



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

May 20, 2011

Kaddy Fyfe, Administrator
Willows, The-Blackfoot Operations, Llc
898 South Meridian
Blackfoot, ID 83221

Dear Ms. Fyfe:

On May 11, 2011, a State Licensure, Follow-up, and Complaint Investigation survey was conducted at Willows, The-Blackfoot Operations, 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 June 10, 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: 13R912	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2011
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NAME OF PROVIDER OR SUPPLIER WILLOWS, THE-BLACKFOOT OPERATIONS, L	STREET ADDRESS, CITY, STATE, ZIP CODE 898 SOUTH MERIDIAN BLACKFOOT, ID 83221
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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>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 05/09/11 through 05/11/11 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW 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 _____



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name The Willows	Physical Address 898 S. Meridian	Phone Number 208-782-1478
Administrator Kaddy Fyfe	City Blackfoot	Zip Code 83221
Team Leader Gloria Keathley	Survey Type Licensure, Follow-up and Complaint	Survey Date 05/11/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	3 of 11 employees did not have an Idaho State Police background check.	6-14-11 gk	
2	220	The admissions agreements were not updated to reflect how residents could contest charges or rate increases, what would happen if a resident had to transition to medicaid and did include how the rates or charges were determined.	6-13-11 gk	
3	250.13.l	There were no dividers to separate residents' clothing in shared closets.	6-13-11 gk	
4	260.06	The facility was not maintained in a clean in orderly manner - for example: Carpets were stained and worn, there is a "soft" spot in the flooring outside room #30, toilet seats in room #30 and numerous other rooms need replacing, room #49 needs a toilet roll holder, there is a hole in the wall outside of room #30, room #18 needs to be cleaned, room #21 and numerous others were missing the controls to the heating and air conditioning units, room #21 had a broken outlet cover, room #4 the sink and toilet were very dirty and the closet doors in room #30 need replacing.	6-13-11 gk	
5	300.01	The facility nurse did not delegate all nursing tasks to 8 of 11 employees.	6-14-11 gk	
6	305.02	The facility did not ensure that therapeutic diet orders were implemented for Resident #2 & 7.	6-13-11 gk	
7	305.06	The facility nurse did not evaluate Resident #9's ability to self-inject medication every 90 days.	6-13-11 gk	
8	335.03	The facility did not follow proper infection control when there were no paper towels, gloves, or liquid soap in residents' rooms.	6-13-11 gk	
9	451	A random resident, in the memory unit, was not provided with a diet that ensure she received the minimal nutritional needs when she was not served proteins.	6-14-11 gk	
Response Required Date 06/10/11	Signature of Facility Representative 		Date Signed 5/11/11	



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>The Wilkows</u>		Operator <u>Maddy Fyfe</u>	
Address <u>298 S Meridian</u>		<u>Blackfoot</u>	
County <u>Bingham</u>	Estab #	EHS/SUR #	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up: _____
Date: _____		Date: _____	

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	_____
# of Repeat Violations	<u>0</u>	# of Repeat Violations	_____
Score	<u>1</u>	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	

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
<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"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</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"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<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"/>
	Approved Source		
<u>Y</u> N	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"/>
	Protection from Contamination		
<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> <u>N</u> <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 (3-403)	<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>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> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</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"/>
	Consumer Advisory		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<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"/>
	Chemical		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<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"/>
	Conformance with Approved Procedures		
<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>pickles - oven</u>	<u>160</u>	<u>potatoes - cooktop</u>	<u>165</u>				
<u>carrots - cooktop</u>	<u>171</u>	<u>yogurt - frig</u>	<u>34</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. 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>Maddy Fyfe</u>	(Print) <u>Maddy Fyfe</u>	Title <u>ED</u>	Date <u>5/10/11</u>
Inspector (Signature) <u>Rae McPhillips</u>	(Print) <u>Rae McPhillips</u>	Date <u>5/10/11</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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

Page 2 of 2
Date 5/10/11

Establishment Name <i>The Willows</i>	Operator <i>Kaddy Fyfe</i>
Address <i>898 S Meridian</i>	<i>Blackfoot</i>
County Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#12 *slime mold in ice machine*
COS - ice disposed of, machine cleaned

Person in Charge <i>Kaddy Fyfe</i>	Date	Inspector <i>Wm. McPhillips</i>	Date <i>5/10/11</i>
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May 18, 2011

Kaddy Fyfe, Administrator
Willows, The-Blackfoot Operations, Llc
898 South Meridian
Blackfoot, ID 83221

Dear Ms. Fyfe:

An unannounced, on-site complaint investigation survey was conducted at Willows, The-Blackfoot Operations, Llc from May 9, 2011, to May 11, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004982

Allegation #1: The facility did not have an employee complete a criminal history background check within 21 days of hire.

Findings #: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.c for not completing the appropriate criminal history background check with 21 days of hire. The facility was required to submit evidence of resolution within 30 days.

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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May 18, 2011

Kaddy Fyfe, Administrator
Willows, The-Blackfoot Operations, Llc
898 South Meridian
Blackfoot, ID 83221

Dear Ms. Fyfe:

An unannounced, on-site complaint investigation survey was conducted at Willows, The-Blackfoot Operations, Llc from May 9, 2011, to May 11, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004955

Allegation #1: Staff were not trained prior to providing resident care unsupervised.

Findings #1: A standard survey and a complaint investigation were conducted at the facility between 5/9/11 and 5/11/11. Ten employee records contained documentation the employees had received the required 16 hours of orientation. Six of six caregivers, who were interviewed, stated they had received more than 16 hours of orientation before providing resident cares independently.

On 5/11/11 at 9:00 AM, the facility administrator confirmed new employees received at least four days of orientation and this included orientation to the main facility and the Alzheimer's Dementia Unit. She further stated most of the orientation would be in the area the caregiver would be working.

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

Allegation #2: Medications were being preprepared.

Findings #2: On 5/9/11 through 5/11/11 a standard survey and a complaint investigation were conducted at the facility. The medication cart was observed throughout the survey to be free of medication cups. Medication assistance was observed on 5/10/11 and 5/11/11. The medication aide was observed assisting residents with medications, one resident at a time.

On 5/10/11 at 9:00 AM, the medication aide stated medications were never dispensed for more than one resident at a time. She further stated, she had not seen other medication aides dispense more than one resident's medications at a time.

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

Kaddy Fyfe, Administrator
May 18, 2011
Page 2 of 2

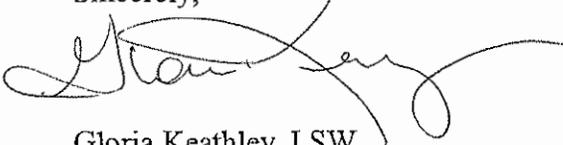
allegation could not be proven.

Allegation #3: Gloves, paper towels and liquid soap were not always available to staff after assisting residents with cares.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.335.03 for not following proper infection control when there were no paper towels, gloves or liquid soap available in resident's rooms. The facility was required to submit evidence of resolution within 30 days.

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, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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