



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT – DEPUTY DIRECTOR
RANDY MAY – DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

September 19, 2011

Shelly Jones, Administrator
Whispering Pines Assisted Living Downey
351 E Center St
Downey, ID 83234

Dear Ms. Jones:

On September 13, 2011, a Initial Licensure survey was conducted at Whispering Pines Assisted Living Downey - Whispering Pines Assisted Living LLC. 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 October 13, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jamie Simpson', written in a cursive style.

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

JS/gk

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R997	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2011
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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSISTED LIVING DOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 351 E CENTER ST DOWNEY, ID 83234
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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>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 the initial licensure survey conducted on 9/12/2011 through 9/13/2011 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Whispering Pines Assisted Living Downey	Physical Address 351 Center Street	Phone Number 208-897-5683
Administrator Shelly Jones	City Downey	Zip Code 83234
Team Leader Gloria Keathley	Survey Type Initial Licensure	Survey Date 09/13/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.02	1 of 7 employees did not have a criminal history and background check that contained all the required components.	10/28/11 <i>gc</i>	
2	152.05.b.iii	One resident's bed had a bedrail attached.	10/20/11 <i>gc</i>	
3	300.01	The facility nurse did not delegate assistance with medications to 2 of 7 employees.	10-20-11 <i>gc</i>	
4	305	The facility nurse did not document her assessment when residents had changes of condition, such as when a resident returned with a surgical wound and when a resident complained of continued pain after a fall.	11/7/11 <i>gc</i>	
5	305.06	The facility nurse did not document her assessment for residents to self medicate insulin and prescription creams.	10-20-11 <i>gc</i>	
6	350.02	The administrator did not document her investigation when a resident had bruises of an unknown cause.	10-20-11 <i>gc</i>	
7	600.06.b	1 employee who works alone did not have documentation of CPR and First Aid training.	10-20-11 <i>gc</i>	
8	645	One employee did not have evidence of medication certification.	10/28/11 <i>gc</i>	

Response Required Date 10/13/11	Signature of Facility Representative <i>Shelly Jones</i>	Date Signed 9/13/11
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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>Whispering Pines - Downey</u>			Operator: <u>Shelly Jones</u>		
Address: <u>351 Center Street</u>			City: <u>Downey</u> Zip: <u>83234</u>		
County: <u>Bannock</u>	Estab #:	EHS/SUR #:	Inspection time:	Travel time:	
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: 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>app sauce - Frig</u>	<u>38</u>	<u>Swiss steak - oven</u>	<u>198</u>				
<u>vegetables - cook top</u>	<u>198</u>	<u>melon salad - Frig</u>	<u>46.9</u>				

placed in Frig 31 hours

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"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness	<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"/>	37. Food label/condition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			31. Plumbing installed; cross-connection, back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
						42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
						43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
						44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
						45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
						46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
						47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
						48. Specialized processing methods	<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>Shelly Jones</u> (Print)	Title	Date <u>9/13/11</u>
Inspector (Signature) <u>[Signature]</u> (Print)	Date <u>9/13/11</u>	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>