IDAHO DEPARTMENT OF HEALTH & WELFARE

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

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

FILE COPY

February 8, 2012

Dennis Garrett, Administrator
Ace Elder Care
6646 Chippewa Drive
Bonners Ferry, ID 83805

License #: Rc-818

Dear Mr. Garrett:

On December 6, 2011, a State Licensure survey was conducted at Ace Elder Care. 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R818	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 12/06/2011
NAME OF PROVIDER OR SUPPLIER ACE ELDER CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6646+6652 CHIPPEWA DRIVE BONNERS FERRY, ID 83805		

(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 survey conducted on 12/01/11 through 12/06/11 at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Leader 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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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
Ace Elder Care	6646 & 6652 Chippewa St.	208-267-6501
Administrator	**City**	**Zip Code**
Dennis Garrett	Bonners Ferry	83805
Team Leader	**Survey Type**	**Survey Date**
Matt Hauser	Licensure and Follow-up	12/06/11

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FACILITY STANDARDS

NON-CORE ISSUES

Item #	RULE 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	1 of 3 staff did not complete fingerprinting within 21 days of hire.	1/9/12 MH	
2	152.05.b.iii	Three residents had bed rails attached to their beds.	1/9/12 MH	
3	220.02	The admission agreements were not updated to reflect the current rules. For example they did not include a complete reflection of the	1/31/12 MH	
		facility's charges, disclose prices, formulas and calculations used to determine the resident's basic service rate.		
4	250.07	The facility had door-knob covers on residents door-knobs which restricted residents access to their rooms and belongings.	1/9/12 MH	
5	250.10	Hot water temperatures in Bld. #1 exceeded 120 degrees.	1/9/12 MH	
6	260.06	Bld. #1 had a strong odor of urine. The carpet throughout Bld. #1 was dirty and stained.	1/9/12 MH	
7	300.01	The facility RN had not completed nursing delegation on all staff. ***REPEAT PUNCH***	1/31/12	
8	300.02	The facility RN did not address Resident #2's wound/change of condition. ***REPEAT PUNCH***	1/9/12 MH	
9	305.02	Residents # 1 and #4 had no PRN medications available. **REPEAT PUNCH**	1/31/12 MH	
10	310.01	The facility used a house supply of medications. ***REPEAT PUNCH***	1/9/12 MH	
11	310.01.e	The staff did follow the board of nursing rules for medication assistance and used their bare hands and placed the medications into the	1/31/12 MH	
		residents' mouths.		
12	335.03	The facility did not provide paper towels for staff in rooms of residents who require care. The facility stored denture cups in the kitchen	1/9/12 MH	
		in the food preparation area.		

Response Required Date	Signature of Facility Representative	Date Signed
01/05/12	R. M. Garrett	12-6-11

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ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Ace Elder Care	6646 &6652 Chippewa St.	208-267-6501
Administrator	**City**	**Zip Code**
Dennis Garrett	Bonners Ferry	83805
Team Leader	**Survey Type**	**Survey Date**
Matt Hauser	Licensure and Follow-up	12/06/11

NON-CORE ISSUES

Item #*	RULE 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
13	600.06	No staff were currently certified in first aid.	1/31/12	
14	640	No staff had documented evidence of 8 hours of CEUS. ***REPEAT PUNCH***	1/31/12	
15	215.02	The administrator was not on site sufficiently enough to provide safe and adequate care for the residents. For example the Bld. #1 had a	1/31/12	
		strong smell of urine, all staff had no first aid, no staff were delegated by the current RN and residents were restricted to access their room		
		and belongings.		

Response Required Date	Signature of Facility Representative	Date Signed
01/05/12	[signature]	12-6-11

Date 12/06/2011 Page 1 of 2

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: Ace Elder Care	Operator: Dennis Garrett
Address: 6646 + 6652 Chippewa St.	
County: Boundary / Estab # / EHS/SUR.#	Inspection time: / Travel time:
Inspection Type: Standard / Risk Category: High	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: 2	# of Retail Practice Violations: 0
# of Repeat Violations: 0	# of Repeat Violations: 0
Score: 2	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 parenthesis)

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/exception (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 (4-0, 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 (3-201)	☐	☐

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
Hamburger	170°						
Cottage Cheese	37°						

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/c-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insect/rodent/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): [signature] (Print): Dennis Garrett Title: Owner Date: 12-6-11

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

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

Page 1 of 2
Date 12/06/11

Establishment Name	Operator
Ace Elder Care	Dennis Garrett
Address 6646 & 6652 Chippewa St.	
County Boundary / Estab # / HAS/SUR #	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#3. Staff had open beverage containers in the kitchen. COS. Staff instructed on proper containers for beverages & disposal of beverage that was observed.

#30. The refrigerator contained undated leftovers. COS - The leftovers were disposed of.

D. M. Lamuto 12-6-11

Person In Charge	Date	Inspector	Date