



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

October 1, 2012

Administrator
Huckleberry Ret Homes
135 North Baldy Mountain Road
Sandpoint, ID 83864

Dear Administrator:

On June 29, 2012, a State Licensure survey was conducted at Huckleberry Retirement Homes LLC - II.

This office is accepting the additional information you have submitted to resolve the remaining ten (10) non-core issue deficiencies.

Please continue to monitor the facility's compliance with the Rules for Residential Care or Assisted Living Facilities, and pay special attention to the issue identified on the core deficiency and non-core deficiencies.

Should you have any questions, please contact Karen Anderson, Health Facility Surveyor, Residential Care 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

KA/TFP

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



IDAHO DEPARTMENT OF
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P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 5, 2012

Administrator
Huckleberry Ret Homes - II
135 North Baldy Mountain Road
Sandpoint, ID 83864

License #: RC-614

Dear Administrator:

On June 29, 2012, a State Licensure survey was conducted at Huckleberry Retirement Homes LLC - II. As a result of that survey, deficient practices were found. The deficiencies were cited at the following levels:

- 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. However, additional information for evidence of resolution is still needed to resolve the non-core deficiencies. Listed below are the items that need evidence of resolution faxed/mailed to me to verify they have been corrected.

- #4: Who is onsite to ensure safe and adequate care.
- #5: Please fax a copy of a behavior management plan for a resident with behaviors.
- #6: Include interventions for behaviors and whether or not the interventions are effective.
- #11: Updates to the physician for residents receiving psychotropic medications.
- #12 & #13: A copy of a resident's updated NSA, including administrator's signature.
- #14: Staff communication note/fax etc. to RN/administrator regarding incidents/accidents.
- #15: Administrator's completion of incident/accident investigation.
- #21: Caregiver's notes signed and dated by staff member writing the note.
- #23: A outside provider notes for a resident receiving outside agency services.

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



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 208-364-6626
FAX 208-364-1888

August 20, 2012

CERTIFIED MAIL: 7007 3020 0001 4050 7855

Monica Howard
Huckleberry Retirement Homes LLC -- II
1408 Ponderosa Drive
Sandpoint, ID 83864

Dear Ms. Howard:

Enclosed are the corrected letter and the corrected Statement of Deficiencies, as well as a copy of your Non-Core Issues Punch List, for your survey of June 29, 2012.

We have not yet received a response from you to the core deficiency or evidence of resolution for the non-core punch list deficiencies for that survey, which were due by July 30, 2012.

Please submit your Plan of Correction and Evidence of Resolution to our office immediately.

If you have questions, or if we can be of further assistance, please call the Licensing and Survey Agency at (208) 334-6626.

Sincerely,

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

KA/tp

Enclosures



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 16, 2012

CERTIFIED MAIL #:7007 3020 0001 4050 7800

Monica Howard
Huckleberry Retirement Homes LLC - II
1408 Ponderosa Drive
Sandpoint, ID 83864

Dear Ms. Howard:

Based on the State Licensure conducted by our staff at Huckleberry Retirement Homes LLC - II on June 29, 2012, we have determined that the facility did not coordinate wound care for residents that had wounds.

This core issue deficiency substantially limits the capacity of Huckleberry Retirement Homes LLC - II 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 **August 13, 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 actions 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 actions 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 actions 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 actions be completed by?

Return the **signed** and **dated** Plan of Correction to us by **July 30, 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

Monica Howard
July 16, 2012
Page 2 of 2

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 **July 29, 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 Huckleberry Retirement Homes LLC - II.

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/ka

PRINTED: 08/20/2012
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2012
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NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - II	STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DRIVE SANDPOINT, ID 83864
--	--

(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 following core deficiency was cited during the Licensure and follow-up survey conducted on 06/28/2012 through 06/29/2012 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Survey Definitions:</p> <p>ADLs = activities of daily living eschar = thick, leathery, necrotic tissue L = left NSA = Negotiated Service Agreement pt = patient</p>	R 000		
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</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, record review and interview, the facility failed to provide coordination of care for 2 of 5 sampled residents (Resident #2 and #3). The findings include:</p> <p>Coordination of Care</p> <p>1. Resident #2 was admitted to the facility on 4/13/12, with diagnoses including congestive</p>	R 008		

Bureau of Facility Standards

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

Karen Anderson

TITLE

LLC Member

(X6) DATE

9-1-12

STATE FORM

6699

ELX111

If continuation sheet 1 of 5

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2012
NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - II		STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DRIVE SANDPOINT, ID 83864	
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R 008 Continued From page 1

R 008

heart failure.

An NSA, dated 6/12/12, documented the resident required moderate to extensive assistance with mobility.

As of 6/29/12, there were no documented care notes in Resident #2's record from caregivers. Nor were there notes from the nurse to instruct caregiver's on what preventive measures should have been implemented to prevent skin breakdown.

On 6/28/12 at 9:00 AM, Resident #2 was observed sitting in a recliner. Both lower legs were observed to have bruises. The resident's left lower leg was extremely red and swollen.

On 6/28/12 at 9:05 AM, the house manager, who was an unlicensed caregiver, stated Resident #2 had a small sore on her bottom that he had covered with a duoderm dressing. He stated he had not informed the nurse or the administrator about the wound because it was so small.

On 6/28/12 at 10:50 AM, the house manager assisted Resident #2 from the recliner to the wheelchair and into the bathroom. Resident #2 cried out in pain during the transfers and stated, "it hurts so much" and pointed to her lower back. The resident was observed to have two wounds on her buttocks. The wound on her right buttock had a duoderm dressing that covered the wound. The wound on the left buttock was observed to have open skin, and the exposed underlying tissue was red. The house manager removed the duoderm dressing from the right buttock and the wound was observed to be open and bleeding. The house manager called the facility nurse to come to the facility to assess Resident #2's

COORDINATION OF CARE
1. RESIDENT # 2

RN SHALL ASSESS AND MAKE RECOMMENDATIONS AND DELEGATE ANY NECESSARY TREATMENT TO STAFF 6/30/12

STAFF SHALL NOTIFY RN + ADMINISTRATOR OF ANY CHANGES IN SKIN OR OTHER CONDITIONS OF RESIDENT IMMEDIATELY UPON DISCOVERY OR OBSERVATION. TO CHART DOCUMENTATION OF CHANGES AND NOTIFICATIONS 6/30/12

STAFF WHO DO NOT FOLLOW POLICY OF NOTIFICATION WILL NOT BE RETAINED BY FACILITY. 6/30/12

ADMINISTRATOR + OR LIC MEMBERS WILL MONITOR CARE NOTES, SPEAK WITH RESIDENTS TO SEE THAT RN NOTIFICATION ARE BEING DONE + DOCUMENTATION BEING DONE 6/30/12

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2012
NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - II		STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DRIVE SANDPOINT, ID 83864		
(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 2</p> <p>wounds. The house manager stated, the resident did not have anything for pain except for "Tylenol."</p> <p>On 6/28/12 at 2:30 PM, a caregiver who works the night shift stated, "[Resident #2's name] legs were weeping fluids last night during my shift, it happens frequently." The caregiver further stated, "The nurse should have know about the sore on the resident's bottom, because she has had it a few weeks."</p> <p>On 6/28/12 at 2:45 PM, the facility nurse stated, "I'm not sure how long the resident has had the wounds, I was just informed today." The nurse further stated, she was not aware the house manager made the decision to use a duoderm dressing nor did she have knowledge where he obtained the duoderm dressing. The nurse additionally stated, staff should have called me about the resident's skin breakdown. She additionally stated, the house manager informed her yesterday about the large amount of fluid weeping from Resident #2's legs.</p> <p>On 6/28/12 at 4:18 PM, the nurse assessed Resident #2's wounds on her buttocks. She stated both wounds were Stage II pressure ulcers, and both could easily develop to "Stage III" pressure ulcers. The nurse faxed the physician and requested home health for the resident's wounds.</p> <p>On 6/28/12 at 4:30 PM, the administrator stated she was not aware of Resident #2's wounds or that she was having a lot of drainage from her legs. She stated, "I haven't been here because we are short staffed at the other facility."</p> <p>The facility did not coordinate nursing services to</p>	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2012
NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - II		STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DRIVE SANDPOINT, ID 83864		
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R 008	Continued From page 3 ensure Resident #2 received appropriate wound care. 2. Resident #3 was admitted to the facility on 5/20/10, with diagnoses including Huntington's Chorea disease. On 6/28/12 at 9:15 AM, Resident #3 was observed laying in bed; she communicated by yelling out sounds as she tried to speak. An NSA, dated 2/28/11 documented the resident required staff to provide extensive assistance for all ADL cares related to her diagnosis. A physician's wound evaluation, dated 5/30/12, documented "About 6 weeks ago, [Resident #3's] mother applied microwave warm pads to the feet. This developed a burn wound. Three weeks ago, pt developed a sore on the end of her L. great toe. This became a black scab..." The evaluation further documented, the wound had not improved during the last couple of weeks and was "full thickness" tissue loss after the debridement. The evaluation concluded that there was "a possibility that the bone may develop or has an infection." A fax was sent to the facility on 5/30/12, from a physical therapist, which documented, Resident #3 had a "Left Great Toe Ulceration" and had been in for wound debridement of eschar. A note was included for the facility to "Please Do Not Change the Bandage." The note further directed caregivers to only give the resident a "shower on Friday morning, if at all until 6/1/12." There were no care notes found in the resident's record regarding the care of the wound after the debridement. Neither was there evidence the facility nurse was aware of the wound so that the	R 008	2. RESIDENT #3 ALL FAMILIES WILL BE NOTIFIED THEY CANNOT DO HOME REMEDIES OR TREATMENTS IN FACILITY. THE STAFF TO BE NOTIFIED AND THEREOF ANY CHANGES. FAMILIES CAN CONS OUT WITH RN. RN CAN ASSES THEIR SUGGESTIONS AND DELEGATE STAFF ON ANY FOLLOW UP IF SO. RN SHALL ASSES ANY RESIDENT CHANGE, INJURY, + CONDITION AND MAKE RECOMMENDATION OR DELEGATE STAFF TO DO TREATMENT. DOCUMENTATION OF ANY TREATMENTS FROM OUTSIDE SERVICES SHALL REQUESTED FOR RN'S EVALUATION. DELEGATION OF STAFF IF NEEDED	6/30/12 6/30/12 6/30/12 6/30/12

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2012
NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - II		STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DRIVE SANDPOINT, ID 83864		
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R 008	<p>Continued From page 4</p> <p>facility nurse was aware of the wound so that the nurse could follow up and monitor the condition of the wound.</p> <p>On 6/28/12 at 1:15 PM, a caregiver stated Resident #3 had something on her toe but her mother was taking care of it.</p> <p>On 6/28/12 at 2:45 PM, the nurse stated, "All I know about the resident's toe is what I was told by the house manager." She stated, "I was told she received a burn to her toe and the doctor was doing the treatment, and the wound was improving bi-weekly."</p> <p>On 6/28/12 at 2:55 PM, the house manager stated all the treatment notes and paper work were at the hospital.</p> <p>There was no documentation found in Resident #2 or Resident #3's record to describe the status of their wounds. Further, there was no evidence the facility nurse was providing oversight to ensure Resident #2 and #3's wounds were improving.</p> <p>Resident #2 developed two Stage II pressure ulcers and the facility had not coordinated care to ensure she received appropriate wound care.</p> <p>Resident #3 received a burn to her left toe and the facility did not ensure the resident received treatment until 6 weeks after the burn. For 42 days, Resident #3 was not evaluated to determine if the wound was improving bi-weekly.</p> <p>The facility did not coordinate wound care for Resident #2 and Resident #3 which resulted in inadequate care.</p>	R 008		



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Huckleberry Retirement Homes LLC II	Physical Address 1408 Ponderosa Drive	Phone Number 208 225-7248
Administrator Monica Howard	City Sandpoint	Zip Code 83864
Team Leader Karen Anderson	Survey Type Licensure and Follow-up	Survey Date 06/29/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	Two ^{One} of 2 employees did not have a completed State Police background check.	9/5/12	KA
2	152.05.b.iii	Six of 9 Residents had bed rails attached to their beds.	9/5/12	KA
3	210	The facility did not provide an on-going activity program. ***previously cited on 8/12/09***	9/5/12	KA
4	215.02	The administrator was not on-site sufficiently to provide for safe and adequate care of the residents.	9/5/12	IGA
5	225.01 a-g	The facility did not evaluate behaviors and develop a plan. ***previously cited on 8/12/09***	9/5/12	IGA
6	225.02 a-c	The facility did not develop interventions for behaviors. ***previously cited on 8/12/09***	9/5/12	IGA
7	250.10	Hot water temperatures exceeded 120 degrees.	9/5/12	IGA
8	250.15	The facility's call system could not be accessed by residents.	9/5/12	KA
9	260.06	Weeds accumulated in backyard, wood 2x4 boards were place around uneven patio blocks creating a trip hazard. Room #4 had a foul odor noted. The carpet throughout the facility was worn and dirty. ***previously cited on 8/12/09***	9/5/12	IGA
10	300.01	The facility RN did not assess residents upon admission to delegate medications and treatments. Resident #2 was admitted on 4/13/12 with multiple medical problems and was not assessed by the RN until 5/7/12. Resident #5 was admitted 5/25/12 and had not been assessed by the RN.	9/5/12	IGA
11	310.04.e	The facility did not provide behavioral updates to the physician for residents receiving psychotropic medications.	9/5/12	KA
12	320.03	The administrator did not sign NSAs.	9/5/12	IGA
Response Required Date 07/29/12	Signature of Facility Representative <i>Monica Howard Administrator</i>		Date Signed 6/29/12	



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Huckleberry Retirement Homes LLC II	Physical Address 1408 Ponderosa Drive	Phone Number 208 225-7248
Administrator Monica Howard	City Sandpoint	Zip Code 83864
Team Leader Karen Anderson	Survey Type Licensure and Follow-up	Survey Date 06/29/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
13	320.08	Three of 5 sampled residents NSAs were not updated to reflect their current needs. ***previously cited on 8/12/09***	9/25/12	CA
14	350	The administrator was not notified of all accidents and incidents.	9/25/12	CA
15	350.02	The administrator did not complete an investigation of accidents/incidents within 30 days.	9/25/12	CA
16	350.07	The facility did not report to Licensing and Certification all reportable incidents.	9/15/12	CA
17	455	The facility did not maintain a 7 day supply of non-perishable foods.	9/15/12	CA
18	630.03	Two of 4 employees did not have developmental disability training.	9/15/12	CA
19	640	Four of 4 employees did not have evidence of 8 hours of continuing education training.	9/15/10	CA
20	711.01	The facility did not track behaviors and the interventions used. ***previously cited on 8/12/09***	9/15/12	CA
21	711.08	There were no care notes since May 2012. ***previously cited on 8/12/09***	9/25/12	CA
22	711.08.e	Caregivers did not document the facility RN was notified of resident's physical or mental changes.	9/15/12	CA
23	711.08.f	Care notes were not available from outside providers.	9/25/12	CA
24	725.01	The facility's admission & discharge register was not kept current. (COS. 6/29/12) K Anderson		CA

Response Required Date
07/29/12

Signature of Facility Representative

Monica Howard Administrator

Date Signed

6/29/12



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

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

Critical Violations

Noncritical Violations

Establishment Name <u>Huckleberry Retirement II</u>			Operator <u>Monica Howard</u>		
Address <u>1408 Ponderosa Dr.</u>					
County	Estab #	EHS/SUR.#	Inspection time:	Travel time:	
Inspection Type:		Risk Category: <u>High</u>	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.					

# 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
<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"/>
Y 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"/>
Y 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			
Y <u>N</u> <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input checked="" 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 / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</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"/>
Y N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y 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"/>
Y 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 (3-803)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
Y 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			
Y N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>N</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
Y 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>Sauerkraut</u>	<u>39°</u>	<u>Shoganaft</u>					
<u>ham + pineapple</u>	<u>39°</u>	<u>(hamburger)</u>	<u>180°</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>Danna Henschel</u> (Print) <u>Danna Henschel</u> Title _____	Date <u>6/29/12</u>
Inspector (Signature) <u>Monica Howard</u> (Print) <u>Monica Howard</u> Date <u>6/29/12</u>	Follow-up: (Circle One) Yes <u>No</u>



Food Establishment Inspection Report

Page 2 of 2
Date 6/29/12

Establishment Name <i>Huckleberry Retirement II</i>		Operator <i>Monica Howard</i>
Address <i>1408 Ponderosa Dr.</i>		<i>Sandpoint</i>
County	Estab # <i>EHS/SUR.#</i>	Licensed Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11. Hamburger was not stored in a leak proof container and was stored above ready to eat foods. *COS* The hamburger was removed + cooked.

Person in Charge <i>Monica Howard</i>	Date <i>6/29/12</i>	Inspector	Date
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