



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 22, 2014

Jeffrey Crowe, Administrator
Bee Hive Homes of Kimra
1455 Kimra
Meridian, Idaho 83642

License #: RC-1075

Mr. Crowe:

On February 26, 2014, an initial state licensure survey and complaint investigation were conducted at Bee Hive Homes of Kimra - 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 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 Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

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



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March 4, 2014

Jeffrey Crowe, Administrator
Bee Hive Homes of Kimra
1455 Kimra
Meridian, Idaho 83642

Provider ID: RC-1075

Dear Mr. Crowe:

An initial licensure survey and complaint investigation was conducted at Bee Hive Homes of Kimra 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,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1075	(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 KIMRA	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 KIMRA MERIDIAN, ID 83642
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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 and complaint surveys conducted on 2/25/14 through 2/26/14 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN 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>BEE HIVE HOMES of KIMRA</i>	License # RC-1075	Physical Address 1455 Kimra	Phone Number <i>5588-2800</i>
Administrator Jeffery Crowe	City Meridian	ZIP Code 83642	Survey Date February 26, 2014
Survey Team Leader Matt Hauser	Survey Type Initial Licensure and Complaint Investigation		RESPONSE DUE: March 28, 2014
Administrator Signature <i>Jeffery Crowe</i>	Date Signed <i>2/26/14</i>		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only	
			EOR Accepted	Initials
1	009.01	One of 5 staff did not have documentation that a criminal history background check had been completed.	<i>4/2/14</i>	<i>JH</i>
2	153.01	The facility's abuse, neglect and exploitation policy did not include reporting allegations of abuse, neglect or exploitation to Adult Protection immediately	<i>4/2/14</i>	<i>JH</i>
3	220.02	The facility did not implement new admission agreements after a change of ownership.	<i>4/2/14</i>	<i>JH</i>
4	320.01	Two of 3 residents' NSAs did not clearly identify the residents, describe the services provided, or document the frequency of services (Resident #1 and #2).	<i>4/21/14</i>	<i>JH</i>
5	320.03	Two of 3 residents' NSAs were not signed by the administrator.	<i>4/2/14</i>	<i>JH</i>
6	630.01	There was no documented evidence that dementia training included all required areas was provided.	<i>4/2/14</i>	<i>JH</i>
7	645	One of five staff did not have documentation of medication certification to assist with medication.	<i>4/2/14</i>	<i>JH</i>
8	225.01a-g	The facility did not evaluate Resident #2's behaviors.	<i>4/2/14</i>	<i>JH</i>
9	225.02.a-c	The facility did not develop interventions for Resident #2's behaviors.	<i>6/10/14</i>	<i>JH</i>
10				
11				
12				
13				
14				
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17				
18				
19				
20				



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>Dee Hive Homes - Kimra</u>		Operator <u>Jeffrey Crowe</u>	
Address <u>1455 Kimra</u>		<u>Meridian</u>	
County <u>Canyon</u>	Estab #	EHS/SUR#	Inspection time: Travel time:
Inspection Type:	Risk Category: <u>High</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>2</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</u>	Score	<u>1</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> <u>(N)</u> <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> <u>(N)</u> <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> <u>(N)</u> <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 = 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>hamburger oven</u>	<u>190</u>	<u>cooked roast-Fridge</u>	<u>41</u>				
<u>potatoes-cooktop</u>	<u>187</u>	<u>bean soup</u>	<u>43</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 checked="" type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/> 43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> 29. Insects/rodents/animals	<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"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<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"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<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>Jeff Crowe</u> (Print) <u>Jeff Crowe</u> Title <u>Admin</u> Date <u>2/26/14</u>	Follow-up: (Circle One) <u>Yes</u>
Inspector (Signature) <u>Rae Jean McPhillips</u> (Print) <u>Rae Jean McPhillips</u> Date <u>2/26/14</u>	<u>No</u>



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 <i>Positive Homes - Kimra</i>		Operator <i>Jeffrey Crowe</i>
Address <i>1455 Kimra</i>		
County Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#11 - raw hamburger was stored in a zip lock bag above RTE Foods - raw eggs were also stored above RTE Foods
 COS - hamburger was placed in a container and moved to a lower shelf -
 eggs were moved to a lower shelf

#19 - bean soup which was cooked on 2/24/14 temp was 43°
 COS - soup was discarded - staff were trained on proper cooling

#43 - there was no scoop for ice
 LOS - Facility supplied a scoop

Person in Charge <i>Jeff Crowe</i>	Date <i>2/26/14</i>	Inspector <i>John McPhillips</i>	Date <i>2/26/14</i>
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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

March 4, 2014

Timmothy Pape, Administrator
Golden Years, Inc
1455 West Kimra Street
Meridian, Idaho 83642

Mr. Pape:

An unannounced, on-site complaint investigation survey was conducted at Golden Years, Inc - Kimra between February 24-25, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006216

Allegation #1: The facility restrained an identified resident with a gait belt.

Findings: Substantiated. However, the facility was not issued a deficiency because the entity responsible for operations of the facility at the time of the incident is no longer a licensed operator, and thus cannot be cited.

Allegation #2: An allegation of abuse was not reported to Adult Protection.

Findings: Substantiated. However, the facility was not issued a deficiency because the entity responsible for operations of the facility at the time of the incident is no longer a licensed operator, and thus cannot be cited.

Allegation #3: The facility did not document an investigation after a resident was restrained.

Findings: Substantiated. However, the facility was not issued a deficiency because the entity responsible for operations of the facility at the time of the incident is no longer a licensed operator, and thus cannot be cited.

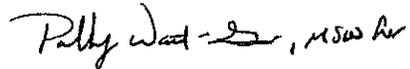
Timothy Pape, Administrator

March 4, 2014

Page 2 of 2

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,

A handwritten signature in black ink that reads "Matt Hauser, MSW, QMRP". The signature is written in a cursive style.

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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