



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

June 12, 2014

Linda Simon, Administrator
Edgewood Plantation Place Senior Living
3921 Kessinger Lane
Boise, Idaho 83703

Provider ID: RC-996

Ms. Simon:

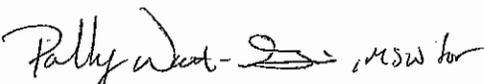
On April 10, 2014, a state licensure survey was conducted at Edgewood Plantation Place LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and 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 Maureen McCann, Rn, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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



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May 21, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8364

Linda Simon
Edgewood Plantation Place Senior Living
3921 Kessinger Lane
Boise, Idaho 83703

Ms. Simon:

Based on the state licensure survey conducted by Department staff at Edgewood Plantation Place LLC between April 8, 2014 and April 10, 2014, it has been determined that the facility failed to coordinate care for 1 of 1 sampled residents

This core issue deficiency substantially limits the capacity of Edgewood Plantation Place LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **June 15, 2014**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **June 1, 2014**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Linda Simon
May 21, 2014
Page 2 of 2

In accordance with IDAPA 16.03.22.003.02, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the Statement of Deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office no later than 30 days from exit.

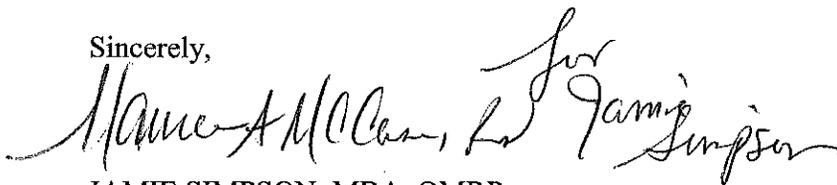
If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, or if any of the repeat non-core punches are identified as still out of compliance, the Department will have no alternative but to initiate an enforcement action against the license held by Edgewood Plantation Place LLC.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

A handwritten signature in black ink that reads "for Jamie Simpson". The signature is written in a cursive style and is positioned above the typed name.

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R996	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER EDGEWOOD PLANTATION PLACE SENIOR LIV		STREET ADDRESS, CITY, STATE, ZIP CODE 3921 KESSINGER LN BOISE, ID 83703		
(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 following deficiency was cited during the licensure/ follow-up survey conducted between 4/8/14 and 4/10/14 at your residential care/assisted living facility. The surveyors conducting the survey were: Maureen Mc Cann, RN Team Coordinator Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Abbreviations: AM = morning BB/BBF/BF = baby food BM = bowel movement mac = macaroni NSA = negotiated Service Agreement PM - evening veggies = vegetables	R 000	The following plan of correction is submitted by Edgewood – Plantation Place as required by regulation. The submission of this plan does not constitute an admission of guilt or agreement with the cited deficiency. The facility reserves the right to challenge said findings noted in the statement of deficiency. Notwithstanding the aforementioned, the following plan of correction is submitted as evidence of action taken by the facility.	
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate care for 1 of 1 sampled Residents (#1) who was receiving additional cares from an outside agency. These findings included:	R 008		

RECEIVED
JUN - 5 2014
DIV OF LIC & CERT

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Judith Snow

TITLE

Admin.

(X6) DATE

5/30/14

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER
EDGEWOOD PLANTATION PLACE SENIOR LIV

STREET ADDRESS, CITY, STATE, ZIP CODE
**3921 KESSINGER LN
BOISE, ID 83703**

(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 008	<p>Continued From page 1</p> <p>1. Resident #1's record documented she was a 78 year-old female, admitted to the facility on 2/24/09 (prior to the change of ownership on 4/22/11) with diagnoses of oropharyngeal dysphagia, dementia and bipolar disorder.</p> <p>On 4/8/14 at 10:55 AM, Resident #1 was observed in her room laying curled up in her bed under blankets. Her left hand was laying on top of the covers and her fingers were observed to be curled into the palm of her hand. The resident did respond "hi" when addressed, but did not verbalize beyond that. The caregiver in her room at the time, stated she worked for an outside agency that was hired to provide care to the resident from 10:00 AM to 8:00 PM every day. Also, observed in the resident's cupboard were several small jars of various baby food, as well as, two packages of "Gerber Little Bites."</p> <p>An NSA, dated 8/30/13, documented Resident #1 was totally dependent upon the private caregiver and facility staff for toileting and bathing. The NSA documented the resident required frequent hygiene checks throughout the night to ensure her attends were clean and dry from urine. It documented the resident had a private caregiver present 10 to 12 hours per day, 7 days a week for companionship. The NSA further documented a pureed diet would be "met by kitchen staff."</p> <p>A. Assistance With Toileting</p> <p>Outside agency "Care-giver Shift Notes" documented the following regarding Resident #1's toileting needs:</p> <p>*2/10/14 - AM cares began with changing the resident's briefs as she was incontinent and had</p>	R 008	<p>Resident Specific</p> <p>Resident # 1 has been evaluated by the community RN with adjustments to the plan of care as indicated. This includes, but is not limited to incontinence care and food consistency. Specifically, monitoring of resident # 1 related to incontinence care has been increased in frequency and provision of food consistency has been evaluated and specific instruction provided to kitchen staff.</p> <p>Other Residents:</p> <p>The community RN made observations and evaluated other residents related to timely incontinence care and appropriate Adjustments were made as indicated.</p> <p>Additionally, in service education was provided to direct care staff and agency staff related to timely incontinence care and appropriate food provisions. In service education also included appropriate reporting to the Executive Director and/or facility RN when concerns are observed (i.e. concern with incontinence care or food consistency).</p>	

Bureau of Facility Standards

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R 008	Continued From page 2 "BM smears." *2/19/14 - At 10:35 AM cares began and the resident was incontinent with bowel movement from the start. *2/28/14 - At 10:05 AM she was found with bowel movement. *3/7/14 - At 10:00 AM the resident was incontinent "all through to her bed pad." *3/14/14 - At 10:15 AM the resident "was wet with traces of BM, although no BM was evident. She must not have been cleaned very well after last BM??" *3/22/14 - At 10:05 AM the resident was "soaked through." The resident was transferred to bed at 5:30 PM and was cleaned up and "ready for bed." *3/23/14 - At 10:30 AM, the resident's briefs were "soaked" from incontinence. *3/28/14 - At 10:00 AM the resident was found incontinent by the agency caregiver. *3/30/14 - At 11:00 AM, the agency caregiver found the resident "absolutely soaked with urine! From her shoulders to her knee and across the bed. Urine soaked down to mattress cover." *4/2/14 - The resident was "awake and wet when I got here." The caregiver called for help to transfer Resident #1 at 2:50 PM as she had a bowel movement, but "had to wait til [sic] 3:25 PM" for the facility staff to help with the transfer. The resident had to wait 35 minutes to be changed out of her soiled briefs.	R 008	Facility Systems The community has implemented documentation changes that include regular review of agency staff notes. Additionally, regular coordination meetings will be held with outside agency leadership that is above and beyond routine care conferences' addressing specific resident care coordination. Finally, any concerns will be evaluated immediately including investigated by the Executive Director when indicated. Residents requiring significant food consistency modifications will be evaluated by the facility RN to evaluate the community's ability to provide. When deemed to be beyond the ability of the community to provide, the resident will be referred to an appropriate level of care. Monitor The Executive Director (ED) and/or designee will review outside agency notes at least weekly for the next two months to ensure concerns are addressed timely and there is compliance with the education	

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R 008	<p>Continued From page 3</p> <p>*4/4/14 - When the agency caregiver arrived the resident replied to her greeting, "I need help." The resident was incontinent and the "back of attends were stuck to her back. Soaked part of her pajama and the bed pad."</p> <p>*4/6/14 - At 10:30 AM, the agency staff found the resident "soaked of urine from her waist to knees. Soaked all the way to mattress cover" and she also had a large bowel movement.</p> <p>From 2/10/14 though 4/6/14, the on-coming shift found Resident #1 laying in urine on at least 12 occasions.</p> <p>Between 4/8/14 and 4/10/14, outside agency caregivers and facility caregivers were interviewed and stated the following:</p> <p>*A caregiver stated the resident required two-person assistance with transfers which the facility staff provided as needed. The caregiver also said the agency staff were "recently" finding the resident "pretty soaked" in the morning.</p> <p>*Another caregiver stated, Resident #1's toileting has gotten worse in the "last couple of weeks."</p> <p>On 4/8/14 at 2:50 PM, the facility nurse stated it was recently reported the resident was "wet at the beginning of the shift."</p> <p>On 4/9/14 at 10:45 AM, the administrator stated, the guardian "came by" to bring the resident some briefs. At that time, the toileting issue during the night was discussed. The administrator confirmed she had not documented an investigation of the complaint.</p> <p>B. Pureed Diet</p>	R 008	<p>provided. Additionally, the ED and/or designee will observe meal service at least weekly to ensure appropriate consistency to meet the resident's needs. Any concerns will be addressed immediately and discussed with the community's leadership team to ensure a quality assurance program is implemented to prevent recurrence.</p> <p>Date of Compliance June 15th, 2014</p> <p><i>James Simon</i> <i>Adm.</i> 5/30/14</p>	

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R 008	<p>Continued From page 4</p> <p>A clinical note from speech therapy, dated 6/5/13, documented the resident was evaluated by a speech therapist for the treatment of a swallowing dysfunction. A diet of of pureed solids and thin liquids was ordered. A physician signed the order on 6/7/13.</p> <p>A clinical note from speech therapy, dated 7/11/13, documented a voice message was left at the guardian agency to set up a care conference regarding diet tolerance, caregiver training, education and facility compliance with diet standards to meet puree requirements.</p> <p>Outside agency "Care-giver Shift Notes" documented the following regarding Resident #1's food consistency/baby food:</p> <p>*1/20/14 - The fish at dinner was "chunky."</p> <p>*1/27/14 - At lunch the vegetables were "too chunky" so the agency caregiver substituted with baby food. At dinner the caregiver "took out the bigger chunks of ham."</p> <p>*2/10/14 - At dinner the agency caregiver added baby food to "change the consistency of her runny soup."</p> <p>*2/11/14 - The resident had a "hard time with food today, the chicken was too stringy and she choked a bit with that and the vegetables were blended, but the skin from vegetables also would get caught in her throat and also make her cough. Gave her baby food instead." The dinner was "late tonight" and the caregiver had to go get it at 5:40 PM.</p> <p>*2/19/14 - Dinner that evening was late because</p>	R 008		

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R 008	<p>Continued From page 5</p> <p>the "kitchen forgot about her." The agency caregiver fed her some baby food until the dinner arrived.</p> <p>*2/12/14 - Baby food was added to the fish and potatoes by the agency caregiver to "help with consistency."</p> <p>*3/8/14 - The caregiver added a mac and cheese baby food to her mashed potatoes.</p> <p>*3/13/14 - At 5:40 PM the agency caregiver went to the kitchen because her dinner was "late" and the resident was "upset." The careglver was able to "assist putting dinner together (heating)."</p> <p>*3/17/14 - The resident "could not eat mashed potatoes, very thick and dry." "Gave BB food dinner." *</p> <p>*3/28/14 - At 11:55 AM the lunch arrived and baby food was added to "change the thick consistency of the meat and potatoes."</p> <p>*4/1/14 - At dinner the meat was "a bit to [sic] hard for her to swallow."</p> <p>*4/3/14 - The resident ate lunch and additional pudding, but still hungry. The agency staff gave her "BBF dinner."</p> <p>Between 1/20/14 and 4/3/14, it was documented the kitchen failed to provide Resident #1 with food she could safely eat on at least seven occasions.</p> <p>Between 4/8/14 and 4/10/14, outside agency caregivers and facility caregivers were interviewed and stated the following:</p> <p>"It took a while to get" the diet right. "Sometimes</p>	R 008		

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R 008	<p>Continued From page 6</p> <p>the meats are a problem. I'm unsure they have the equipment, it doesn't meet exactly a pureed diet."</p> <p>*The resident's food was not always the right consistency, so the caregivers add the baby food. Usually they (the kitchen) are "pretty good about" getting it right, but "it does happen. Like today the veggles had to be sent back."</p> <p>There was no documentation the administrator had addressed or investigated any of the concerns documented by the outside agency caregivers regarding the kitchen not following Resident #1's diet orders.</p> <p>On 4/9/14 at 10:55 AM, the administrator stated, Resident #1 was getting baby food to supplement her diet and it was not used to add to the consistency of the food.</p> <p>Resident #1 was found soiled on at least 12 separate occasions. Also the kitchen did not consistently provide the appropriately textured food and private caregivers were using baby food to modify the texture. There was no evidence these concerns had been appropriately investigated by the administrator.</p> <p>The facility failed to provide coordination of care for Resident #1 to ensure she received assistance with toileting and the an appropriate diet as ordered. These failures resulted in inadequate care.</p>	R 008		



Facility Edgewood Plantation Place Senior Living	License # RC-996	Physical Address 3921 Kessinger Ln	Phone Number (208) 853-7300
Administrator Linda Simon	City Boise	ZIP Code 83703	Survey Date April 10, 2014
Survey Team Leader Maureen McCann, RN	Survey Type Licensure and Follow-up	RESPONSE DUE May 10, 2014	
Administrator Signature <i>Linda Simon</i>	Date Signed 4.10.14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use
			EOR Accepted
			6/11/14 <i>me</i>
1	225.01	Resident #1's and #7's behaviors were not evaluated.	6/11/14 <i>me</i>
2	225.02	The facility did not develop interventions for Resident #1's and #7's behaviors.	6/11/14 <i>me</i>
3	300.02	Multiple expired medications were observed in the facility.	COS <i>me</i>
4	305.03	The facility nurse did not document an assessment of Resident #5's skin tear and bruising, and Resident #1's "weeping eyes" and wound status.	6/11/14 <i>me</i>
5	305.06.b	Residents' medication self-administration assessments were not being completed quarterly.	6/11/14 <i>me</i>
6	350.02	The administrator did not conduct an investigation of Resident #1's and #5's bruising of unknown origin. ****Previously cited on 7/13/11****	6/11/14 <i>me</i>
7	350.04	The administrator did not provide a written response to a complainant regarding Resident #1's toileting.	6/11/14 <i>me</i>
8	625.01	3 of 7 staff did not have documentation of orientation training to include infection control.	6/11/14 <i>me</i>
9	630.01	3 of 7 staff did not have documentation of dementia training. ****Previously cited on 7/13/11****	6/11/14 <i>me</i>
10	630.04	3 of 7 staff did not have documentation of traumatic brain injury training. ****Previously cited on 7/13/11****	6/11/14 <i>me</i>
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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

# 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	

Establishment Name <u>Plantation Place</u>		Operator <u>Linda Simon</u>	
Address <u>3921 Kessinger Lane Boise ID 83703</u>			
County <u>IDA</u>	Estab #	BHS/SUR.#	Inspection time <u>NODN</u>
Inspection Type:		Follow-Up Report: OR On-Site Follow-Up:	
Risk Category: <u>HIGH</u>		Date: _____ Date: _____	
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

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
R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Turkey sliced hot hold</u>	<u>174°</u>	<u>Veal chop w/ gravy</u>	<u>31°</u>				
<u>Hot stew hot hold</u>	<u>183°</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/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>Linda Simon</u>	(Print) <u>Linda Simon</u>	Title <u>4/9/14</u>	Date <u>4/9/14</u>
Inspector (Signature) <u>Amber McLean</u>	(Print) <u>Amber McLean</u>	Date <u>4/9/14</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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

Page II of II
Date 4/10/14

Establishment Name <i>Plantation Place</i>	Operator <i>Linda Jensen</i>
Address <i>3941 Kennerly Lane Boise ID 83703</i>	
County Estab #	EHS/SUR.#
	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

12. The facility's bleach water work area sometimes was not tested within acceptable limits (did not register correct at all) on 4/9/14.

On 4/10/14, the bleach water tested for strong "bleach".
Kitchen manager dumped out the solution and made a new solution which was measured within acceptable limits.
* CAS *

Person in Charge <i>[Signature]</i>	Date <i>4/10/14</i>	Inspector <i>[Signature] A. McCann</i>	Date <i>4/10/14</i>
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