA was not reviewed every 12 months or when they had a change of condition.	5/27/10	Rm
8	711.08.d	The facility did not document calls made to the residents' physician in care notes of 3 of 3 records reviewed.	5/27/10	Rm
9	711.08.e	The facility did not document when they had notified the nurse in 3 of 3 records reviewed.	5/27/10	Rm

Response Required Date 5/14/10	Signature of Facility Representative <i>Yvonne Dollins</i>	Date Signed 4-14-10
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Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702 208-334-5938

Establishment Name <u>Serenity Guest Home</u>		Operator <u>Juonne Dollins</u>	
Address <u>8618 Ustick Rd</u>		City <u>Boise</u>	Zip <u>83704</u>
County <u>Ada</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type: <u>High</u>	Risk Category:	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		Good Retail Practices	
# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</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> N	1. Certification by Accredited Program or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	Employee Health (2-201) 2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	Good Hygienic Practices 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"/>
<u>(Y)</u> N	Control of Hands as a Vehicle of Contamination 5. Clean hands, properly washed	<input 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"/>
<u>(Y)</u> N	Approved Sources 8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</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"/>
<u>(Y)</u> N <u>(N/A)</u>	Protection from Contamination 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>(Y)</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</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 (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	17. Cooling (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <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 checked="" 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 checked="" 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"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	Consumer Advisory 22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	Highly Susceptible Populations 23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/A)</u>	Chemical 24. Additives / approved, unapproved (3-202.12)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/A)</u>	Conformance with Approval Procedures 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>cooked hamburger</u>	<u>42</u>						
<u>ham-Frig</u>	<u>46</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>Juonne</u>	(Print)	Title <u>DM</u>	Date <u>4-14-10</u>
Inspector (Signature) <u>Rae Jean McPhillips</u>	(Print)	Date <u>4/14/10</u>	Follow-up: (Circle One) Yes <input type="radio"/> No <input checked="" type="radio"/>



Food Establishment Inspection Report

Page 2 of 2
Date 7/14/10

Establishment Name <u>Security Guest Home</u>		Operator <u>Gloria Collins</u>
Address <u>8118 Ustick Rd</u>		<u>Boise, 83709</u>
County <u>Ada</u>	Estab # <u></u>	EHS/SUR.# <u></u>
		License Permit # <u></u>

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11 - cooked hamburger's temperature was 43. Hamburger was discarded. Surface temperature was lowered. Staff instructed to monitor temperature of food in refrigerator & correct cooling technique. COS

20 - PHE were not date marked. Foods were date marked & items discarded - COS

Person in Charge <u>Gloria Collins</u>	Date <u>11/14/10</u>	Inspector <u>[Signature]</u>	Date <u>11/14/10</u>
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