



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

May 9, 2014

Timothy Pape, Administrator
Bee Hive Homes of Kenmere
2321 Kenmere Place
Meridian, Idaho 83646

License #: RC-1073

Mr. Pape:

On February 26, 2014, an initial licensure survey was conducted at Bee Hive Homes of Kenmere - Golden Years Inc. 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 is 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor

KA/sc

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



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February 28, 2014

Timothy Pape, Administrator
Bee Hive Homes of Kenmere
2321 Kenmere Place
Meridian, Idaho 83646

Provider ID: RC-1073

Dear Mr. Pape:

An initial licensure survey was conducted at Bee Hive Homes of Kenmere between February 25, 2014 and February 26, 2014. 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.

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 **February 26, 2014**. 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.

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) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

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

KA/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/26/2014
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NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF KENMERE	STREET ADDRESS, CITY, STATE, ZIP CODE 2321 KENMERE PLACE MERIDIAN, ID 83646
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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
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 conducted on 2/25/14 through 2/26/14 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility <i>Beehive Homes - Kenmere</i>	License # <i>1598</i>	Physical Address <i>Meridian</i>	Phone Number
Administrator Tim Pape	City <i>2321 Kenmere Place</i>	ZIP Code <i>8346</i>	Survey Date February 26, 2014
Survey Team Leader Karen Anderson	Survey Type Initial Licensure	RESPONSE DUE: March 28, 2014	
Administrator Signature 	Date Signed <i>2/26/14</i>		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	Five of 5 staff did not have completed state only background checks.	<i>4/7/14</i>	<i>KA</i>
2	210.3	The facility did not have an activity program which met state rules.	<i>4/7/14</i>	<i>KA</i>
3	220.02	The facility did implement an admission agreement that met state rules after a change of ownership.	<i>4/7/14</i>	<i>KA</i>
4	225.01 a)	The facility did not evaluate Resident #1 and Resident #4's behaviors.	<i>4/7/14</i>	<i>KA</i>
5	225.02 aC	The facility did not develop interventions for Resident #1 and Resident #4's specific behaviors.	<i>4/7/14</i>	<i>KA</i>
6	300.01	The facility RN did not delegate to a caregiver before she assisted residents with medications.	<i>4/7/14</i>	<i>KA</i>
7	300.02	The facility RN did not ensure Resident #3's insulin order was implemented appropriately.	<i>4/7/14</i>	<i>KA</i>
8	305.03	The facility RN did not conduct a nursing assessment when Resident #1 had changes in his health condition. Additionally, the RN did not assess the status of Resident #1's skin tear.	<i>4/7/14</i>	<i>KA</i>
9	305.04	The facility RN did not make recommendations when Resident #1 had changes in condition.	<i>4/7/14</i>	<i>KA</i>
10	305.06	The facility RN did not assess Resident #1 and Resident #3's ability to manage their insulin.	<i>4/7/14</i>	<i>KA</i>
11	305.07	The facility RN did not review Resident #3 use of sliding scale insulin.	<i>4/7/14</i>	<i>KA</i>
12	320.01	Resident #1's NSA was not updated to describe his current needs, nor did Resident #3's NSA describe the management of her insulin.	<i>4/7/14</i>	<i>KA</i>
13	320.03	Resident #1's NSA was ^{not} signed by all appropriate parties.	<i>4/7/14</i>	<i>KA</i>
14	630.01 a-	There was no documented evidence dementia training, to include all required areas, was provided to 4 of 4 caregivers.	<i>4/7/14</i>	<i>KA</i>
15	630.02 a-h	There was no documented evidence mental illness training, to include all required areas, was provided to 4 of 4 caregivers.	<i>4/7/14</i>	<i>KA</i>
16	630.03 a-i	There was no documented evidence developmental disability training, to include all required areas, was provided to 4 of 4 caregivers.	<i>4/7/14</i>	<i>KA</i>
17	711.08 .e	The facility staff did not document when they notified the RN when Resident #1 had changes in his health status.	<i>4/7/14</i>	<i>KA</i>
18				
19				



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>Beehive Kenmere</u>		Operator <u>Tim Pope</u>	
Address <u>2321 Kenmere Place</u>		<u>83646</u>	
County <u>ADA</u>	Estab #	BHS/SUR.#	Inspection time: <u>11:00 AM</u>
Inspection Type: <u>Standard</u>		Risk Category: <u>Min</u>	Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# 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

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>X</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>X</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>X</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>X</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> <u>X</u> <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</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>X</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 = no, not in compliance
N/O = not observed N/A = not applicable
COS = Corrected on-site R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Mashed Beans</u>	<u>450</u>	<u>Pork</u>	<u>40.6</u>	<u>mashed Potatoes</u>	<u>147</u>		
<u>Hamburger</u>	<u>41.9</u>	<u>Steak</u>	<u>175</u>	<u>Gravy</u>	<u>162</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>[Signature]</u>	(Print) <u>Tim Pope</u>	Title <u>Exec Director</u>	Date <u>2/26/14</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Bushel Cook</u>	Date <u>2-26-14</u>	Follow-up: (Circle One) Yes <input type="radio"/> No <input checked="" type="radio"/>



Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page 2 of 2
Date 2-26-14

Establishment Name <u>Beehive Kenmere</u>	Operator <u>Tim Page</u>	
Address <u>2381 Kenmere Place</u>		
County Estab # <u>ADA</u>	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

17. Navy bean soup that was put in the refrigerator the evening before measured 45° at 11:00 AM. The facility corrected in-sight by discarding the soup and implementing correct cooling procedures.

Person in Charge 	Date <u>2/26/14</u>	Inspector 	Date <u>2/26</u>
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