

C.L. "BUTCH" OTTER -- GOVERNOR RICHARD M. ARMSTRONG -- DIRECTOR LESLIE M. CLEMENT—DEPUTY DRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

February 10, 2012

Bryon Martin, Administrator Golden Age Heritage Home - East Po Box 47 Preston, ID 83263

License #: Rc-856

Dear Mr. Martin:

On September 20, 2011, a State Licensure and Follow-up survey was conducted at Golden Age Heritage Home - East. 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 evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN, BSN

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Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program



C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR LESLIE M. CLEMENT---DEPUTY DIRECTOR LICENSING AND CERTIFICATION P.O. Box 83720 Boise, Idaho 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

December 15, 2011

BryonMartin, Administrator Golden Age Heritage Home - East Po Box 47 Preston, ID 83263

Dear Mr. Martin:

On September 20, 2011 a Health Survey was conducted at your facility. We have received only a partial response from the facility for that survey, which was due by **October 20, 2011**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office **immediately**. If we do not receive the information, the Licensing and Survey Agency may impose potential enforcement action(s) as listed in IDAPA 16.03.22. Rules for Residential Care or Assisted Living Facilities in Idaho subsection 910.02;

- 1. A provisional license may be issued.
- 2. Admissions to the facility may be limited.
- 3. The facility may be required to hire a consultant who submits periodic reports to the Licensing and Survey agency.

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

Thanks you for your continued participation in the Residential Assisted Living Facility Program in Idaho.

Sincerely

ÍAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program



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
Bolse, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

September 22, 2011

Bryon Martin, Administrator Golden Age Heritage Home - East 175 East 3rd North Preston, ID 83263

Dear Mr. Martin:

On September 20, 2011, a State Licensure survey was conducted at Golden Age Heritage Home - East. 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 26 non-core issue deficiencies were identified on the punch list and 11 were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than October 20, 2011

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

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

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. 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 (RALF) program.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN B. WING _	IPLE CONSTRUCTION	COMPL	(X3) DATE SURVEY COMPLETED		
	13R85 <u>6</u>				09/2	20/2011		
MAME OF PROVIDER OR SUPPLIER GOLDEN AGE HERITAGE HON	NE - EAST	175 EAST	DRESS, CITY, S 3RD NORT 1, ID 83263	STATE, ZIP CODE				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY COLDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
The residential care, found to be in substated and the substated for Residential Facilities in Idaho. Notited during the licent conducted on 9/13/2 your facility. The survere: Rae Jean McPhillips Team Coordinator Health Facility Survered Gloria Keathley, LSV Health Facility Survered Health Facility Survered Gloria Keathley.	antial compliance will Care or Assisted Less core deficiencies and follow-up 2011 through 9/20/20 veyors conducting the RN, BSN	th the .iving were survey 011 at	R 000					

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

XJ11 If continuation sheet 1 of 1

(X6) DATE

TITLE



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

A Keset Logia	SUBSECUTE OF
ASSISTE	ED LIVING
Non-C	ore Issues
	Punch List

Facility Name Golden Age Heritage Home - East	Physical Address 175 East 3rd North	Phone Number 208-852-3041
Administrator Bryon Martin	City Prestan	Zip Code 83263
Team Leader RaeJean McPhillips	Survey Type Licensure and Follow-up	Survey Date 09/20/11

NON-CORE ISSUES

Item#	RULE#- 16.03.22	DESCRIPTION	DATE	L&C
1	009.04	2 of 5 employees did not submit their fingerprints within 21 days from their hire date to the entity conducting the criminal	10.20.11	
		history and back ground check.	ID-20-11	100
2	009,06.c	1 of 5 employees did not have a state-only background check completed by they Idaho State Police Bureau of Criminal Identification/	10-20 H	
3	100.04	The facility's administrator's license was expired, however the administrator was at the facility to direct the day-to-day operations.	10:20:11	
4	225.07	The facility did not evaluate Resident #4's behaviors, such as being resistive to cares and wandering into other residents' rooms.	10.20.11	
		REPEAT DEFICIENCY		
5	×225.02	The facility did not develop interventions for Resident #4's behaviors. **REPEAT DEFICIENCY**	10.20.11	
6	250.10	The hot water temperature exceeded the maximum allowed. **REPEAT DEFICIENCY**	10-20-11	
7	260,06	The facility was not maintained in a clean and sanitary manner, such as: dried facal matter on a chair next to the dining room, dirty carpet	10.20.11	
		throughout the facility, dirty doors with missing paint, a wall in the living room with numerous deep scratches and missing paint,		
		dusty window sills with dead insects, a fire extinguisher cabinet door that protruded out into the hallway, and grease and dust buildup		
		in the kitchen.		
8	300.01	The current RN had not delegated all nursing tasks to 3 of 4 unlicensed assistive personnel. **REPEAT DEFICIENCY**	(0.20-11	
9	305.03	The facility nurse did not document nursing assessments on residents when they had a change in their physical or mental condition.	10.20.11	
Response F	Required Date	Signature of Facility Representative	Date Signed	
10/20/11		Anlie Hansen Promoto lata 10-20-11	9-26-11	

BFS-686 March 2006

-9/04 PERVISEN

Part Company



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Punch List

Facility Name Golden Age Heritage Home - East	Physical Address 175 East 3rd North	Phone Number 208-852-3041
Administrator Bryon Martin	City Preston	Zip Code 83263
Team Leader RaeJean McPhillips	Survey Type Licensure and Follow-up	Survey Date 09/20/11

NON-CORE ISSUES

e en ar	F. 15	TO ESPERIMENT ON STATE OF THE PROPERTY OF THE	OZATE RIESOLVED	
10	30\$.06,a	The facility nurse did not conduct an initial nursing assessment of Resident #3 and a random resident to ensure they could	10-20-11	
		-safely self-administer insulin and other medications. **REPEAT DEFICIENCY***		
11	305.06.b	Resident #1 was not assessed by the nurse every 90 days to ensure they could continue to safely self-administer medications.	10.2011	
		REPERT* DEFICIENCY		
12	310.01	PRN and other prescribed medications were not in an approved distribution system, such as bubble packs. **REPEAT DEFICIENCY**	10.20.11	
13	310.01.2	Medications stored in the refrigerator were not locked. **REPEAT DEFICIENCY**	10.20.11	
14	310.04.e	The facility did not ensure physicians reviewed Residents #2, 3, 4, and 5 use of psychotropic medications every six months, nor did they	10.20-11	
		provide behavioral updates to the physicians. ************************************		
15	32Ô	Resident #5's NSA was not developed within 14 days.	10-20-11	
16	320.01	Residents' NSAs did not clearly reflect their needs such as assistance with eating and therapeutic diets. Additionally, Resident #2's NSA		
		was not fully implemented to ensure coordination between the facility, outside services and the resident's physician. **REPEAT DEFICIENCY		
17	350.02	The administrator did not investigate incidents and accidents. **REPEAT DEFICIENCY**	10.20.11	
18	410.01	The written agreement for relocation did not specify a place to which all residents could be evacuated to in the event of an emergency.	10.20.11	
19	451.02	Residents were not provided snacks between meals and in the evening.	10.20.11	
20	451.03	The facility did not have a registered dietitian review or develop a therapeutic menu for diabetic residents.	10.20.11	
Response ? 10/20/11	Required Date	Signature of Facility Representative Julie Hansen Juny Marts 10-20-11	Date Signed 9-26-11	





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



Non-Core Issues **Punch List**

Facility Name Golden Age Heritage Home - East	Physical Address 175 East 3rd North	Phone Number 208-852-3041
Bryon Martin	City Preston	Zip Code 83263
Team Leader RaeJean McPhillips	Survey Type Licensure and Follow-up	Survey Date 09/20/11

NON-CORE ISSUES

1011-01	OIVE ROOLL		· .	
			DV: TEST LV ZD	
21	625.01	1 of 5 employees did not have documentation of 16 hours of orientation.	10:20:11	
22	630.3	5 of 5 employees did not have specialized training in developmental disabilities. ***REPEAT DEFICIENCY***	1020:11	
23	640	5 of 5 employees did not have documentation of 8 hours of continuing education.	10.20.11	
24	710.04	5 of 5 residents' records did not contain a copy of a history and physical that was completed within 6 months prior to admission	10:20:11	
2 5	711.01	The facility did not track Resident #4's behaviors to include the time and date of the behaviors, nor the the interventions used and the	10:25:11	
		effectiveness of the interventions.		
26	711.08.f	Residents #1, 2, 4 and 5s records did not contain care notes from hospice and home health agencies. **REPEAT DEFICIENCY**	1020·11	
,,				
Response F 10/20/11	Required Date	Signature of Facility Representative Julie Hon and Junon Marko	Date Signed 9-26-1/	- Managaran

No. 1981 P. 11/11

Date 9 20 11 Page of

IDAHO DEPARTMENT OF

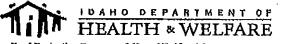
HEALTH & WELFAREFood Establishment Inspection Report

Food Protection Program, Division of Henlih 450 W. Sinte Street, Boixe, Idnho 83720-0036 208-334-5938

						# of Ris		* 47	# of Retail Practice		7
Extablishmen Name	Operati	ann	**	morten	- 11	Violation		<u>U</u>	Violations		-
155 East 3rd North Preston ID 83263						# of Rep Violation			# of Repeat Violations		
County Estab# RHS/SUR#	Inspect	on time	<u>:</u>	Travel lime:	- ∤ ,	Score		~	Score		_
Inspection Type: Risk Category:	Mallow	I ha kkan	~ **	OR On-Site Follow-Un:	<u> </u>			-			
14.1	Date:			Date:				than 3 Med . Emaidedory	A scoro greater that or 8 High-risk = me	16 M malata	rt C
Items marked are violations of Idaho ? Food Code, 1	DAPA	16.02.1	Ž. 80 č	regifre correction as note		લા ચાલ દે	inspe	rilon	on-site ic primocriou	4	'
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N 5. Clean hands, properly washed (2-30		AND VEN	a			3-501) 3-501)	MA S	MAN SIMAL AN	VION STATE		
6. Bere hand contact with ready-to-eat	000 day ex	ription		Y)N NVA		2. Consu			r undercooked food		ᆔ
(2-301) Y N 7. Handwaching factRies (6-203 & 8-30	1)		-			8-603)	Je an	Vanica di Na	Populationa Hazzas	-	
Approved Source			-	ON 18(Y)		3. Pastel	ilized	oods used, avo			ᇜ
H 8. Food obtained from approved source	(3-101 8							rds (3-801)			<u> </u>
9. Receiving temperature / condition (3			O					potokeď, ausobk		6	ᆔ
Y N N/A 10. Records: shellstock tags, parasite of required HAGCP plan i3-202 & 3-20		5	a	O Y N	2	o. Toxics	V0542	nces properly to	enoned, stoled, used		
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N NA 11. Food segregated, separated and pr		0-002)	J O	Y N (NA	1 2				d HACCP plan (8-201)		◨
(45, 48, 47)					٠.						
N 13. Returned / reservice of food (3-306 Y) N 14. Discarding / reconditioning unsels for		HI	믑		yes, în ce ≕rot ob	unpliance स्तरस्य	•	00 ,00 ← N 19n ← A\M	t in compliance applicable		
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Sep. 20. 2011 9:40AM

No. 1981 P. 7/11



Food Establishment Inspection Report

Rand Protection Program, Office of Buldemiology 450 West State Street, Boise, Idaho 83782 208-334-5938

Page Of Of Date .9/20

Bistabiliahment Name: East Operator Syron Martin Address East 3rd Worth Preston ID 83263. Gounty Islab# EHS/SUR# Licenso Permit#	
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Person in Charge Date 1115 prote 2-21-V Date	0 // /
Person in charge Parson in ch	CF200-02-02