



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 24, 2013

Nathaniel Knowles, Administrator  
Heritage Assisted Living Of Boise  
1777 S Curtis Rd  
Boise, ID 83705

License #: Rc-981

Dear Mr. Knowles:

On December 6, 2012, a Complaint Investigation and a State Licensure survey was conducted at Heritage Assisted Living Of Boise - Heritage Assisted Living, Inc.. 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 Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

*Karen Anderson, RN*  
Karen Anderson, RN  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



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PHONE: 208-334-6626  
FAX: 208-364-1888

December 6, 2012

Nathaniel Knowles, Administrator  
Heritage Assisted Living Of Boise  
1777 S Curtis Rd  
Boise, ID 83705

Dear Mr. Knowles:

A State Licensure Survey and Complaint Investigation was conducted at Heritage Assisted Living Of Boise between 12/04/2012 and 12/06/2012. 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 **12/06/2012**. 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.

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,

JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

JS/ka



**ASSISTED LIVING**  
Non-Core Issues  
Punch List

Facility Name Heritage Assisted Living of Boise	Physical Address 1777 S Curtis Road	Phone Number 208 376-4191
Administrator Nathan Knowles	City Boise	Zip Code 83705
Team Leader Karen Anderson	Survey Type Licensure, Follow-up and Complaint	Survey Date 12/06/12

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	152.05.b.iii	Resident #6 had a side rail on his bed without having an assessment.	1/7/13 KA	
2	220.02	The facility's admission agreement was not updated to reflect the current rules.	1/7/13 KA	
3	225.02	The facility did not develop interventions for each behavioral symptom for Resident #2 and Resident #5.	1/7/13 KA	
4	250.10	Hot water temperatures were not maintained between 105 - 120 degrees. *Previously cited on 4/28/10	1/7/13 KA	
5	305.02	The nurse did not clarify Resident #8's medication order and not all PRN medications were available as ordered. *Previously cited on 4/28/10	1/7/13 KA	
6	310.01.a	The facility did not keep all medications in a locked area.	1/7/13 KA	
7	320.08	The NSA for Resident #6 & # <sup>10</sup> were not updated to reflect their current care needs or outside services.	1/7/13 KA	
8	350.04	The administrator did not complete a written response to all complaints within 30 days.	1/7/13 KA	
9	600.05	The administrator did not ensure Resident #2's diet order was clarified.	1/7/13 KA	

Response Required Date 01/05/13	Signature of Facility Representative 	Date Signed 12-6-12
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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>Heritage Al - Boise</u>		Operator <u>Nathan Knowles</u>	
Address <u>1797 S. Curtis Rd</u>			
County <u>ADA</u>	Estab #	EHS/SUR.#	Inspection time: Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>High</u>	Follow-Up Report: OR Date: <u>N/A</u>	On-Site Follow-Up: Date: <u>N/A</u>
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>0</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>0</u>	Score	<u>0</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
<input checked="" type="checkbox"/> N	1. Certification by Accredited Program, or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>		
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<input checked="" type="checkbox"/> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="checkbox"/> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 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"/>
	<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> 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"/>
	<b>Chemical</b>		
<input checked="" type="checkbox"/> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approved Procedures</b>		
<input checked="" type="checkbox"/> 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/O = not observed  
COS = Corrected on-site  
N = no, not in compliance  
N/A = not applicable  
R = Repeat violation  
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Turkey - stove</u>	<u>191</u>	<u>Cheddar Cheese</u>	<u>40</u>	<u>Canned Peas</u>	<u>163</u>		
<u>Bologna - fridge</u>	<u>41</u>	<u>Condensed Milk</u>		<u>Flour Holding</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>[Signature]</u> (Print) <u>Nathan Knowles</u> Title <u>Admin</u> Date <u>12-6-12</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>MATT HAUSER</u> Date <u>12/6/12</u>	



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FAX: 208-364-1888

December 11, 2012

Nathaniel Knowles, Administrator  
Heritage Assisted Living Of Boise  
1777 S Curtis Rd  
Boise, ID 83705

Dear Mr. Knowles:

An unannounced, on-site complaint investigation survey was conducted at Heritage Assisted Living Of Boise - Heritage Assisted Living, Inc. between December 4, 2012 and December 6, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00005498**

**Allegation #1:** A former medication aide stole an identified resident's discontinued narcotic medication.

**Findings #1:** An incident report, dated 3/21/12, documented there had been a "theft of discontinued narcotics..." The report documented an investigation was conducted and "the individual came forward and confessed" to the administrator that she had taken the narcotics and she had "...returned the narcotics on her own volition without any prompting..."

A disciplinary action notice, dated 3/21/12, documented a former medication aide was suspended without pay until 3/29/12 and the administrator placed her on a supervised work probation for 90 days. The disciplinary action notice was signed and dated by the administrator and the former medication aide.

On 3/21/12, the facility provided an in-service to nursing staff and caregivers pertaining to the actions that were taken and what preventive measures were implemented and how the facility would respond in the future, should a similar situation arise.

On 12/04/12 at 11:45 AM, a medication aide stated that a former medication aide no longer worked at the facility. She stated the former aide was placed on

Nathaniel Knowles, Administrator

December 10, 2012

Page 2 of 2

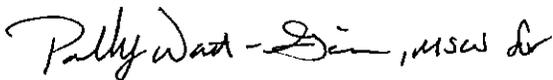
probation in March 2012, as a consequence for stealing a pack of narcotics. The medication aide further stated, the aide was not fired because she brought the narcotics back to the facility and confessed what she had done. She further stated, the former medication aide was no longer allowed to pass medications.

On 12/4/12 at 3:15 PM, the administrator stated the former medication aide felt bad about what she had done and confessed to him about stealing the narcotics and brought the narcotics back to the facility. The administrator stated, she was placed on probation and was not allowed to pass medications. He further stated, staff were in-serviced on the proper destruction of all medications and the importance of tracking narcotics, as well as, locking discontinued narcotics in the nurse's office until the medication were destroyed.

Substantiated. However, the facility was not cited as they acted appropriately by not allowing the medication aide to pass medications, implementing safety measures to ensure discontinued narcotics were secured and providing education to nurses and caregivers on the seriousness of protecting resident's medications and the consequences should any medications be stolen in the future.

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,



Karen Anderson, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

KA/pwg

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