



IDAHO DEPARTMENT OF

HEALTH & WELFARE

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

LESLIE M. CLEMENT – DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

January 31, 2012

Marilyn Beutler, Administrator
Edgewood Spring Creek Meridian Llc
175 East Calderwood Drive
Meridian, ID 83642

License #: Rc-1008

Dear Ms. Beutler:

On December 15, 2011, an Initial Licensure Survey and complaint investigation was conducted at Edgewood Spring Creek Meridian Llc. 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 , 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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December 20, 2011

Marilyn Beutler, Administrator
Edgewood Spring Creek Meridian LLC
175 East Calderwood Drive
Meridian, ID 83642

FILE COPY

Dear Ms. Beutler:

An unannounced, on-site complaint investigation survey was conducted at Edgewood Spring Creek Meridian LLC from December 12, 2011, to December 15, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005143

Allegation: An identified Resident was isolated in his room after he hit a caregiver.

Findings: On 12/12/11 at 2:55 PM, an interview was conducted with a caregiver who worked in the memory care unit. The caregiver stated, "when a resident is having combative behaviors we are trained to intervene by separating the residents from one another. If the altercation involves a resident to caregiver, the caregiver needs to step away from the resident and let another caregiver take over". The caregiver also stated, "A resident would be moved to a quiet area but never put in isolation in their room." She further stated there was no way to keep a resident in their room because the doors did not have locks.

On 12/13/11 at 9:33 AM, the facility RN stated the day the incident occurred, the resident became combative with a medication aide. Another caregiver stepped in and assisted the resident to a quiet area in the dining room. The resident was provided one to one supervision until family arrived. The RN further stated, "Staff are trained how to properly intervene during an altercation, putting a resident in isolation would never be allowed."

On 12/14/11 at 8:12 AM, the facility nurse stated the identified resident was provided a caregiver to sit with him in the dining room to help calm him down. He further stated there were days when the resident became agitated and staff would assist him to other quiet areas of the unit to help decrease his agitation. He stated, there were times that going to his room was a good intervention for him "as he needed some space."

On 12/14/11 at 9:30 AM, a family member stated when she arrived at the facility her loved one was sitting in his wheelchair in the dining room with a caregiver.

Unsubstantiated. Though the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

Allegation: The facility did not manage an identified resident's pain when they did not ensure "tonic water" was given as requested by family members. By not receiving the "tonic water" the resident's pain was not kept under control and contributed to increased behaviors.

Findings: On 12/14/11 at 8:15 AM, the facility nurse stated the identified resident experienced a lot of pain in his feet and legs. The nurse further stated the resident was assisted with scheduled narcotic medications and non-narcotic medications for pain issues. He further stated, per the family's request, the resident was also assisted with "tonic water" to help reduce the pain in his feet and legs. The nurse stated, "We assisted the resident with pain medications and tonic water daily. We did run out of tonic water on one occasion for only one shift." He stated, the resident was provided tonic water and was given pain medication according to doctor's orders, but he continued to have episodes of aggression and would become frustrated when staff tried to assist him with cares.

The identified resident's closed record was reviewed and contained physician's orders and medication assistance records (MAR). June and July 2011, MARs documented the resident was assisted with all pain medications according to his physician's orders. There was no documentation found in the resident's closed record whether or not the resident received tonic water per family's request.

Unsubstantiated. It could not be determined during the survey whether or not the identified resident received daily assistance with tonic water for pain management, or if the lack of tonic water contributed to increased behaviors.

Allegation: An identified resident was given an inappropriate discharge.

Findings: On 12/14/11, the identified resident's closed record was reviewed. A progress note, dated 7/13/11, documented the facility spoke with a family member regarding moving the resident to a geriatric psychiatric hospital for a medication review due to increased behaviors. Further, it was documented the family declined to have the resident transferred to the hospital and instead looked for an alternative placement. The resident moved out of the facility on 7/15/11. A progress note, dated 7/16/11, documented the family informed the facility the resident would not be returning.

On 12/14/11 at 9:30 AM, a family member stated the administrator informed her, on 7/13/11, the resident needed to be transferred to a psychiatric hospital for review of his medications. The family member stated she told the administrator if the resident was sent to the hospital, they would find different placement and the resident would not return to the facility.

Unsubstantiated.

Marilyn Beutler, Administrator

December 20, 2011

Page 3 of 3

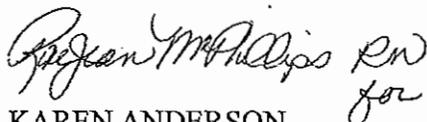
Allegation: The facility did not develop and implement an appropriate behavior management plan.

Findings: The identified resident's closed record was reviewed and contained a behavior management plan which listed interventions on how to approach the resident when exhibiting the identified behaviors. The behavior management plan was updated on 7/1/11. However, the resident continued to exhibit physically aggressive behaviors and the effectiveness of the interventions were not updated.

Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.225.02.c for not evaluating the effectiveness of the listed interventions.

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,

Handwritten signature of Karen Anderson in cursive, with the initials "KA" and "for" written below it.

KAREN ANDERSON
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/smo

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: 13R1008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2011
NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK MERIDIAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 175 EAST CALDERWOOD DRIVE MERIDIAN, ID 83642		
(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 between 12/12/2011 and 12/15/2011 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



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>Edgewood Spring Creek Meridian</u>		Operator <u>Marilyn Beutler</u>	
Address <u>175 + 1/2 East Calderwood, Meridian</u>			
County <u>Ada</u>	Estab #	BHS/SUR #	Inspection time: <u>9:00 AM</u> Travel time:
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up: _____
Date: _____		Date: _____	

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</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.	

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

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

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
(Y) N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
(Y) N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
(Y) N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
(Y) N (N/A)	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>pudding / fridge</u>	<u>39.8°</u>	<u>meat loaf / oven</u>	<u>175°</u>				
<u>soup / chiller pot</u>	<u>150°</u>	<u>mashed potatoes</u>	<u>190°</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 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>Marilyn Beutler</u> (Print) <u>Marilyn Beutler</u> Title <u>ED</u> Date <u>12/15/11</u>	Inspector (Signature) <u>Donna Henschel</u> (Print) <u>Donna Henschel</u> Date <u>12/14/11</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
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Establishment Name <i>Lupinus & Sunny Creek - Meridian</i>		Operator <i>Marilyn Butler</i>
Address <i>175181 East Cottonwood</i>		
County	Estab # <i>1111</i>	EHS/SUR.# <i>1111</i>
License Permit #		

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

*The eggs were stored over yucca and meats were mixed during
 shredding (green slaw on top of hamburgers). OBS. The eggs were
 moved to another location in the refrigerator and meats were
 separated for shredding.*

Person in Charge <i>Lupinus & Sunny Creek</i>	Date <i>12/16/11</i>	Inspector <i>Dorena Hernandez</i>	Date <i>12/17/11</i>
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