



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

August 11, 2014

Ronald Stoffer, Administrator
Lewis-Clark Care Center
1633 10th Avenue
Lewiston, Idaho 83501

Provider ID: RC-872

Mr. Stoffer:

On April 3, 2014, a state licensure/follow-up survey was conducted at Lewis-Clark Care Center, 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.

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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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



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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

April 14, 2014

Ronald Stoffer, Administrator
Lewis-Clark Care Center
1633 10th Avenue
Lewiston, Idaho 83501

Provider ID: RC-872

Mr. Stoffer:

A state licensure survey was conducted at Lewis-Clark Care Center on April 3, 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 3, 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,

GLOIRA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R872	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2014
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NAME OF PROVIDER OR SUPPLIER LEWIS-CLARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1633 10TH AVENUE LEWISTON, ID 83501
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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 licensure and follow-up survey conducted on 04/03/2014 through 04/03/2014 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



Facility LEWIS-CLARK CARE CENTER LLC	License # RC-872	Physical Address 1633 10TH AVENUE	Phone Number (208) 743-1167
Administrator <i>Ron Stoffer</i>	City LEWISTON	ZIP Code 83501	Survey Date April 3, 2014
Survey Team Leader Gloria Keathley	Survey Type Licensure and Follow-up	RESPONSE DUE: May 3, 2014	
Administrator Signature <i>Ron Stoffer</i>	Date Signed 4-3-14		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	219.01	Resident #4 has not had an initial assessment since her admission on 3/16/14, 18 days ago.	5-20-14	JK
2	219.03	Resident #4 has not signed admission agreement since her admission on 3/16/14.	5-20-14	JK
3	225.01	The facility did not develop behavioral management plans for 3 of 3 sampled Residents (#s 1, 2 and 3.) ****Previously cited on 2/13/13****	5-20-14	JK
4	225.02	The facility did not develop interventions for 3 of 3 sampled Residents' behaviors (#s 1, 2 and 3.)	5-20-14	JK
5	250.13.L	A) There were no substantial dividers between residents' clothing in shared closets. B) Several closets did not have doors.	6-23-14	JK
6	250.14	The facility did not provide a secure environment for Resident #3. ****Previously cited on 2/13/13****	5-20-14	JK
7	300.01	The current facility nurse did not delegate nursing tasks to unlicensed personnel to include medication assistance.	5-20-14	JK
8	305.03	A) The facility nurse did not document Resident #2's changes in physical or mental condition. B) There was no initial nursing assessment for Resident #4. Further, there was no assessment of the skin breakdown on Resident #4 since her admission date of 3/16/14, for 18 days.	5-20-14	JK
9	305.04	The facility nurse did not make recommendations to the administrator regarding resident's health needs; such as, pulse parameters for Resident #2's fluctuating pulse or staff interventions for Resident #1's edema.	5-20-14	JK
10	310.01	The facility used bulk medication containers.	5-20-14	JK
11	310.01.a	The facility's medication cart was left unlocked and unattended. ****Previously cited on 2/13/13****	5-20-14	JK
12	310.01.d	Unlicensed personnel were assisting with medications which required a nursing assessment.	6-12-14	JK
13	310.02	Outdated medications were retained in the facility longer than 30 days.	5-20-14	JK
14	320	Resident #4 did not have an NSA completed since her admission on 3/16/14, 18 days.	5-20-14	JK
15	320.03	Resident #2's and 3's NSAs were not signed by the all required parties.	5-20-14	JK
16	330.03	Resident information was posted in plain site.	5-20-14	JK
17	330.04	Resident #4's care record was not available to care staff.	5-20-14	JK



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Administrator <i>Ron Stoffer</i>	City LEWISTON	ZIP Code 83501	Survey Date April 3, 2014
Survey Team Leader Gloria Keathley	Survey Type Licensure and Follow-up	RESPONSE DUE: May 3, 2014	
Administrator Signature <i>Ron Stoffer</i>	Date Signed 4-3-14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
18	350.02	The administrator did not document an investigation of all incidents.	5-20-14	gk
19	451	A caregiver was observed making potato salad and handling ready to eat food, without gloves. ****EOR due 4/13/14****	5-20-14	gk
20	451.01.d	The facility did not keep menu substitution documentation.	5-20-14	gk
21	711.04	The facility did not inform Resident #2 of the consequences of not wearing his oxygen, nor did they inform the resident's physician of the same.	5-20-14	R
22	711.08.e	There was no documentation that unlicensed staff notified the facility nurse of residents' mental or physical changes. ****Previously cited on 2/13/13.****	6-12-14	gk
23	711.09	Resident #1, #2 and #4's records did not contain current signed and dated physicians' orders.	6-12-14	gk
24	711.12	The facility staff did not document the resident #3's received prn medication. Error (gk)		
25	009.01	1 of 5 staff did not have a completed criminal history background check.	6-12-14	R
26	640	3 of 5 staff did not have the required annual 8 hours of CEU's completed.	6-12-14	gk
27	630.01	4 of 6 staff did not have documentation of the required dementia specialized training.	7-1-14	R
28	630.02	6 of 6 staff did not have documentation of the required mental illness specialized training.	7-1-14	gk
29	630.03	6 of 6 staff did not have documentation of the required developmental delay specialized training.	7-1-14	R
30	630.04	6 of 6 staff did not have documentation of the required traumatic brain injury specialized training.	5-20-14	gk
31				
32				
33				
34				
35				
36				



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>Lewis Clark Al</u>		Operator <u>Ron Stoffer</u>	
Address <u>1033 10th Ave.</u>		<u>Lewiston ID 83501</u>	
County <u>Nez Perce</u>	Estab #	EHS/SUR.#	Inspection time: <u>10:00 Am - 1:00</u>
Inspection Type:	Risk Category: <u>high</u>	Follow-Up Report: OR	On-Site Follow-Up:
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>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>2</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"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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"/>
<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	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	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> N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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"/>
<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
R = Repeat violation
N = no, not in compliance
N/A = not applicable
☒ = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Blueberry jam</u>	<u>41</u>						
<u>Spaghetti sauce</u>	<u>39</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 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/Teal 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)

<u>Ron Stoffer</u>	<u>RON STOFFER</u>	<u>ADMIN.</u>	Date <u>4-3-14</u>
Person in Charge (Signature)	(Print)	Title	Date
<u>Harvey McC...</u>	<u>Harvey McC...</u>	Date <u>4/3/14</u>	Follow-up: (Circle One) <u>Yes</u> No
Inspector (Signature)	(Print)	Date	Follow-up: (Circle One)



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

Page 7 of 11
Date 4/3/2014

Establishment Name <u>Lewis Mark AL</u>		Operator <u>Ron Staffer</u>
Address <u>7033 10th Ave</u>		<u>Lewiston, ID 83501</u>
County Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#6. A caregiver made potato salad without using gloves
 Evidence of resolution is due in 10 days - on 4/13/2014.

#22. The facility offered cook to order eggs, but did not display a consumer advisory statement.
 COS: Caregiver posted a consumer advisory on the kitchen in public view.

Person in Charge <u>Ron Staffer</u>	Date <u>4-3-14</u>	Inspector <u>Monica McCann</u>	Date <u>4/3/14</u>
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