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 6, 2014

Diane Walker, Administrator
Meadowlark Homes, Inc
709 West North 2nd
Grangeville, Idaho 83530

License #: RC-908

Ms. Walker:

On April 2, 2014, a state licensure/follow-up survey was conducted at Meadowlark Homes, 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 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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April 14, 2014

Diane Walker, Administrator
Meadowlark Homes, Inc
701 + 709 West North 2nd
Grangeville, Idaho 83530

Provider ID: RC-908

Dear Ms. Walker:

A State Licensure survey was conducted at Meadowlark Homes, Inc between March 31, 2014 and April 2, 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 **April 2, 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,

for

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	13R908		04/02/2014

NAME OF PROVIDER OR SUPPLIER

MEADOWLARK HOMES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

701 + 709 WEST NORTH 2ND
GRANGEVILLE, ID 83530

(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 and follow-up survey conducted on 3/31/14 through 4/2/14 at your facility. The surveyors conducting the survey were: Rachel Corey, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor	R 000		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
Meadowlark Homes	RC-908	701+709 W N 2nd		(208) 983-3793
Administrator	**City**		**ZIP Code**	**Survey Date**
Diane Walker	Grangeville		83530	April 2, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Rachel Corey, RN	Licensure and Follow-up			May 2, 2014
Administrator Signature	**Date Signed**			
Diane Walker	4/2/14			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	225.01	The facility did not evaluate Resident #3 and #6's behaviors.	4/25/14	RC
2	225.02	The facility did not develop interventions for Resident #3 and #6's behaviors.	4/25/14	RC
3	250.15	The facility's call system did not meet current rules.	5/5/14	RC
4	300.02	The facility RN did not review new orders for Resident #3 prior to implementation.	4/25/14	RC
5	305.03	The facility RN did not assess changes of condition such as: Resident #7's falls, a choking episode with Resident #5, Resident #3's weight loss and skin changes and abnormal bleeding with Resident #2.	5/5/14	RC
6	305.04	The facility RN did not make recommendations after Resident #7 and Resident #3 experienced weight loss.	4/25/14	RC
7	320.01	NSAs were not descriptive of Residents' individual care needs. Resident #1's NSA did not include her diet restrictions.NSAs did not describe services from outside services.	4/25/14	RC
8	320.03	Seven of seven sampled NSAs were not signed by all required parties.	4/25/14	RC
9	350.02	The administrator did not conduct an investigation of all incidents and accidents, such as: Resident #7's bruising of unknown origin was not investigated. Resident #2's fall was not investigated.	4/25/14	RC
10	451.03	The facility did not have a planned menu from a dietician for Resident #1's specialized diet.	5/5/14	RC
11	600.02	The facility did not have up and awake staff on the night shift.	4/25/14	RC
12	711.08.c	The facility did not document the outcome of ~~of~~ unusual events or the facility's response.	5/5/14	RC
13				
14				
15				
16				
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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

Establishment Name: Meadowlark Homes	Operator: Diane Walker
Address: 701 & 709 W. N 2nd	Grangeville, ID 83530
County: Idaho / Estab #: / EHS/SUR #: 20838	Inspection time: / Travel time:
Inspection Type: / Risk Category: High	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.

Critical Violations		Noncritical Violations	
# of Risk Factor Violations	4	# of Retail Practice Violations	Ø
# of Repeat Violations	Ø	# of Repeat Violations	
Score	4	Score	Ø
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	☐	☐
	Employee Health (2-201)		
(Y) N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	☐	☐
Y (N)	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
(Y) N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
(Y) N	9. Receiving temperature / condition (3-202)	☐	☐
Y N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
(Y) N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
(Y) N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
(Y) N N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
Y (N) N/O N/A	17. Cooling (3-501)	☐	☐
(Y) N N/O N/A	18. Hot holding (3-501)	☐	☐
Y (N) N/O N/A	19. Cold Holding (3-501)	☐	☐
(Y) N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
(Y) N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
Y (N) N/A	22. Consumer advisory for raw or undercooked food (3-603)	☒	☐
	Highly Susceptible Populations		
(Y) N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
(Y) N N/A	24. Additives / approved, unapproved (3-207)	☐	☐
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301))	☐	☐
	Conformance with Approved Procedures		
Y N (N/A)	26. Compliance with variance and HACCP plan (8-201)	☐	☐

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
Chicken	181°	Pasta Salad	57°	Yogurt - Bld #1 refrigerator	48°		
Potato dish	179°	Cottage Cheese (Bld #1 refrigerator)	47°				

GOOD RETAIL PRACTICES (☒= not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/in-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp. control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insects/rodents/animals	☐	☐	☐	36. Personal cleanliness	☐	☐	☐	44. Warewashing facility	☐	☐
☐	30. Food and non-food contact surfaces: constructed, cleanable, use	☐	☐	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed; cross-connection; back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): Diane Walker (Print): DIANE J. Walker Title: Administrator Date: 4/2/14

Inspector (Signature): Karen Anderson (Print): KAREN Anderson Date: 4/2/14

Follow-up: (Circle One) Yes No

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Food Establishment Inspection Report

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

Date 4/2/14

Establishment Name	Operator
Meadowlark Homes	Diane Walker
Address 701 & 709 W.N. 2nd	Grangeville 83530
County Estab #. IDAHO EHS/SUR.# 20828	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#16: The kitchen staff were not observed to change their aprons between tasks while preparing meals.

#17: The food cooked on the night shift was not cooled appropriately to ensure it reached 41° within the time frame.

19: The refrigerator in building one was not maintaining food at 41° or below.

22: The food served at breakfast (eggs) meals were undercooked in building one

* Evidence of resolution due by 4/12/14

Accepted Evidence of Resolution 4/25/14 RC

Person in Charge	Date	Inspector	Date
Diane Walker	4/2/14	Karen Anderson	4/2/14