



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 25, 2012

Roger Malm, Administrator
Aarenbrooke Place - Storybook Way
104 North Storybook Way
Eagle, ID 83616

License #: Rc-837

Dear Mr. Malm:

On December 22, 2011, a Complaint Investigation and re-Licensure survey was conducted at Aarenbrooke Place - Storybook Way. 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: 13R837	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2011
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NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - STORYBOOK WAY	STREET ADDRESS, CITY, STATE, ZIP CODE 104 NORTH STORYBOOK WAY EAGLE, ID 83616
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(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
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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 licensure/follow-up survey conducted on 12/20/11 through 12/22/11 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Survey</p>	R 000		
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Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Aarenbrooke Place -Storybook Way	Physical Address 104 N Storybook Way	Phone Number 208-938-4552
Administrator Roger Malm	City Eagle	Zip Code 83616
Team Leader Matt Hauser	Survey Type Relicensure Follow-up + Complaint	Survey Date 12/22/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	The facility admission agreement was not updated to include a complete reflection of the facility's charges and the actual practices of what would occur in the facility (disclose all formulas, prices and calculations and assessments used).	1/25/12	MA
2	305.02	a. Resident #1 and #4 did not have all PRN medications available at the facility as ordered by the physician. b. Resident #2 did not have all medications written on the medication assistance record (MAR).	1/25/12	MA
3	305.03	The facility nurse did not document a change of condition or assessment of the health status of Resident #2, when he had a change of condition.	1/25/12	MA
4	310.04.e	Resident #1 did not have a six month psychotropic medication review (Depakote).	1/25/12	MA
5	625.01	Two of five staff records reviewed did not have documentation of 16 hours of orientation training.	1/25/12	MA
6	625.03.l	Three of five staff records did not have documentation of infection control training.	1/25/12	MA
7	630.02	Five of five staff did not have documentation of specialized mental illness training.	1/25/12	MA
8	711.08.e	Caregivers did not document instructions provided by the nurse when a resident had a change in condition (Resident #2).	1/25/12	MA

Response Required Date 01/21/12	Signature of Facility Representative 	Date Signed 12/22/11
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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>Auto Service Place</u>		Operator <u>Roger Malm</u>	
Address <u>104 N. Skyback Way</u>		Eagle <u>83616</u>	
County <u>Ada</u>	Estab #	Inspection time:	Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.		Date:	Date:

# 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
<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 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/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>Chicken/oven</u>	<u>185</u>	<u>Rolls/oven</u>	<u>180</u>				
<u>Meatballs/boiler</u>	<u>160</u>	<u>Veggies/stove</u>	<u>180</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) _____ Title <u>[Title]</u> Date <u>12/22/2011</u>	Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inspector (Signature) <u>[Signature]</u> (Print) <u>MATT HAUSER</u> Date <u>12/22/2011</u>	



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P.O. Box 83720
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FAX 208-364-1888

December 29, 2011

Roger Malm, Administrator
Aarenbrooke Place - Storybook Way
104 North Storybook Way
Eagle, ID 83616

FILE COPY

Dear Mr. Malm:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place - Storybook Way from December 20, 2011, to December 22, 2011. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005233

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Allegation #1: The facility did not follow their menu because there was not enough food.

Findings #1: Between 12/20 and 12/22/11, the facility's pantry was observed to have the required amounts of food to prepare the weekly menu items. Additionally, the facility had staple food items including seven gallons of milk, bread, frozen meat and vegetables available in addition to food items required on the menu.

The facility's menus, from October 2011 through December 2011, were reviewed and showed appropriate substitutions had been made to the menu, if a particular food item was not available on a given day.

Between 12/20 and 12/22/11, six family members were interviewed and none expressed concerns regarding quantities of food. Five of the six family members stated there was always plenty of food.

Between 12/20 and 12/22/11, eight residents were interviewed regarding sufficient amounts of food. Two of the residents stated, at times, the facility ran out of sugar and/or bread, but it was either borrowed from the facility next door,

or bought by the next shift. Five of the residents stated they were not aware of the facility ever running out of food items. One resident stated, a few months ago, the facility ran out of staples, such as bread, butter and sugar.

Between 12/20 and 12/22/11, five caregivers, the current manager, and the former administrator were interviewed. They stated on occasion the facility had run out of staples; however, when that happened, another staff member would purchase what was needed by the next shift or sooner.

On 12/22/11 at 10:30 AM, the current manager also stated a new system had recently been implemented so that when food items began to run low, they would be purchased, prior to running out of any items.

Conclusion #1: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: Residents were not assisted with toileting according to their Negotiated Service Agreements.

Findings #2: From 12/20 through 12/22/11, caregivers at the facility were observed to provide appropriate assistance with toileting residents, as stated in the residents' Negotiated Service Agreements. The facility was also found to be clean and odor free.

Six family members were interviewed and stated they felt caregivers provided appropriate assistance with toileting. One of the six family members stated she felt there was not always enough caregivers to provide proper care.

Eight residents stated they always received assistance whenever they required it. One resident stated that at times, she had to wait up to 10 minutes to receive assistance with cares.

Five caregivers, the current manager, and the former administrator were interviewed and stated they always provided assistance with toileting to the residents, and residents were well cared for. All five caregivers stated they felt there were enough staff to assist the residents appropriately.

Conclusion #2: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #3: Physician orders were not followed, because the medications were not available at the facility.

Roger Malm, Administrator
December 29, 2011
Page 3 of 3

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Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not having all medication at the facility as ordered by the physician. The facility was required to submit evidence of resolution within 30 days.

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 **12/22/2011**. 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.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Matt Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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