



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 14, 2013

Anthonia Butikofer, Administrator
Eagle Rock Assisted Living
1964 Ririe Circle
Idaho Falls, ID 83404

License #: Rc-1028

Dear Ms. Butikofer:

On November 29, 2012, a Initial Licensure survey was conducted at Eagle Rock Assisted Living LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rachel Corey, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



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December 6, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7961

Anthonia Butikofer
Eagle Rock Assisted Living LLC
1964 Ririe Circle
Idaho Falls, ID 83404

Dear Ms. Butikofer:

Based on the Initial Licensure survey conducted by our staff at Eagle Rock Assisted Living LLC, on November 29, 2012, we have determined that the facility failed to provide appropriate assistance and monitoring of medications.

This core issue deficiency substantially limits the capacity of Eagle Rock Assisted Living LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **January 13, 2013**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ◆ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **December 19, 2012**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Anthonia Butikofer

December 6, 2012

Page 2 of 2

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

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 **December 29, 2012**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities in Idaho, the Department will have no alternative but to initiate an enforcement action against the license held by Eagle Rock Assisted Living LLC.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626 and ask for the RALF program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program
Medicaid Licensing & Certification

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER EAGLE ROCK ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 755 LOMAX IDAHO FALLS, ID 83401		
(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 following deficiency was cited during the initial survey conducted on 11/27/12 through 11/29/12 at your residential care/assisted living facility. The surveyors conducting the survey were: Rachel Corey, RN Team Leader Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor Survey Definitions: BS = blood sugar MAR = Medication Assistance Record mg = milligram ml = milliliters PRN = As Needed Q = every SQ = subcutaneous U = Units	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility did not provide appropriate monitoring of medications for 2 of 4 sampled residents (Resident #2 & #3). The findings	R 008		

Bureau of Facility Standards

TITLE

(X6) DATE

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

Residential Care/Assisted Living

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R 008	<p>Continued From page 1</p> <p>include:</p> <p>1. Resident #2, a 73 year old woman, was admitted to the facility on 9/1/12 with diagnoses including insulin dependent diabetes mellitus and chronic kidney disease with dialysis.</p> <p>A staff communication log contained the following documentation:</p> <p>*9/6 - resident forgets to give herself insulin and check her blood sugars. *9/13 - have to watch resident take her medications from now on. *9/27 - resident is "not doing good at all. We need to check on her more."</p> <p>A self-medication assessment, completed by the facility nurse on 9/11/12, documented the resident was "only" able to self-administer insulin, and was not safe to self-administer other medications.</p> <p>A "Current Medications/Orders Review" form, dated 8/29/12, documented the following:</p> <p>*Humalog kwik pens 150 or under = 0 150 - 200 = 3 U 201 - 250 = 5 U 251 - 300 = 8 U 301 - 350 = 10 U over 350 = 12 U</p> <p>*Lantus - 15/units twice a day (morning and evening)</p> <p>There were no other insulin medication orders found in the resident's record.</p> <p>The October 2012 MAR documented Resident #1</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 2</p> <p>received the following medications:</p> <p>*Humalog Sliding Scale: BS 0 - 150 or under = 0 150 - 200 = 3 U 201 - 250 = 5 U 251 - 300 = 8 U 301 - 350 = 10 U over 350 = 12 U</p> <p>*Lantus - 100/ML - inject 15 U SQ every morning and 30 U every night at bedtime.</p> <p>The October MAR documented staff initialed 15 U of Lantus was received every morning and 30 U of Lantus was received every evening. However, the order for Lantus was for 15 U in the evening instead of 30 U. Further, there was nothing documented on the MAR in the Humalog section. It was unclear if the resident was receiving the Humalog and if so, how much was taken.</p> <p>Resident #2's self-monitoring log, for October 2012, contained 28 blank spaces where the resident did not document what amount, if any, Humalog had been taken. Further, none of the units taken matched the sliding scale documented on the October MAR. The Resident also documented she had taken 20 U of Lantus each evening which did not match the 8/29/12 order or the October MAR.</p> <p>A home health plan of care, signed by the physician on 10/31/12, documented the following:</p> <p>* Humalog insulin with each meal SQ per carbohydrates *Lantus 15 U SQ every morning *Lantus 30 U SQ every evening</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 3</p> <p>There was no documentation the facility attempted to clarify how the Humalog units were to be determined based on carbohydrates consumed.</p> <p>A November 2012 MAR documented Resident #1 received the following medications:</p> <p>*Lantus 100/ML - inject 15 units subcutaneously every morning and 30 units every night at bedtime for diabetes mellitus.</p> <p>*Humalog Sliding Scale: BS 0 - 150 or under = 0 150 - 200 = 3 U 201 - 250 = 5 U 251 - 300 = 8 U 301 - 350 = 10 U over 350 = 12 U</p> <p>On the November 2012 MA, there were no initials for the evening dose of Lantus on the 8th nor for the morning doses on the 12th through the 26th. There was nothing documented in the Humalog section of the MAR.</p> <p>Resident #2's self-monitoring log for November contained 20 blank spaces where the resident did not document what amount of Humalog had been taken, if any. None of the units taken, matched the sliding scale documented on the November MAR nor was there any documentation of the amount of carbohydrates consumed. Further, when Resident #2 documented the Lantus taken, the resident documented 20 U instead of the 30 U as ordered by the physician and written on the November MAR.</p> <p>On 11/28/12 at 12:45 PM, the administrator</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 4</p> <p>stated Resident #2 was not on the sliding scale, but was on a carbohydrate count. When shown the November MAR, the administrator stated, "This must be wrong." She then provided a copy of the home health plan of care which did not clarify how the Humalog units were to be determined based on carbohydrates consumed. At 3:50 PM, the administrator told surveyors to ask another resident to explain the carbohydrate count because "she understands it all."</p> <p>On 11/28/12, the Humalog medication label was observed and documented the following order: "Take 1:7 carbs, 1:20 Target 100 to correct (about 30U/day) before meals."</p> <p>On 11/28/12 at 4:03 PM, a home health nurse was asked to clarify the Humalog order as it was written on the medication label. The home health nurse stated she would send a copy of the physician's order to the facility. The telephone order, not signed by a physician, documented the following:</p> <p>*Patient control of blood sugar with "1 unit humalog [sic] Insulin per/ 7 carbs q meal. Additional 1 unit insulin for q. point over 130 BS." This was not consistent with any other physician's order, MAR or the Humalog medication label.</p> <p>On 11/29/12 at 8:12 AM, Resident #2 was interviewed. The resident stated she had been on a sliding scale a "long time ago," but had been counting carbohydrates since she was admitted to the facility. Further, the resident said her "blood sugars are not great." The resident said she took 1 U of Humalog for every 7 carbohydrates she ate, plus she took 1 unit for every 20 points her blood sugar was over 130. The resident said she took 15 U of Lantus in the morning and 20 U of</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>Lantus in the evening. The resident stated she missed taking her insulin some days, because she has a hard time staying awake, especially on dialysis days. She stated, the "girls used to come in and wake me up, but now they don't." The resident further stated, she communicated with the dietitian and the dietitian made recommendations to go up or down on the insulin. The resident also confirmed she did not document the amount of carbohydrates she consumed, so there would be no way for the staff to determine she had taken the correct dose of Humalog.</p> <p>On 11/29/12 at 9:45 AM, surveyors asked the pharmacy to clarify the order that was written on the resident's package of Humalog. The pharmacist stated he was not able to explain the (1:20 Target 100) as it was written on the medication label and contacted the physician for clarification.</p> <p>The physician clarified following insulin orders:</p> <p>*1 unit of Humalog for every 7 carbohydrates consumed and 1 unit of Humalog for every 20 points of blood sugars over 100.</p> <p>*15 unit of Lantus in the morning and 25 units of Lantus in the evening.</p> <p>These orders were not consistent with the amount Humalog or Lantus the resident was actually taking, nor were they consistent with what was documented on the MAR.</p> <p>The facility did not provide adequate assistance and monitoring of Resident #2's insulin. From the time Resident #2 was admitted to the facility, the resident's insulin orders were not</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 6</p> <p>consistent with what the resident was actually taking. There was no attempt by the facility to clarify the physician's orders or to determine if the resident was taking the correct amount of insulin.</p> <p>2. Resident #3 was admitted to the facility on 11/1/12 with a diagnosis of major depression and chronic pain.</p> <p>A. Methadone</p> <p>Resident #3's record contained a physician's order, dated 8/20/12, which documented the resident was to receive two, 5 mg tablets, of methadone at bedtime for pain.</p> <p>Resident #3's November 2012 MAR documented the resident was to take one, 10 mg tablet, of methadone at bedtime.</p> <p>The medication label for the methadone documented the resident was to take two, 5 mg tablets for a total dose of 10 mg.</p> <p>The November 2012 "Controlled Drug Record," documented that on 11/2/12 at 9:00 PM, Resident #3 was assisted with 4, five mg tablets of methadone. This totaled 20 mg, which was twice the amount the physician ordered.</p> <p>The November 2012 "Controlled Drug Record," documented that on the following dates, the resident only received one, 5 mg tablet:</p> <p>*11/18 *11/20 *11/21 *11/27</p> <p>For 4 days, Resident #3 received only half the prescribed dosage of methadone.</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 7</p> <p>On 5 occasions Resident #3 was not assisted with methadone according to the physician's orders.</p> <p>B. Sulindac</p> <p>Resident #3's record contained a physician's order for sulindac, dated 8/20/12, which documented the resident was to receive 200 mg at 8:00 AM and 8:00 PM for pain.</p> <p>Resident #3's November 16th through 30th 2012 MAR, documented the resident was to take sulindac (200 mg) one to two times daily as needed. There were no initials indicating the medication had been given.</p> <p>On 11/28/12 at 2:30 PM, it was observed that the sulindac medication was not available in the medication cart.</p> <p>From November 16th, until November 28th 2012, the resident was not assisted with sulindac as ordered by the physician. Twenty-six doses of the medication were missed.</p> <p>C. Lasix</p> <p>Resident #3's record contained a physician's order for Lasix, dated 9/27/12, which documented the resident was to receive two, 40 mg tablets, in the morning and one, 40 mg tablet, in the evening.</p> <p>Resident's #3's November 1st through 15th 2012 MAR, documented the resident received Lasix, two 40 mg tablets, each AM. It was not documented that the resident received an evening dose of Lasix.</p>	R 008		

Residential Care/Assisted Living

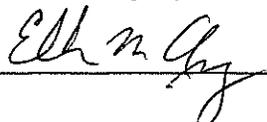
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R 008	<p>Continued From page 8</p> <p>Resident #3's November 16th through 30th MAR, did not document an order for Lasix.</p> <p>On 11/28/12 at 2:32 PM, it was observed that the Lasix was in the medication cart, with the label matching the current order. During this time, the medication aide stated she did not know if the resident was currently receiving the medication, or if the order had changed. She acknowledged that Lasix was not on the current MAR and stated that it was a "pharmacy issue."</p> <p>On 11/28/12 at 3:30 PM, the administrator acknowledged that many of Resident #3's medication orders needed clarification. She stated the resident came from another facility and the physician orders did not match the medications the resident brought with her.</p> <p>For the month of November, Lasix was not given as ordered. From the 1st to the 15th, an evening dose of Lasix was not given as ordered and from the 16th to the date of the survey (the 28th), Lasix was not documented as given at all.</p> <p>On 11/29/12 at 11:30 AM, the facility nurse confirmed she was not aware of the discrepancies found regarding Resident # 3's medications and physician's orders.</p> <p>Resident #3's methadone, sulindac and Lasix were not given according to physician orders.</p> <p>The facility did not provide appropriate monitoring and assistance of Resident #2 and #3's medications. This resulted in inadequate care.</p>	R 008		



Facility Name Eagle Rock Assisted Living	Physical Address 755 Lomax St	Phone Number 208-552-2860
Administrator Toni Butikofer	City Idaho Falls	ZIP Code 83401
Survey Team Leader Rachel Corey	Survey Type Initial Survey	Survey Date November 29, 2012

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	210	The facility did not have an ongoing activity program.	12/31/12	
2	220.02	The admission agreement did not include all required items such as how rates and levels are determined for private pay residents, the method to contest charges and what occurs if a resident transitions to Medicaid.	1/4/13	
3	300.01	The current facility RN had not delegated medication assistance to 4 of 5 staff.	12/31/12	
4	300.02	Resident #1's sucralfate was not given as ordered. Resident #2's low potassium diet was not implemented as ordered.	1/4/13	
5	305.02	Resident #1 and #2 did not have a physician's order for oxygen.	1/4/13	
6	305.06	Resident # 3 was not assessed to safely self-administer B12 and Lovenox injections.	12/31/12	
7	310.01	The facility had bulk OTC medications.	12/31/12	
8	310.03	Narcotic tracking sheets were missing for Resident's #1. A narcotic medication dose (pill) was unaccounted for on Resident #3's narcotic tracking sheet.	12/31/12	
9	310.04.e	The facility did not provide behavioral updates to the physician conducting psychotropic medication reviews.	1/4/13	
10	711.11	The reason medications were not given was not consistently documented for 4 of 4 sampled residents.	12/31/12	

Response Required Date December 29, 2012	Signature of Facility Representative 	Date Signed 11/29/12
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IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Critical Violations Noncritical Violations

Establishment Name <u>Eagle Rock AL</u>		Operator <u>Toni Butikofer</u>	
Address <u>755 Lomax</u>			
County <u>Bonanza</u>	Estab #	EHS/SUR.#	Inspection time: <u>11:00 AM</u>
Inspection Type:		Risk Category: <u>High</u>	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 <u>2</u>	# of Retail Practice Violations <u>1</u>
# of Repeat Violations <u>1</u>	# of Repeat Violations <u>1</u>
Score <u>2</u>	Score <u>1</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 checked="" 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>hamburger cooked in fridge</u>	<u>44.6°</u>	<u>mashed potatoes in fridge</u>	<u>41.5°</u>	<u>green beans - stove</u>	<u>170°</u>		

GOOD RETAIL PRACTICES (X = 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 checked="" 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>Ella M. Avery</u>	(Print) <u>Ella M. Avery</u>	Assistant Admin Title <u>Assistant Admin</u>	Date <u>11/29/12</u>
Inspector (Signature) <u>Donna Henschel</u>	(Print) <u>Donna Henschel</u>	Date <u>11/29/12</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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

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Date 11/29/12

Establishment Name <u>Eagle Rock AL</u>		Operator <u>Toni Bulikoter</u>	
Address <u>755 Komax</u>			
County <u>Donnerville</u>	Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

17. The facility improperly cooled hamburger, which was cooked during the night, and put into the refrigerator and tempered at 44.6° the following morning. The facility is required to submit evidence of training by 12/9/12.

22. a the facility served undercooked eggs but did not inform residents of the risks. COS - the facility was given a consumer advisory to post in the facility.

45. A drawer next to the kitchen sink contained several sponges of various levels of use, and dampness which promoted mold & damage to the drawer. COS - the drawer was removed, cleaned and a new liner was installed to cover the damage. All sponges were disposed of and will not be used any longer by staff in the kitchen.

Evidence of resolution received 12/6/12 accepted 12/20/12 R.C.

Person in Charge <u>Elm. Gray</u>	Date <u>11/28/12</u>	Inspector <u>Donna Hennrich</u>	Date <u>11/29/12</u>
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