



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) 364-1688

July 7, 2011

Laura Elaine Todd, Administrator
Alpine Manor
1135 Imperial Street
Twin Falls, ID 83301

License #: RC-799

Dear Ms. Todd:

On May 24, 2011, a state licensure survey and complaint investigation was conducted at Alpine Manor. 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 evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Polly Watt-Geier, MSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



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June 2, 2011

Laura Elaine Todd, Administrator
Alpine Manor
1135 Imperial St
Twin Falls, ID 83301

Dear Ms. Todd:

On May 24, 2011, a state licensure/follow-up survey and complaint investigation was conducted at Alpine Manor. 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 23, 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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R799	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2011
NAME OF PROVIDER OR SUPPLIER ALPINE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1135 IMPERIAL STREET 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	<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 survey and complaint investigation conducted between 5/23/11 and 5/24/11 at your facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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

Date May 24, 2011 Page 1 of 1



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>Alpine Manor</u>	Operator <u>Elaine Todd</u>
Address <u>1135 Imperial Street</u>	
County <u>Twin Falls</u>	RIS/SUR.#
Inspection Type <u>Standard Service</u>	Risk Category:
Follow-Up Report: <input type="checkbox"/> OR	On-Site Follow-Up: <input type="checkbox"/>
Date:	Date:

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

# of Risk Factor Violations	<u>0</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>100</u>	Score	<u>100</u>
A score greater than 9 Med or 8 High-Risk mandatory on-site reinspection		A score greater than 6 Med or 8 High-Risk mandatory on-site reinspection	

RISK FACTORS AND INTERVENTIONS (Major Code Categories)			
The letter to the left of each item indicates that item's status at the inspection.			
		COS	R
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of Knowledge (2-102)			
1. Certification by Accredited Program, or Approved Course, or correct responses, or compliance with Code			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Employees Health (2-201)			
2. Exclusion, restriction and reporting			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygiene Practices			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. Eating, tasting, drinking, or tobacco use (2-401)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Discharge from eyes, nose and mouth (2-401)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean hands, properly washed (2-301)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Bare hand contact with ready-to-eat foods/exemption (3-301)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
7. Handwashing facilities (3-203 & 3-301)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
8. Food obtained from approved source (3-101 & 3-201)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
9. Receiving temperature / condition (3-202)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
11. Food segregated, separated and protected (3-302)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
13. Returned / reserve of food (3-308 & 3-601)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
14. Discarding / reconditioning unsafe food (3-701)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
15. Proper cooking, time and temperature (3-401)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
16. Reheating for hot holding (3-403)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
17. Cooling (3-501)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
18. Hot holding (3-501)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
19. Cold holding (3-501)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
20. Date marking and disposition (3-501)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
21. Time as a public health control (procedures/records) (3-501)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
22. Consumer advisory for raw or undercooked food (3-603)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
23. Pasteurized foods used, avoidance of prohibited foods (3-601)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
24. Additives / approved, unapproved (3-207)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
25. Toxic substances properly identified, stored, used (7-101 through 7-301)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Approved Program (3-201)			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="checkbox"/>	<input type="checkbox"/>
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
Watermelon / <u>Prod #1</u>	<u>38.0°</u>	Watermelon / <u>Prod #2</u>	<u>38.0°</u>
Bread Shells / <u>Prod #1</u>	<u>35.1</u>		

GOOD RETAIL PRACTICES (☒ = Not in compliance)			
	COS	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of ice and pasteurized eggs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Water source and quality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Insecticide/sanitizers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Food and non-food contact surfaces constructed, cleanable, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Plumbing installed, proper operation, back flow prevention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Storage and waste water disposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Sinks and drains not in cleaning maintenance mode
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Food contamination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp. control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Food labeling/expiration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Tined facilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Garbage and refuse disposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Food utensils/in-use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Thermometer/test strips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Handwashing facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Wiping cloths
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Utensil & single-service storage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Physical facilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Specialized processing methods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Other

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) Elaine Todd (Print) Elaine Todd Title Adm'n Date 5/26/11

Inspector (Signature) Polly West - Scia (Print) Polly West - Grev Date 5/24/11 Follow-up: (Circle One) Yes / No



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June 2, 2011

Laura Elaine Todd, Administrator
Alpine Manor
1135 Imperial Street
Twin Falls, ID 83301

Dear Ms. Todd:

An unannounced, on-site complaint investigation survey was conducted at Alpine Manor from May 23, 2011 to May 24, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004755

Allegation #1: The facility did not have qualified staff irrigate an identified resident's catheter, which caused the balloon to rupture.

Findings #1: The identified resident's record was reviewed. A progress note, dated 6/17/10, documented a Licensed Practical Nurse (LPN) had irrigated the resident's foley catheter. During the procedure the LPN documented the "bulb came off and cath came out."

A clinic note, dated 6/16/10, documented the foley had been irrigated improperly by the LPN, which had caused the balloon to rupture.

On 5/24/11 at 11:31 AM, the administrator stated the facility RN had been on vacation and the LPN was covering the facility's nursing duties. She stated the LPN had been trained on how to properly irrigate catheters prior to irrigating the resident's catheter.

Unsubstantiated. Per the Idaho Board of Nursing rules, the LPN was providing cares under her scope of practice and was qualified to irrigate the identified resident's catheter. The department can only investigate and enforce IDAPA Residential Assisted Living rules and therefore cannot enforce penalties for the LPN improperly irrigating the catheter.

Laura Elaine Todd, Administrator

June 2, 2011

Page 2 of 2

Allegation #2: The facility staff did not place an identified resident's catheter bag correctly.

Findings #2: The resident's home health notes dated 8/21 through 8/24/10, documented the caregivers were provided education by the home health nurse on proper catheter care. Additionally, the facility's personnel records documented caregivers had received training on catheter care by the facility nurse.

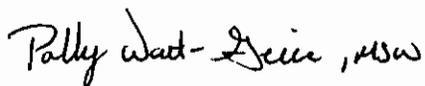
On 5/25/11 at 9:12 AM, the home health nurse stated when the resident's supra pubic catheter was initially placed in 8/2010, staff had improperly placed the leg bag causing the tubing to be taunt and irritating the surgical site. She stated the staff had been trained and were doing well with the catheter bag changes at this time.

On 5/25/11 between 8:55 AM and 9:50 AM, two caregivers stated they had received training from the home health nurse and facility nurse on proper catheter care. They stated they received training on how to place the leg bag and how to change the leg bag to a large bag at night.

Substantiated. However, the facility was not cited as they acted appropriately by providing training to the caregivers on how to properly place the identified resident's leg strap and how to change the the bag from the leg to a large bag at night.

As no deficiencies were cited as a result of our 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,



Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program