



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

JUDY A. CORDENIZ – ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

July 9, 2012

Janette Bower, Administrator
Alpine Meadows Assisted Living, LLC
1695 S Locust Grove Rd
Meridian, ID 83642

License #: RC-988

Dear Ms. Bower:

On May 18, 2012, a Complaint Investigation and State Licensure survey was conducted at Alpine Meadows Assisted Living, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

May 30, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7688

Janette Bower
Alpine Meadows Assisted Living, LLC
1695 S Locust Grove Rd
Meridian, ID 83642

Dear Ms. Bower:

Based on the Complaint Investigation, Follow-up and State Licensure survey conducted by our staff at Alpine Meadows Assisted Living, LLC, on May 18, 2012, we have determined the facility failed to provide a safe living environment.

This core issue deficiency substantially limits the capacity of Alpine Meadows Assisted Living, LLC, to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on 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 **July 2, 2012**. **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?

Janette Bower
Page 2
May 30, 2012

Return the **signed and dated** Plan of Correction to us by **June 12, 2012**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution 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. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted..

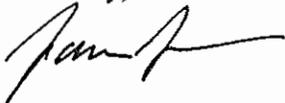
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **June 17, 2012**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

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 in Idaho, the Department will have no alternative but to initiate an enforcement action against the license held by Alpine Meadows Assisted Living, LLC.

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

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program
Medicaid Licensing & Certification

JS

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R988	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2012
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NAME OF PROVIDER OR SUPPLIER ALPINE MEADOWS ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1695 S LOCUST GROVE RD MERIDIAN, ID 83642
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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
R 000	<p>Initial Comments</p> <p>A licensure, complaint investigation and follow-up survey was conducted at your residential care/assisted living facility on 05/16/12 through 05/18/12. A core deficiency was identified and the facility immediately implemented a sitter to protect Resident #2. One repeat non-core deficiency and 17 non-core deficiencies and were also cited. The surveyors conducting the standard survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Abbreviations used in this report:</p> <p>& = and # = number AM = morning BMP = behavior management plan CG = caregiver MPH = miles per hour PM = evening Res = resident sic = indicates that the quoted words appear exactly as in the original source</p>	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care.	R 008	see attached "Plan of Action" 6/11/12	

Bureau of Facility Standards

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

John Bauer, Administrator

TITLE

(X6) DATE

6/12/12

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R988	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2012
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R 008	<p>Continued From page 1</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility did not provide an interior environment and exterior yard which was secure for 1 of 1 sampled residents who was cognitively impaired and at risk for elopement (Resident #2). This had the potential to affect other residents who were cognitively impaired. The findings include:</p> <p>SECURE ENVIRONMENT</p> <p>IDAPA 16.03.22.250.14 documents, "Secure Environment. If the facility accepts and retains residents who have cognitive impairment, the facility must provide an interior environment and exterior yard which is secure and safe."</p> <p>Between 5/16/12 and 5/18/12, the facility was observed to be a large two-story building, located at the intersection of Overland (five-lane) and Locus Grove (four-lane) roads with speed limits of 35 MPH. The facility did not have a secured interior or a secured exterior yard. The main entry door, located off the parking lot, was not secured. The exit to the patio was not secured and was located on the north side of the facility, next to Overland Road. The backyard was fenced and had two gates with locks. One gate, located on the west side of the yard next to Locust Grove, was unlocked.</p> <p>Resident #2 was admitted to the facility on 10/5/11, with diagnoses which included Alzheimer's disease.</p>	R 008		

Bureau of Facility Standards

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R 008	<p>Continued From page 2</p> <p>A "History and Physical" report, dated 9/15/11, documented Resident #2 had a "bit more wandering and more inappropriate behavior..."</p> <p>An incident report, dated 10/28/11, documented Resident #2 had eloped from the property and was "walking up sidewalk". The incident report further documented, "15 minute checks for the next 72 hours" were initiated and a BMP developed. The elopement occurred 22 days after being admitted to the facility.</p> <p>A fax sent to Resident #2's Physician, dated 10/31/11, documented the resident eloped on 10/28/12. The facility nurse documented, "He clearly is more confused and has been redirected away from the front door on several occasions...We are quite concerned about him eloping after speaking with his daughter..."</p> <p>The physician's response, dated 11/1/11, questioned "whether or not" the facility had a "memory care section where patients are locked indoors...otherwise, we may need to transfer him..."</p> <p>Resident #2's physician, recommended a secure environment to keep the resident safe. The facility did not provide a secured interior to prevent elopements and the resident eloped again on 5/1/12.</p> <p>Resident #2's BMP, dated 11/1/11, documented the resident had increased "confusion - delusions - exit seeking." The listed interventions were to implement 15 minute checks for the first 72 hours and adjustment of the resident's medications. The goal was to "Keep Resident safe." Also listed on the BMP, "Possible Behaviors: (#8)</p>	R 008		
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Bureau of Facility Standards

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R 008	<p>Continued From page 3</p> <p>Elopement/Running away (unauthorized leaving of facility grounds) & (#9) Wandering (leaving designated facility grounds, unaware of destination.)" The BMP was developed 25 days after the resident was admitted and 4 days after he had eloped.</p> <p>A monthly behavior tracking form, dated November 2011, documented the resident had exhibited behavior's (#8) elopement & (#9) wandering, eight times.</p> <p>A monthly behavior tracking form, dated December 2011, documented the resident had exhibited behavior's (#8) elopement & (#9) wandering, four times.</p> <p>On 1/3/12, the facility nurse documented on the bottom of the "Ongoing Monitoring/Summary" report for the BMP, "Removed resident from behavior plan - have identified triggers (family) - educated them; educated caregivers on redirection & interventions which were helpful..."</p> <p>A "Quarterly Nursing Assessment," dated 1/21/12, documented Resident #2 had not exhibited any "maladaptive" behaviors. The nurse further documented Resident #2's physician made a "house call" on 1/11/12, due to "family concerned about Resident's increased confusion..."</p> <p>A "Quarterly Nursing Assessment," dated 4/9/12, documented Resident #2 had not "exhibited any maladaptive behaviors."</p> <p>Resident care notes were reviewed and the following was documented:</p> <p>*3/30/12 at 5:31 AM, "a lot (sic) of wandering</p>	R 008		

Bureau of Facility Standards

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R 008	<p>Continued From page 4 tonight."</p> <p>*5/1/12 at 9:44 PM, "res left facility and was found out by the dumpster in the parking lot. res told cg he was trying to find his daughters car. He was redirected and brought back into the building."</p> <p>*5/11/12 at 9:28 PM, "[Resident's nickname] was very confused tonight was trying to leave the facility..."</p> <p>*5/13/12 at 9:24 PM, "res very confused today, tried to leave facility and was trying to hand CG something but nothing was in resident's hands..."</p> <p>An incident report, dated 5/1/12, documented "Elopement - res was seen out the window by the dumpster, two caregivers ran out to stop him, res said he was looking for his daughter's car because he was worried about her recent injury. res agreed to come back to building." The incident report included a "plan to keypad the doors."</p> <p>On 5/16/12 at 2:45 PM, Resident #2 was observed in his room. He was very confused when interviewed and was not able to put words together to complete a sentence.</p> <p>On 5/17/12 at 11:40 AM, the owner of the facility stated, "I ordered a couple different alarm systems but they didn't worked properly." He stated, "We talked about a key pad alarm system and want to get an alarm system installed as soon as possible." He further stated, the resident's daughter paid for half the cost of an alarm system after Resident #2 eloped in October 2011.</p> <p>On 5/17/12 at 4:10 PM, Resident #2's family</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>member stated, "We had a family meeting with the administrator and the owner of the facility, when my dad eloped the first time in October 2011" She stated, "I was informed by the owner, the facility was not secured and my dad was at risk for eloping again." She further stated, "During the meeting we agreed to split the price of an alarm system so dad could stay at the facility." She stated she paid the facility for her half of the alarm system in November 2011, but the facility still did not have an alarm system that would secure the inside of the facility.</p> <p>The facility failed to provide Resident #2 with a secure interior environment for over 7 months. During this time, the resident eloped twice and attempted to leave on 14 documented occasions. This failure resulted in inadequate care.</p>	R 008		



RECEIVED
JUN 15 2012

Facility Name Alpine Meadows Assisted Living	Physical Address 1695 S. Locust Grove Rd	Phone Number 208-888-0900
Administrator Janette Bower	City Meridian	ZIP Code 83642
Survey Team Leader Donna Henscheid, LSW	Survey Type Licensure/follow-up survey & complaint investigation	Survey Date May 18, 2012

NON-CORE ISSUES PAGE 1 OF 2

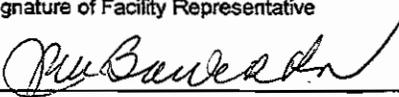
ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	2 of 2 staff members did not have evidence of completed state police background checks.	6/7	6/15/12 DH
2	220.03.c	The facility did not include a rate list in or with their admission agreement.	6/11	6/15/12 DH
3	220.03.c.v	The facility's admission agreement did not include a level of care rate list.	6/11	6/15/12 DH
4	220.03.e	The facility's admission agreement did not include the frequency of the assessment used to determine rate charges.	6/11	6/15/12 DH
5	220.04	The facility's admission agreement did not include staffing patterns.	6/11	6/15/12 DH
6	220.05	The facility's admission agreement did not include whether the facility carried liability insurance.	6/11	6/15/12 DH
7	220.16	The facility's admission agreement did not include methods by which the resident may contest charges or include contacting the ombudsman.	6/11	6/15/12 DH
8	250.10	The facility water temperatures were not maintained between 105 - 120 degrees F. ****REPEAT PUNCH****	6/11	7/9/12 DH
9	305.02	Physician's orders were not available for 4 of 7 residents.	6/13	6/15/12 DH
10	310.04.e	The facility did not complete 6 month psychotropic medication reviews to include sending the physician behavioral updates. <i>entered in error DH</i>	—	
11	320.01	Residents NSAs did not clearly identify the resident needs and services to be provided, the frequency of such services and how the services were to be delivered.	6/14	6/15/12 DH
12	320.02.i	Resident #2's NSA did not contain a BMP.	6/12	6/15/12 DH
13	320.02.p	Resident's NSAs did not identify outside services the resident was receiving.	6/14	6/15/12 DH
Response Required Date June 17, 2012	Signature of Facility Representative <i>Janette Bower RN / Administrator</i>		Date Signed 6/14/12	



Facility Name Alpine Meadows Assisted Living	Physical Address 1695 S. Locust Grove Rd	Phone Number 208-888-0900 ^{208 888} 0090
Administrator Janette Bower	City Meridian	ZIP Code 83642
Survey Team Leader Donna Henscheid, LSW	Survey Type Licensure/follow-up survey & complaint investigation	Survey Date May 18, 2012

NON-CORE ISSUES PAGE 2 OF 2

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
14	350.02	The administrator did not complete and document an investigation on accidents, incidents or complaints within 30 days.	6/14	6/13/12 DN
15	451.01.d	Meal substitution items were not documented.	6/1	7/9/12 DN
16	451.02	Snacks were not observed being offered to residents between meals.	6/13 6/1	6/18/12 DN
17	600.06.b	2 caregivers who worked alone did not have current CPR and 1 st Aid certification.	6/13	6/13/12 DN
18	630.03	7 of 7 staff did not have training for residents with a diagnosis of development disability.	6/7	6/13/12 DN
19	711.04	The facility did not document Resident #8's refusal of care and that she had been informed of the consequences.	<u> </u>	

Response Required Date June 17, 2012	Signature of Facility Representative 	Date Signed 6/14/12
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Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

May 30, 2012

Janette Bower, Administrator
Alpine Meadows Assisted Living, LLC
1695 S Locust Grove Rd
Meridian, ID 83642

Dear Ms. Bower:

An unannounced, on-site complaint investigation survey was conducted at Alpine Meadows Assisted Living, LLC from May 16, 2012 to May 18, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005477

Allegation #1: Medical treatment was delayed for an identified resident after a fall on 3/15/12.

Findings #1: On 5/17/12, the identified residents record was reviewed. An incident report documented that, on 3/15/12, the resident fell in the elevator at 9:48 PM. A progress note, dated 3/16/12, documented the resident was assessed by the facility RN and "no bruising or tenderness was noted." On 3/17/12, the resident complained of pain and requested to go to the emergency room. It further documented after talking to her daughter on the phone, the resident decided to wait until the daughter could take her to her primary physician.

On 5/18/12 at 9:20 AM, the ombudsman stated she had visited the identified resident and the resident stated she had no complaints with how the facility handled everything on 3/17/12.

On 5/18/12 at 9:30 AM, the primary physician's office verified the resident was seen in the office on 3/19/12 and 3/22/12.

On 5/18/12 at 9:50 AM, the daughter stated she had spoken to the identified resident on the phone the day the incident occurred and the resident stated she wanted to wait until she could see her primary physician. The daughter further

Janette Bower, Administrator

May 30, 2012

Page 2 of 2

stated, the resident did not sustain any injury, other than bruising from the fall and there was no need for her to go to the emergency room.

On 5/18/12, at 8:15 AM, the administrator/RN, stated the day the incident occurred was on St. Patrick's Day and she had assessed the resident that day and did not feel the resident required emergency treatment. She stated that initially, the resident requested to go to the emergency room but changed her mind after speaking to her daughter on the phone. The administrator/RN stated, that day the identified resident attended the facility party and the facility had pictures of her smiling and visiting with other residents. Pictures of the resident were observed and confirmed the resident was attending the party and was smiling.

Unsubstantiated.

As no deficiencies were cited as a result of this investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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May 30, 2012

Janette Bower, Administrator
Alpine Meadows Assisted Living, LLC
1695 S Locust Grove Rd
Meridian, ID 83642

Dear Ms. Bower:

An unannounced, on-site complaint investigation survey was conducted at Alpine Meadows Assisted Living, LLC from May 16, 2012 to May 18, 2012. During that time, observations, interviews and record reviews were conducted with the following results:

Complaint # ID00005554

Allegation #1: Residents were locked out of facility when they went out to the front patio.

Findings #1: Substantiated. However, the facility was not cited because there was no rule that entrance doors to the facility could not be locked. The facility was provided technical assistance that the locked door could present a hazard by locking someone out for extended periods of time in the cold or extreme heat.

As no deficiencies were cited as a result of this investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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



HEALTH & WELFARE Food Establishment Inspection Report

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

Associated Living

Establishment Name <i>Alpine Meadows</i>	Operator <i>Jan Bower</i>
Address <i>1693 S. Locust Grove Meridian</i>	
County <i>ADA</i>	Estab # <i>20828</i>
EHS/SUR #	
Inspection time:	Travel time:
Inspection Type: <i>High</i>	Risk Category: <i>High</i>
Follow-Up Report: OR	On-Site Follow-Up:
Date: _____	Date: _____

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

# of Risk Factor Violations <u>1</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>1</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	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="radio"/> N	1. Certification by Accredited Program, or Approved Course, or correct responses, or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)			<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices			<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination			<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="radio"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>			
	Approved Source					
<input checked="" type="radio"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N N/O N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="radio"/> N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N N/A	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination			<input checked="" type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="radio"/> N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="radio"/> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="radio"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/> N (N/A)	<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
<i>Chicken rice soup</i>	<i>39° F</i>	<i>tomato paste</i>	<i>38° F</i>	<i>tomato penne</i>	<i>182° F</i>	<i>zucchini</i>	<i>160° F</i>

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/animal's	<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)

<i>Jan Bower</i> Person in Charge (Signature)	<i>JAN BOWER RD / Admin</i> (Print)	<i>5/18/12</i> Date	
<i>Karen Anderson</i> Inspector (Signature)	<i>Karen Anderson</i> (Print)	<i>5/18/12</i> Date	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>