

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

September 14, 2012

Bryan Elliott, Administrator Willow Park 2600 North Milwaukee Avenue Boise, ID 83704

License #: RC-1024

Dear Mr. Elliott:

On July 27, 2012, an initial survey and complaint investigation was conducted at Willow Park. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

 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 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

PWG

c:

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

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

August 6, 2012

Bryan Elliott, Administrator Willow Park 2600 North Milwaukee Boise, ID 83704

Dear Mr. Elliott:

A Complaint Investigation and Initial Licensure was conducted at Willow Park between 7/24/12 and 07/27/2012. 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 07/27/2012. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, 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. If the facility fails to submit acceptable evidence of resolution, or if the non-core issue deficiencies are identified on subsequent surveys, the Department will initiate enforcement actions per **IDAPA 16.03.22.910.01-03**, which could include:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing & Certification
- d. Civil monetary penalties

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.

Singerely,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

PWG/gk

Bureau of Facility Standards

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Bureau of Fa	cility Standards				. 7171 5		(Ye) DATE

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

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HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

Reset Form

Print Form

ASSISTED LIVING Non-Core Issues **Punch List**

Facility Name	Physical Address	Phone Number
Willow Park	2600 N Milwaukee Ave	373-1234
Administrator	City	Zip Code
Bryan Elliot	Boise	83704
Team Leader Polly Watt-Geier	Survey Type Initial Licensure and Complaint	Survey Date 07/27/12

NON-CORE ISSUES Item# RULE# DESCRIPTION DATE 16.03.22 RESOLVED USE 225.02.b Interventions for Resident #2's behaviors were not provided in the least restrictive manner, 8/20/12 305.06 The facility nurse did not assess Resident #8 and #10's ability to safely self-inject or self-medicate. 8/20/12 านอ Five of 10 staff did not have documented specialized training for dementia. 7/27/12 630.01 9/14/12 711.01 Resident #2 and #4's behaviors were not tracked from June through the present. Response Required Date Date Signed Anda arenda, administrator Degiquel 08/26/12 7-27-12

IDAH,O DEPARTMENT_OF HEALTH & WELFARE

Food Establishment Inspection Report

Follow-up: (Circle One)

Food Protection Program, Office of Epidemiology

450 West State Street, Boise, Idaho 83702 208-334-5938							_	Critic	cal Vio	lations	Good Retail Pi	actices	S	
									# of Risk Factor			# of Retail Practice	4.3	
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Items marked	are violations of Idaho's Food Code, I	DAPA 1	6.02.19	9, and	require of	correction a	s noted.	L				on site remapeedion		
I														
	RISK FACTORS AN	D INT	ERVE	NTI	ONS (Id	aho Food	Code a	pplic	cable se	ection	s in par	rentheses)		
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	-5		1.	Potenti	ially Ha	zardous	Food Time/Temperature	cos	R
(Ŷ) N	Certification by Accredited Program or					Y N	N/O N/A	\ 15				d temperature (3-401)		
	Course; or correct responses; or complian		Code	_			N/O)N/A		3. Reheat	ting for	hot holdin	g (3-401)		
 · -	Employee Health (2-201)				Y N	N/O N/A	17	7. Cooling	g (3- 4 03	3)			
(Y) N	Exclusion, restriction and reporting						N/O N/A		3. Hot Ho	lding (3	3-501)			
	Good Hyglenic Practice			<u> </u>	<u> </u>		N/O N/A	_	O. Cold H				盲	<u> </u>
(Y) N	3. Eating, tasting, drinking, or tobacco us				밁		N/O N/A					sition (3-501)	恄	<u> </u>
(Y) N	4. Discharge from eyes, nose and mouth							21	I.Time as			ontrol (procedures/records)		
<u> </u>	Control of Hands as a Vehicle of Co	ntaminat	ion	_		``-	(3-501)						╀┸┤	
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YN	7. Handwashing Facilities (5-203 & 6-301)										ble Populations		
,,-	Approved Sources					(Y)N I	N/O N/A	. 23	3. Pasteul prohibit	rized fo ted foor	ods used, ds (3-801)	avoidance of		
(Y)N	8. Food obtained from approved source (-201)	므				+	promon	ica ioot	Cher	mical	+	_
(Y)N	9. Receiving temperature / condition (3-20					Y N	N/A	24	. Additive	es / ann		approved (3-202.12)		<u> </u>
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Protection from Contamination						Y) N		(7-	-101 thro	ugh 7-3	301)			
Y N N/A 11. Food segregated, separated and protected (3-3			(02)			Conformance with Approval Procedures								
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Y N N/A (4-5, 4-6, 4-7)							·							
Y., N 13. Returned / reservice of food (3-306 & 3-801)					무		Y = yes N/O = 1		mplianc	e		no, not in compliance		
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28. Water source and quantity					35, Equipment for lemp.			_		 -		nometers/Test strips	<u> </u>	<u> </u>
29. Insects/rodents/animals				1	control			<u>-</u>		\vdash				-
20. Food old non-food contest surfaces; constructed				+=	36. Personal cleanliness		_			\vdash		washing facility	<u> </u>	<u> </u>
cleanable, use					3/. F000	l labeled/con	uttori			_	45. Wipin	g cioths		
31. Plumbing installed; cross-connection; back flow prevention			ū		38. Plant food cooking					46. Utens	ils & single-service storage			
32. Sewage and waste water disposal					39. Thawing					47. Physi	cal facilities			
33. Sinks contaminated from cleaning maintenance tools						t facilities		O			48. Speci	alized processing methods	0	
No.					41. Garb	age and refu	se T				49. Other			
	OBS	ERVATIO	NS AND	COR		ACTIONS (C	ONTINUE	D ON	NEXT P	AGE)	:			
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Mau arends Linda Avends administration Belgner Person in Charge (Signature) (Print) Title Date 7-27-12														
Person in Charge	e (Signature)	(Print)				Titl	e		Date		7 - z	7-12		

(Print) / 1/1/ Wall - (1000 Date

Inspector (Signature)



Operator

Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology 450 West State Street, Boise, Idaho 83702 208-334-5938

Person in Charge Moderales administration

Establishment Name

Page of 2

Date

CFP00-02-02

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Inspector

Wall- Store

Date

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

August 6, 2012

Bryan Elliott, Administrator Willow Park 2600 North Milwaukee Boise, ID 83704

Dear Mr. Elliott:

An unannounced, on-site complaint investigation survey was conducted at Willow Park from July 24, 2012, to July 27, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005499

Allegation #1:

The facility did not provide appropriate supervision to an identified resident.

Findings #1:

Between 7/24/12 and 7/27/12, four caregivers plus a medication aide were observed on the memory care unit. Residents were observed being supervised throughout the survey and complaint investigation.

On 7/26/12, the identified resident's closed record was reviewed. The record documented the identified resident was admitted to the facility on 10/5/09 and passed away on 1/23/12.

The record contained a "Witness Investigation Statement Form," dated 1/24/12, which documented the identified resident was found deceased on 1/23/12. It further documented the resident was checked on 1/23/12 at 6:30 AM, 7:30 AM, 8:30 AM and was found deceased at 9:00 AM, with her head lodged between the bed and the bed cane which was attached to the bed.

Between 7/24/12 and 7/26/12, ten caregivers were interviewed. All stated there was enough staff on duty to provide adequate supervision to the residents. Additionally, the ten caregivers stated residents were checked on continuously throughout all shifts to ensure they were safe and their needs were being met.

On 7/26/12 at 2:55 PM, the facility LPN stated the memory care unit was staffed adequately when the incident occurred with the identified resident. She further stated there were four caregivers and a medication aide assigned to the memory care unit on the morning the incident occurred. The January staff schedule was reviewed and confirmed the LPN's statement.

On 7/26/12 at 2:30 PM, the activity director stated there was enough staff to provide supervision on the memory care unit. Further, she stated she supervised residents in activities everyday.

Bryan Elliott, Administrator August 6, 2012 Page 2 of 3

Throughout the survey and complaint investigation, 6 resident's family members were called. Family members stated residents were well supervised.

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

Allegation #2:

The facility did not address an identified resident's changes in condition such as skin breakdown and an infected toe.

Findings #2:

The identified resident was admitted to the facility on 10/5/09 and passed away on 1/23/12. On 7/26/12, the identified resident's closed record was reviewed. The resident's record included the following documentation regarding the resident's changes in condition.

A "Physician Order," dated 7/22/11, documented the resident's buttocks were to be monitored for skin breakdown. Another "Physician's Order" dated 1/17/12, documented the staff were to conduct daily wound checks on the resident's buttocks.

The facility "Progress Notes" documented, from 12/8/11 through 1/11/12, the identified resident had an infection in her left great toe and described the treatment that was used. The progress notes were signed by the facility LPN and the caregivers.

On 12/8/11, a "24 Hour Resident Report" documented the resident was on an antibiotic treatment for her infected toe.

A "Monthly Wellness Visit" form, dated 1/19/12, documented changes regarding the left great toe.

On 1/20/12, a "24 Hour Resident Report" documented the resident had a red pressure area on her toe.

There was no documented complaints in the identified resident's closed record or in the facility's complaint log regarding the care the resident received.

Between 7/24/12 and 7/27/12, ten caregivers were interviewed about resident changes of condition. All ten caregivers stated they reported residents' changes of condition to the facility nurse or the shift supervisor, who called the nurse. Additionally, they also stated they documented the changes in the "24 Hour Resident Report."

On 7/26/12 at 2:55 PM, the facility LPN stated caregivers reported all identified skin issues to her. She further stated the identified resident's family was asked to take the resident to the physician after the infected toe was discovered. Additionally, she stated she was aware of the resident's discolored buttocks, but the skin did not breakdown into open sores.

Throughout the initial survey and complaint investigation, 6 residents' family members were called. Family members stated they had been called if their family member had a change of condition.

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

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.

Bryan Elliott, Administrator August 6, 2012 Page 3 of 3

Sincerely.

Polly Watt-Geier, MSW Health Facility Surveyor

Residential Assisted Living Facility Program

PWG/gk

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