



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: 208-364-1962
FAX: 208-364-1888

April 1, 2014

Cindy West, Administrator
Chaparelle House
1880 Harrison Street North
Twin Falls, Idaho 83301

License #: RC-1052

Dear Ms. West:

On February 20, 2014, an initial state licensure survey and complaint investigation were conducted at Chaparelle House. 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.

Your submitted evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RACHEL COREY, RN
Team Leader
Health Facility Surveyor

RC/sc

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



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FAX: 208-364-1888

February 28, 2014

Cindy West, Administrator
Chaparelle House
1880 Harrison Street North
Twin Falls, Idaho 83301

Dear Ms. West:

On February 20, 2014, an initial state licensure survey was conducted at Chaparelle House. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities 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.

The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.

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 March 22, 2014.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

RACHEL COREY, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2014
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NAME OF PROVIDER OR SUPPLIER CHAPARELLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1880 HARRISON STREET NORTH TWIN FALLS, ID 83301
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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 initial licensure and complaint investigation survey conducted on 2/18/14 through 2/20/14 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



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

Excellent Kitchen Inspection!

Establishment Name <u>Chaparrille House</u>		Operator <u>Linda West</u>	
Address <u>1880 Harrison St N. Twin Falls ID 83301</u>			
County <u>T.F</u>	Estab # <u>20828</u>	EHS/SUR.# <u>20828</u>	Inspection time: _____ Travel time: _____
Inspection Type: <u>High</u>		Risk Category: <u>High</u>	
Follow-Up Report: OR		On-Site Follow-Up:	
Date: _____		Date: _____	

# of Risk Factor Violations <u>0</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations _____	# of Repeat Violations _____
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>hamburger</u>	<u>38°</u>	<u>cooked buns</u>	<u>170°</u>				
<u>steak</u>	<u>38°</u>						

GOOD RETAIL PRACTICES (input checked box = 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. Surks 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)

<u>Candy West, RD</u> Person in Charge (Signature)	<u>02/20/2014</u> (Print)	<u>RD</u> Title	_____ Date
<u>Karen Anderson</u> Inspector (Signature)	<u>Karen Anderson</u> (Print)	Date <u>2/20/14</u>	Follow-up: Yes (Circle One) No



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March 3, 2014

Cindy West, Administrator
Chaparelle House
1880 Harrison Street North
Twin Falls, ID 83301

Dear Ms. West:

An unannounced, on-site complaint investigation was conducted at Chaparelle House between February 18, 2014 and February 20, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006367

Allegation #1: The facility did not schedule staff certified to assist residents with medications at all times.

Findings: On 2/18/14 through 2/20/14, a medication certified staff was observed assisting residents with medications. During this time, eight residents were residing at the facility and all were interviewed. They each stated, there was always someone available to assist them with their medications when requested and as scheduled by their doctors.

During the survey, four staff members stated they were unaware of a time when a medication aide was not available to assist residents with medications.

On 2/29/14 at 2:10 PM, the administrator stated there was a time when a medication aide had to leave during a shift and the activity director was asked to assist with medications. She further stated, the activity director was medication certified and had been delegated by the RN. The administrator stated, a medication aide was scheduled each shift; however, to ensure there would be back-up for emergencies, she would be obtaining her certification and the facility RN would delegate to her.

On 2/29/14 between 10:00 AM and 12:00 PM, two oversight RNs were interviewed. They stated as far as they knew, there was a medication aide scheduled each shift. One of the RNs stated, there was a time when a medication aide was injured and had to go home and the facility RN at the time, assisted with the medications.

Cindy West, Administrator

March 3, 2014

Page 2 of 4

Medication assistance records (MARs) were reviewed for four sampled residents for January and February 2014, to obtain verification of which employees assisted with medications. Records of medication aides who had signed the MARs were reviewed, including the activity director. Each record contained current RN delegation and medication certification. However, not all staff had RN delegation when there had been prior changes in nursing coverage.

Unsubstantiated, however the facility was issued a deficiency at 16.03.22.300.01 for not ensuring the RN delegation occurred each time there was a change in RN coverage.

Allegation #2: The facility did not ensure medications were given as ordered.

Findings #2: Between 2/18/14 and 2/20/14, observations, interviews and record reviews were conducted. During this time, all 8 residents who resided at the facility were interviewed. Six of the 8 residents stated they were knowledgeable about what medications they took and they were unaware of a time when they had not received their medications as ordered.

During the survey, two medication passes were observed. The medication aides were observed appropriately assisting residents with medications as ordered. During this time, four staff members were interviewed separately and were unaware of residents not receiving their medications as ordered.

On 2/19/14, between 10:00 AM and 12:00 PM, two oversight nurses were interviewed. They stated, they had been coming to the facility weekly doing medication audits and had found no errors, other than staff not always documenting the effectiveness of as-needed (PRN) medications.

On 2/19/14 at 2:15 PM, the administrator stated she was unaware of residents not receiving medications as ordered, except when the former facility RN made medication errors during a medication pass, for which the RN was terminated.

Four sampled records were reviewed. Orders were compared to medication assistance records and medication labels. All were found to be congruent. Medication assistance records documented medications were assisted with as ordered.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #3: The facility did not have nursing coverage.

Findings #3: On 2/18/14 through 2/20/14, two different nurses were observed present at the facility. The two nurses were interviewed during the survey and stated they were rotating coverage at the facility; they were present at the facility at least weekly and available by phone 24/7.

On 2/18/14 at 10:50 AM, the administrator stated the former facility RN was terminated on 1/30/14. She further stated, three RN's were providing 24/7 nursing coverage via the phone or through at least weekly visits to the facility. She stated, both of the nurses were from nearby sister facilities. She stated, the corporate nurse was also available for coverage and had been to the facility to provide coverage right

Cindy West, Administrator

March 3, 2014

Page 3 of 4

after the facility RN was terminated.

Between 2/18/14 and 2/20/14, four caregivers were interviewed. They stated they had no problems getting a hold of a nurse after the former facility RN was terminated. They further stated, they had been re-delegated by one of the oversight nurses, and the oversight nurses were visiting at least weekly to assess residents.

On 2/20/14 at 10:05 AM, the corporate RN was contacted by phone and stated she had been visiting the facility weekly to ensure compliance.

Nurse notification logs, documented various days in February 2014 for which the three different nurses visited the facility for things such as assessing residents, providing staff training, delegation and bubble packing medications.

Four sampled residents' records were reviewed. Two resident records contained documentation that changes of condition were assessed by RNs, but there was a delay in the assessments.

Unsubstantiated. However, the facility received a deficiency at 16.03.22.300.02, for not assuring the oversight nurses assessed residents for changes of condition in a timely manner.

Allegation #4: Staff were passing medications and doing treatments without nursing delegation.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.01 for not ensuring delegation occurred each time nursing oversight changed. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not ensure narcotic medications were appropriately tracked and monitored.

Findings #5: On 2/19/14 at 3:30 PM, all the narcotic medications at the facility were compared and counted with the narcotic tracking sheets, which were found to be congruent.

On 2/18/14 through 2/20/14, two oversight nurses, four staff members, and the administrator were interviewed individually and privately. They all stated they were unaware of a time when narcotics went missing or when narcotics were not appropriately tracked.

On 2/18/14 through 2/20/14, four sampled residents' records were reviewed. The medication assistance records were compared with the narcotic tracking sheets and found to be congruent. One of the sampled residents, was knowledgeable of her medications. The resident stated on 2/18/14 at 11:10 AM, that she received her PRN pain medications when requested.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #6: Residents were not being assisted with bathing and other cares as needed.

Findings #6: On 2/18/14, during a tour, all 8 residents were observed to be well groomed, free from

Cindy West, Administrator
March 3, 2014
Page 4 of 4

odors and dressed in clean clothing. All stated they were assisted with their required cares and that staff were attentive and responsive. One resident stated, there were two occasions when she missed her scheduled showers, but staff assisted her at a later time.

On 2/18/14 through 2/20/14, residents were observed being assisted with activities of daily living in a timely manner by staff. During this time, three family members, and an outside agency staff member were interviewed. They stated, they had no concerns regarding residents not receiving cares as needed.

On 2/18/14 through 2/20/14, four staff members were interviewed individually and in private. They stated they felt there was sufficient staff scheduled to meet the needs of the residents. They were unaware of a time when residents did not receive their required cares, such as with bathing.

On 2/19/14, the complaint log was reviewed and did not contain any documentation indicating lack of care concerns were brought to the administrator's attention.

During the survey, four sampled residents' records were reviewed. Three of those sampled residents required assistance with bathing. Care notes did not document there were any instances when those residents did not received assistance with showers or other cares.

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

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



RACHEL COREY, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

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