



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

January 3, 2013

Stephanie Kilpatrick, Administrator
By The Lake - Honeysuckle
1027 E Honeysuckle
Hayden, ID 83835

License #: RC-1031

Dear Ms. Kilpatrick:

On October 19, 2012, a Complaint Investigation and Initial Licensure survey was conducted at By The Lake, LLC (by The Lake - Honeysuckle). 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid, LSW
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

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

October 24, 2012

Stephanie Kilpatrick, Administrator
By The Lake - Honeysuckle
1027 E Honeysuckle
Hayden, ID 83835

Dear Ms. Kilpatrick:

A Complaint Investigation and Initial Licensure survey was conducted at By The Lake - Honeysuckle between 10/18/12 and 10/19/2012. 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 **10/19/2012**. 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.

Sincerely,

Donna Henscheid, LSW
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: 13R1031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2012
NAME OF PROVIDER OR SUPPLIER BY THE LAKE - HONEYSUCKLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1027 E HONEYSUCKLE HAYDEN, ID 83835		
(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 Initial Licensure survey and Complaint investigation conducted on 10/18/12 through 10/19/12 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, 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


ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name By The Lakes - Honeysuckle	Physical Address 1027 E. Honeysuckle	Phone Number 208-762-3828
Administrator Stephanie Kilpatrick	City Coeur d' Alene	Zip Code 83835
Team Leader Donna Henscheid	Survey Type Initial Licensure and Complaint	Survey Date 10/19/12

NON-CORE ISSUES
1 of 2

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	305.02	The facility did not have all medications available for residents as ordered by the physician. Nor could the facility provide physicians' orders for all medications in the facility.		11/21/12 DH
2	305.06.a	The facility RN did not assess Resident #3 for self-administration of medications.		11/21/12 DH
3	310.01	The facility had a house supply of medications and used bulk medications without obtaining a variance.		11/21/12 DH
4	310.01.a	Medications were not secured at all times in the file cabinet, refrigerator and Resident #3's room.		11/21/12 DH
5	310.01.c	The facility did not maintain a temperature log on the refrigerator where medications were stored.		11/21/12 DH
6	310.01.d	Unlicensed staff did not assist residents with medications according to the Board of Nursing rules. For example: They gave residents, who were unable to self-determine, PRN medications without calling the facility nurse first. They gave unresponsive residents medications.		11/21/12 DH
7	310.02	The facility retained a discharged resident's medications for a "House" supply and did not dispose of the medications within 30 days.		11/21/12 DH
8	711.04	The facility did not document residents were informed of the consequences of refusing care nor were the residents' physicians notified of the residents' refusals.		11/21/12 DH
9	711.11	The facility did not document the reason a medication was not given.		11/21/12 DH

 Response Required Date
 11/18/12

 Signature of Facility Representative


 Date Signed
 10-19-12



Facility Name <i>By the Lakes - Honeysuckle</i>	Physical Address <i>1027 E. Honeysuckle</i>	Phone Number <i>208-762-3828</i>
Administrator <i>Stephanie Kilpatrick</i>	City <i>Coeur d'Alene</i>	ZIP Code <i>83835</i>
Survey Team Leader <i>Donna Henschel</i>	Survey Type <i>Initial and Complaint</i>	Survey Date <i>10/19/12</i>

NON-CORE ISSUES

2 of 2

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
<i>1</i>	<i>009.06.C</i>	<i>5 of 6 staff did not have an Idaho State Police background check.</i>		<i>11/21/12 DH</i>
<i>2</i>	<i>220.02</i>	<i>5 of 5 residents did not have signed/dated admission agreements completed after the change of ownership.</i>		<i>1/3/13 DM</i>
<i>3</i>	<i>1640.02</i>	<i>Staff did not receive training regarding new policies and procedures after there was a change of ownership.</i>		<i>11/21/12 DH</i>

Response Required Date <i>11/18/12</i>	Signature of Facility Representative <i>Stephanie Kilpatrick</i>	Date Signed <i>10.19.12</i>
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IDAHO DEPARTMENT OF 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>By The Lakes Homasuckle</u>		Operator <u>Stephanie Kilpatrick</u>	
Address <u>1027 E. Homasuckle</u>		<u>Coeur d'Alene</u>	
County <u>Rootenai</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>H</u>	Follow-Up Report: OR	On-Site Follow-Up: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>3</u>	# of Retail Practice Violations	_____
# of Repeat Violations	<u>0</u>	# of Repeat Violations	_____
Score	<u>3</u>	Score	_____
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 / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> <u>N</u>	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/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <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/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>cooked chicken-Frig</u>	<u>44.9</u>	<u>stroganoff-crostatop</u>	<u>195</u>				
<u>Yogurt - Frig</u>	<u>41.1</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>Stephanie Kilpatrick</u> (Print) <u>Stephanie Kilpatrick</u> Title <u>Manager</u> Date <u>10-15-12</u>	Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/>
Inspector (Signature) <u>Eric D. Phillips</u> (Print) <u>Eric D. Phillips</u> Date <u>10/19/12</u>	Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/>



Establishment Name <i>By The Lakes - Honeysuckle</i>	Operator <i>Stephanie Kilpatrick</i>
Address <i>1027 E. Honeysuckle</i>	<i>Coeur d'Alene</i>
County Estab # <i>Kootenai</i>	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

14. There was moldy food in the frig.
*COS - Food was destroyed - staff educated
19. ^{cooler} Churn was above 41° -
*COS - Food was destroyed - staff educated
20. Not all foods were date marked or labeled
*COS - undated, unmarked foods were destroyed - staff educated

Person in Charge <i>Stephanie Kilpatrick</i>	Date <i>10-19-12</i>	Inspector <i>Rae McPherson</i>	Date <i>10/19/12</i>
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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 26, 2012

Stephanie Kilpatrick, Administrator
By The Lake - Honeysuckle
1027 E Honeysuckle
Hayden, ID 83835

Dear Ms. Kilpatrick:

An unannounced, on-site Complaint Investigation and Initial survey was conducted at By The Lake, LLC (by The Lake - Honeysuckle) from October 18, 2012 to October 19, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005716

Allegation #1. The facility did not respond appropriately to a caregiver's allegation of neglect.

Findings #1: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 10/15/12. The deficient practice was corrected by the current administration.

Allegation #2: The facility did not put interventions into place to help prevent an identified resident from falling.

Findings #2: On 10/18/12 the identified resident's record was reviewed. The record contained incident reports that documented the resident had fallen four times between 7/20/12 and 8/2/12. An incident report, dated 7/23/12, documented an "alarm" was in place but the resident had "unplugged" it. Another incident report, dated 7/24/12, documented a family conference had been held, the alarm was replaced with a new one and adjustments were made to the resident's medications.

On 10/18/12 at 3:23 PM, a family member stated that an alarm was put into place "right away" to alert the staff the resident was trying to get up on her own. The family member stated she was at the facility frequently and did not think there was anything more the facility could have done to keep the resident from falling.

Stephanie Kilpatrick, Administrator
October 26, 2012
Page 3 of 3

Allegation #5: Medications were not always available to residents.

Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for the facility not ensuring that all medications were available for residents as ordered by their physicians. The facility was required to submit evidence of resolution within 30 days.

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 **10/19/2012**. 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.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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