



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 25, 2012

Mark Knight, Administrator
Chardonnay Assisted Living
1045 Carriage Lane
Twin Falls, ID 83301

License #: Rc-961

Dear Mr. Knight:

On June 14, 2012, a State Licensure survey was conducted at Chardonnay Assisted Living - Chardonnay, Llc. 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 Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Karen Anderson, RN

Karen Anderson, RN
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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June 20, 2012

Mark Knight, Administrator
Chardonnay Assisted Living
1045 Carriage Lane
Twin Falls, ID 83301

Dear Mr. Knight:

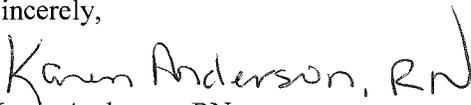
A State Licensure was conducted at Chardonnay Assisted Living between 06/13/12 and 06/14/2012. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 **06/14/2012**. The completed punch list form and accompanying evidence of resolution (e.g., admission agreements, negotiated service agreements, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Please continue to monitor the facility's compliance with the Rules for Residential Care or Assisted Living Facilities, and pay special attention to the issues identified on the punch list.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,


Karen Anderson, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R961 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/14/2012 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER CHARDONNAY ASSISTED LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 1045 CARRIAGE LANE 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 6/13/2012 through 6/14/2012 at your facility. The surveyors conducting the survey were: Karen Anderson, RN Team Leader Health Facility Surveyor Matt Hauser, QMRP Health Facility Surveyor | R 000 | | |

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 Chardonay Assisted Living | Physical Address 1045 Carriage Lane | Phone Number 208 736- 4808 |
| Administrator Mark Knight | City Twin Falls | Zip Code 83301 |
| Team Leader Karen Anderson | Survey Type Licensure and Follow-up | Survey Date 06/14/12 |

NON-CORE ISSUES

| Item # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | L&G USE |
|--------|--------------------|---|------------------|------------|
| 1 | 220.02 | The facility's admission agreements were not updated to reflect the 2010 IDAPA rule change. | | |
| 2 | 220.17 | The admission agreements did not include information regarding residents that shift from private pay to public funded (medicaid). | | |
| 3 | 225.01 | The facility did not evaluate Resident #4's behaviors. | 7/23/12 | KA |
| 4 | 225.02 | The facility did not develop interventions for each behavior Resident #4 exhibited. | 7/23/12 | KA |
| 5 | 300.01 | The facility RN did document delegation to staff. | 7/23/12 | KA |
| 6 | 310.04.a | The facility did not document non-drug interventions used before starting psychotropic medications for Resident #4. | 7/23/12 | KA |
| 7 | 320.01 | Resident #1 and #2's NSAs did not identify or describe services; for example Resident #1's bedside commode, gait belt and outside services. | 7/23/12 | KA |
| | | Resident #2's NSA did not include bathing or who was providing assistance with bathing. | 7/23/12 | KA |
| 8 | 3250.03 | The administrator did not sign Resident #2 & #3's NSA. | 7/23/12 | KA |
| 9 | 350.04 | Complainants did not receive a written response within 30 days. | 7/23/12 | KA |
| 10 | 350.07 | The facility did not report incidents and accidents to Licensing and Certification as required. ***REPEAT 7/10/09 | 7/23/12 | KA |
| 11 | 625.01 | The facility did not document staff received 16 hours of job related orientation. | 7/23/12 | KA |
| 12 | 625.03.l | Six of 6 employee records reviewed did not have documentation of training regarding infection control. | 7/23/12 | KA |
| 13 | 630.01 | Six of 6 employees records reviewed did not have documented evidence of dementia training. ***REPEAT 7/10/09 | 7/23/12 | KA |
| 14 | 705.02 | The administrator did not sign Resident #1's admission agreement. error 6/14/12 | | KA |

| | | |
|------------------------------------|--|------------------------|
| Response Required Date 07/13/12 | Signature of Facility Representative <i>Mark Knight</i> | Date Signed 6/14/12 |
|------------------------------------|--|------------------------|



HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Date 6/13 + 6/14/12 Page 1 of 1

Critical Violations

Noncritical Violations

| | | | |
|--|-------------------------------|-----------------------------------|------------------------------------|
| Establishment Name <u>Chardonway Assisted Living</u> | | Operator <u>Mark Knight</u> | |
| Address <u>1045 Carriage Lane Twin Falls</u> | | | |
| County <u>Twin Falls</u> | Estab # | EHS/SUR# | Inspection time: Travel time: |
| Inspection Type: <u>Standard</u> | Risk Category: <u>High</u> | Follow-Up Report Date: <u>N/A</u> | OR On-Site Follow-Up 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>0</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"/> |
| 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> 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 (3-403) | <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>Meat loaf/oven</u> | <u>190</u> | <u>Mushroom Potatoes</u> | <u>170</u> | | | | |
| <u>Pork</u> | <u>170</u> | <u>Mayo</u> | <u>41</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>Mark Knight</u> (Print) <u>Mark A. Knight</u> Title <u>Owner</u> Date _____ | Follow-up: (Circle One) <u>Yes</u> / <u>No</u> |
| Inspector (Signature) <u>Mat House</u> (Print) <u>MAT HOUSE</u> Date <u>6/14/2012</u> | |