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

February 12, 2013

Danielle Markham, Administrator
Markham Residential Care Inc
11525 3rd Street
Star, ID 83669

License #: RC-583

Dear Ms. Markham:

On November 20, 2012, a State Licensure, Follow-up and Complaint Investigation survey was conducted at Markham Residential Care Inc. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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

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November 21, 2012

Danielle Markham, Administrator
Markham Residential Care Inc
11525 3rd Street
Star, ID 83669

Dear Ms. Markham:

On November 20, 2012, a complaint investigation and state licensure survey was conducted at Markham Residential Care Inc.

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 eleven (11) non-core issue deficiencies were identified on the punch list, one (1) of which was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than December 20, 2012

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/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R583	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 11/20/2012
NAME OF PROVIDER OR SUPPLIER MARKHAM RESIDENTIAL CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11525 3RD STREET STAR, ID 83669		

(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	Initial Comments 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 licensure, follow-up and complaint survey conducted on 11/20/ 2012 through 11/20/2012 at your facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Rae Jean McPhillips, RN, BSN Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

Reset Form | Print Form

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

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Markham Residential Care Inc.	11525 3rd Street	208-286-7873
Administrator	**City**	**Zip Code**
Danielle Markham	Star	83669
Team Leader	**Survey Type**	**Survey Date**
Gloria Keathley	Licensure, Follow-up and Complaint	11/20/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	Two employees did not have state police background checks.	2-12-13 gr	
2	260.06	The facility is not maintained in an orderly fashion. For example: There's a broken trash compactor in the kitchen and part of it on the back	2-4-13 gr	
		patio, the sidewalk is broken, wood debris is on the lawn and against the house in the backyard, paint chipped off the wall in the dining		
		room, the metal strip is missing on the dining room ramp, and a dresser in one of the resident's rooms is broken. **Previously cited 3/22/11*		
3	300.01	One of three staff members did not have medication delegation. Resident #3 did not have a quarterly nursing assessment.	1-23-13 gr	
4	305.06	Resident #1 was not assessed to self-administer insulin.	2-4-13 gr	
5	310.01.a	Medications were not kept secured.	1-2-13 gr	
6	310.01.c	There was no temperature log for a refrigerator that contained medications.	1-2-13 gr	
7	310.01.f	A caregiver did not watch a resident take her medications.	1-2-13 gr	
8	320.08	Resident #2 did not have a current NSA.	1-2-13 gr	
9	451.02	Snacks were not offered in between meals and at bedtime.	1-2-13 gr	
10	640	2 of 4 staff members did not have documentation they completed 8 hours of continuing education.	2-4-13 gr	
11	730.02	The staff work schedule was not maintained for three years.	2-4-13 gr	
			error ~~1-2-13 gr~~	

Response Required Date	Signature of Facility Representative	Date Signed
12/20/12	DMarkham 11-20-2012	11-20-2012

Date 11/20/12 Page 1 of 1

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: Markham Residential	Operator: Danielle Markham
Address: 11525 3rd Street	Star 83669
County: Ada Estab #: EHS/SUR.#:	Inspection time: Travel time:
Inspection Type: Risk Category: H	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: 0	# of Retail Practice Violations: 0
# of Repeat Violations: 0	# of Repeat Violations: 0
Score: 0	Score: 0
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
Y N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
(Y) N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	☐	☐
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
(Y) N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
(Y) N	9. Receiving temperature / condition (3-202)	☐	☐
Y N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
(Y) N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
(Y) N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
Y N (N/O) N/A	16. Reheating for hot holding (3-403)	☐	☐
Y N (N/O) N/A	17. Cooling (3-501)	☐	☐
Y N (N/O) N/A	18. Hot holding (3-501)	☐	☐
(Y) N N/O N/A	19. Cold Holding (3-501)	☐	☐
(Y) N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
Y N (N/O) N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
(Y) N N/A	22. Consumer advisory for raw or undercooked food (3-603)	☐	☐
	Highly Susceptible Populations		
(Y) N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
(Y) N N/A	24. Additives / approved, unapproved (3-207)	☐	☐
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301))	☐	☐
	Conformance with Approved Procedures		
Y N (N/A)	26. Compliance with variance and HACCP plan (8-201)	☐	☐

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
Meat Loaf - micro	168						
enchiladas - Fridge	41.9						

GOOD RETAIL PRACTICES (☒ = not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/in-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp. control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insects/rodents/animals	☐	☐	☐	36. Personal cleanliness	☐	☐	☐	44. Warewashing facility	☐	☐
☐	30. Food and non-food contact surfaces: constructed, cleanable, use	☐	☐	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed; cross-connection; back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) [illegible] (Print) [illegible] Title [illegible] Date 11/20/12

Inspector (Signature) [illegible] (Print) Date 11/20/12 Follow-up: (Circle One) Yes No

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November 21, 2012

Danielle Markham, Administrator
Markham Residential Care Inc
11525 3rd Street
Star, ID 83669

Dear Ms. Markham:

An unannounced, on-site complaint investigation survey was conducted at Markham Residential Care Inc from November 20, 2012, to November 20, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005644

Allegation #1: The facility admitted a resident with significant behaviors and did not develop a behavior management plan.

Findings #1: Substantiated. The identified resident was admitted on 4/26/12, and the facility did not address the resident's behaviors or develop a behavior management plan until 6/1/12 when the resident exhibited significant behaviors.

However, the facility was not cited because the behavior management plan was developed and implemented prior to the complaint investigation.

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.

Sincerely,

Gloria Keathley. LSW
Health Facility Surveyor
Residential Assisted Living Facility Program