



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

December 23, 2011

Leslie Erfurth, Administrator
Park Center Assisted Living LLC
1212 Longmont Avenue
Boise, ID 83706

Dear Ms. Erfurth:

On December 22, 2011, a state licensure/follow-up survey was conducted at Park Center Assisted Living LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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 January 21, 2012.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Maureen McCann, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



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P.O. Box 83720
Boise, Idaho 83720-0099
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January 31, 2012

Leslie Erfurth, Administrator
Park Center Assisted Living LLC
1212 Longmont Avenue
Boise, ID 83706

License #: RC-810

Dear Ms. Erfurth:

On December 22, 2011, a state licensure/follow-up survey was conducted at Park Center Assisted Living LLC. 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 Maureen A. McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen A. McCann, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R810	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2011
NAME OF PROVIDER OR SUPPLIER PARK CENTER ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 LONGMONT AVENUE BOISE, ID 83706		
(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 12/21/2011 through 12/22/2011 at your facility. The surveyors conducting the survey were: Maureen McCann, RN Team Coordinator 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



Facility Name Park Center Assisted Living	Physical Address 1212 S. Longmont Ave.	Phone Number 208-343-0832
Administrator Leslie Erfurth	City BOISE	ZIP Code 83703
Survey Team Leader Maureen McCann, RN	Survey Type Licensure/follow-up Survey	Survey Date Dec. 22, 2011

NON-CORE ISSUES PAGE 1 OF 2

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	One of five caregivers did not have a completed state police background check.	1/24/12 <i>mmc</i>	
2	152.05.iii	One of four residents had bedrails attached to the bed.	1/31/12 <i>mmc</i>	
3	210	Activities were not observed during the survey.	1/24/12 <i>mmc</i>	
4	215.02	The facility administrator must be on site sufficiently to provide for safe and adequate care of the residents to meet the terms in the Negotiated Service Agreement.	1/24/12 <i>mmc</i>	
5	220	A) The facility's admission agreement has not been updated to reflect new rules effective march 2010. B) Resident #2's admission agreement was not signed by all parties.	A) 1/31/12 <i>mmc</i> B) 1/24/12 <i>mmc</i>	
6	260.06	A) The side yard had an accumulation of weeds, fall leaves and litter. B) The backyard ramp is in need of repair. C) The sink in Resident #3's room was rusted and chipped. D) The toilet paper holder was broken and there was a large red stain on the floor in the back shared bathroom.	A, B, C, D 1/24/12 <i>mmc</i>	
7	305.02	There were multiple medication and diet discrepancies for resident #1.	COS	
8	310.01.f	Staff did not observe resident's medications. (On two separate occasions, in two different places, surveyors found a pill on the floor).	1/24/12 <i>mmc</i>	
9	310.04.e	The facility did not provide behavioral updates to the physician for Resident #1 regarding psychotropic medications, nor were those medications reviewed by the physician every six months.	1/24/12 <i>mmc</i>	

Response Required Date Jan. 22, 2012	Signature of Facility Representative <i>Leslie Erfurth</i>	Date Signed 12/22/11
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Facility Name Park Center Assisted Living	Physical Address 1212 S. Longmont Ave.	Phone Number 208-343-0832
Administrator Leslie Erfurth	City BOISE	ZIP Code 83703
Survey Team Leader Maureen McCann, RN	Survey Type Licensure/follow-up Survey	Survey Date Dec. 22, 2011

NON-CORE ISSUES PAGE 2 OF 2

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
10	320.01	The Negotiated Service Agreement did not clearly identify the resident; describe services to be provided and the frequency of services. Examples: Resident #1's eating, dressing and skin care needs. Resident #3's eating, grooming, dressing and transferring needs.	1/24/12 MMC	
11	335.03	Infection Control: A) Not all resident rooms requiring care, had paper towels and liquid soap available for caregivers. B) The staff bathroom did not have paper towels available. C) Caregivers were observed to not change gloves or wash hands in between tasks.	A, B 1/31/12 MMC C 1/24/12 MMC	
12	620	The facility must follow structured written training programs to meet the training needs of personnel in relation to responsibilities, as specified in the written job description to provide for quality of care and compliance of the rules. For example: A) Staff were not knowledgeable of each resident's level of support required for eating or how to meet those needs. B) Staff were not aware which residents required special diets or where to find that information. C) Staff were not aware of how to find resident care plans.	A, B, C 1/24/12 MMC	
13	625.03.L	Four of five staff did not have documentation of infection control training during orientation.	1/24/12 MMC	
14	711.08.d	There was no documentation to physicians including the reason for the call and the outcome of the call. ***REPEAT PUNCH****	1/24/12 MMC	

Response Required Date Jan. 22, 2012	Signature of Facility Representative 	Date Signed 12/22/11
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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>Park Center A1</u>		Operator <u>Jessie Erfurth</u>	
Address <u>177 S. Longmont Ave Boise 83704</u>			
County <u>Ada</u>	Estab #	EHS/SUR.#	Travel time:
Inspection Type:	Risk Category: <u>high</u>	Follow-Up Report: OR	On-Site Follow-Up: Date:

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

# of Risk Factor Violations	_____	# of Retail Practice Violations	_____
# of Repeat Violations	_____	# of Repeat Violations	_____
Score	_____	Score	_____
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
(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		
(X) 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 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/C) (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>Ham casserole</u>	<u>170.4</u>	<u>Yogurt in cup</u>	<u>38.0</u>				
<u>fish pomover</u>	<u>170.0</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. Ware washing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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>Jessie Erfurth</u>	(Print) <u>Jessie Erfurth</u>	Title <u>Manager</u>	Date <u>12/22/11</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>[Name]</u>	Date <u>12/22/11</u>	Follow-up: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No



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

Page 2 of 7
Date 12/22/11

Establishment Name Pork Tender AL		Operator Leslie Erdman	
Address 2425 Longmont Ave Boise 83706			
County Ada	Estab #	EHS/SUR #	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

16. Eggs were stored over an open container of wood acid.
CDS - Eggs were moved to lowest location in the refrigerator.

17. A casserole temped at 50.4 in the refrigerator. Staff were unsure when the cooling process began.
CDS - Staff educated in proper cooling techniques.

30. Several dishes were found chipped.
CDS - Chipped dishes were discarded.

Person in Charge Leslie Erdman	Date 12/22/11	Inspector Maurice A. McCon...	Date 12/22/11
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