



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 23, 2014

Jenifer Christensen, Administrator
Harmony House Assisted Living I
454 West Lacey Avenue
Hayden, Idaho 83835

Provider ID: RC-820

Ms. Christensen:

On April 17, 2014, a state licensure/follow-up survey was conducted at Harmony House Assisted Living I - Harmony House. 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 Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

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



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 28, 2014

Jenifer Christensen, Administrator
Harmony House Assisted Living I
454 West Lacey Avenue
Hayden, Idaho 83835

Provider ID: RC-820

Ms. Christensen:

A state licensure and follow-up survey were conducted at Harmony House Assisted Living I on April 17, 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 17, 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,

DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

Bureau of Facility Standards

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1820 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 04/17/2014 |
|--|--|--|---|

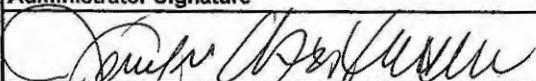
| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER HARMONY HOUSE ASSISTED LIVING I | STREET ADDRESS, CITY, STATE, ZIP CODE 454 WEST LACEY AVENUE HAYDEN, ID 83835 |
|--|--|

| (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 4/17/14 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW 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 Harmony House Assisted Living I | License # RC-820 | Physical Address 454 W Lacey Ave | Phone Number (208) 762-9852 |
| Administrator Jenifer Christensen | City Hayden | ZIP Code 83835 | Survey Date April 17, 2014 |
| Survey Team Leader Donna Henscheid, LSW | Survey Type Licensure and Follow-up | | RESPONSE DUE: May 17, 2014 |
| Administrator Signature  | Date Signed 4/17/14 | | |

NON-CORE ISSUES

| Item # | IDAPA Rule # | Description | Department Use Only | |
|--------|--------------|---|---------------------|----------|
| | | | EOR Accepted | Initials |
| 1 | 260.06 | The facility was not maintained in a clean and orderly manner. For example: Several rooms and closets were cluttered, there were odors in several rooms, and a floor vent in a bathroom was broken. In one bathroom the vinyl was worn, a toilet seat was broken and a baseboard was missing. Overhead vents were dusty. A shelf under the kitchen sink was broken, a cabinet near the fridge was broken, table and counter surfaces were worn and uncleanable. The laminate floor in the kitchen was scuffed and worn. Kitchen chairs were cracked and torn. | 5/21/14 | DH |
| 2 | 300.02 | The facility nurse did not ensure new orders were implemented for Resident #1 regarding elevating the head of her bed when she is sleeping. | 5/21/14 | DH |
| 3 | 305.03 | The facility nurse did not conduct a nursing assessment when residents had changes of condition. Such as Resident #3's infected finger and lethargy and Resident #1's hospitalization. | 5/21/14 | DH |
| 4 | 711.08.d | The facility did not document calls to the physician, the reason for the call and the outcome. For example: Clarifying orders and informing the physician when meds were not available. | 5/21/14 | DH |
| 5 | 711.08.e | The facility did not document calls to the nurse. For example: Deciding to hold a medication or giving a medication late. | 5/21/14 | DH |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |



IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

| | | | |
|--|-------------------------------|---|---|
| Establishment Name <u>Harmony House I</u> | | Operator <u>Jennifer Christensen</u> | |
| Address <u>454 W Lacy Hayden</u> | | | |
| County <u>Noonan</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: _____ | | | |

| | | | |
|--|----------|---|----------|
| # 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. | |

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 / reserve 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 = 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>egg salad</u> | <u>54.8°</u> | | | | | | |
| <u>meatballs</u> | <u>46°</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"/> | 34. Food contamination | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 28. Water source and quantity | <input type="checkbox"/> | 42. Food utensils/in-use | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 29. Insects/rodents/animals | <input type="checkbox"/> | 35. Equipment for temp. control | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use | <input type="checkbox"/> | 36. Personal cleanliness | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention | <input type="checkbox"/> | 37. Food labeled/condition | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 32. Sewage and waste water disposal | <input type="checkbox"/> | 38. Plant food cooking | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools | <input type="checkbox"/> | 39. Thawing | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 40. Toilet facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 41. Garbage and refuse disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 43. Thermometers/Test strips | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 44. Warewashing facility | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 45. Wiping cloths | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 46. Utensil & single-service storage | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 47. Physical facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 48. Specialized processing methods | <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> | Title <u>Jennifer Christensen Owner</u> | Date <u>4/17/14</u> |
| Inspector (Signature) <u>[Signature]</u> | Date <u>4/17/14</u> | Follow-up: (Circle One) <u>Yes</u> <u>No</u> |



| | | |
|--|---------|---|
| Establishment Name <i>Harmony House 1</i> | | Operator <i>Jennifer Christensen</i> |
| Address <i>454 W. Lucy</i> | | |
| County | Estab # | EHS/SUR.# |
| | | License Permit # |

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#19. on the meatball and egg salad Temped above 41°
Staff discarded items. - COS -

| | | | |
|--|------------------------|-----------------------------------|------------------------|
| Person in Charge <i>[Signature]</i> | Date <i>4/17/14</i> | Inspector <i>Donna Hancock</i> | Date <i>4/17/14</i> |
|--|------------------------|-----------------------------------|------------------------|