



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 30, 2014

Trenna Bowhay, Administrator  
Antelope Creek Living Center  
3668 West 3700 North  
Darlington, Idaho 83255

Provider ID: RC-514

Ms. Bowhay:

On May 13, 2014, a state licensure survey was conducted at Antelope Creek Living Center. 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 Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

*Karen Anderson, RN*

KAREN ANDERSON, RN  
Team Leader  
Health Facility Surveyor

KA/sc

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



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May 22, 2014

Trenna Bowhay, Administrator  
Antelope Creek Living Center  
3668 West 3700 North  
Darlington, Idaho 83255

Ms. Bowhay:

**Congratulations** to both you and your staff on your recent State Licensure which was conducted at Antelope Creek Living Center on 05/13/2014. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a *Silver Excellence in Care Award*.

This award demonstrates that you have worked exceptionally hard to meet the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing excellent care and ensuring the residents you serve live in a clean, safe and home-like community.

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 **May 13, 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.

Again, congratulations to you and your staff for a job well done.

Sincerely,

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

JS/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/13/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANTELOPE CREEK LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3668 WEST 3700 NORTH DARLINGTON, ID 83255</b>
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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
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R 000	<p><b>Initial Comments</b></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 survey conducted on 5/12/14 through 5/13/14 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



<b>Facility</b>	<b>License #</b>	<b>Physical Address</b>	<b>Phone Number</b>
ANTELOPE CREEK LIVING CENTER	RC-514	3668 WEST 3700 NORTH	(208) 588-2700
<b>Administrator</b>	<b>City</b>	<b>ZIP Code</b>	<b>Survey Date</b>
Trenna Bowhay	DARLINGTON	83255	May 13, 2014
<b>Survey Team Leader</b>	<b>Survey Type</b>	<b>RESPONSE DUE:</b>	
Karen Anderson	Licensure and Follow-up	June 12, 2014	
<b>Administrator Signature</b>	<b>Date Signed</b>		
<i>Trenna Bowhay</i>	5-13-14		

NON-CORE ISSUES			Department Use Only	
Item #	IDAPA Rule # 16.03.22.	Description	EOR Accepted	Initials
1	300.01	The facility RN did not assess Resident #2 & #7 upon admission or when Resident #2 had a change in her mental health status. Resident #4 was not assessed after he had a reported episode of "blacking out".	5/29/14	KA
2	305.02	Resident #2's medication orders were not signed by her physician or congruent with the orders.	5/29/14	KA
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<b>Facility</b> ANTELOPE CREEK LIVING CENTER	<b>License #</b> RC-514	<b>Physical Address</b> 3668 WEST 3700 NORTH	<b>Phone Number</b> (208) 588-2700
<b>Administrator</b> Trenna Bowhay	<b>City</b> DARLINGTON	<b>ZIP Code</b> 83255	<b>Survey Date</b> May 13, 2014
<b>Survey Team Leader</b> Karen Anderson	<b>Survey Type</b> Licensure and Follow-up		<b>RESPONSE DUE:</b> June 12, 2014
<b>Administrator Signature</b> <i>Trenna Bowhay</i>	<b>Date Signed</b> 5-13-14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
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RECEIVED  
JUN - 2 2014  
FACILITY STANDARDS



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>Antelope Creek</u>		Operator <u>Trena Bowhay</u>	
Address <u>3668 W 3700N</u>			
County <u>Custer</u>	Estab #	EHS/SUR.#	Inspection time: <u>11:30 AM</u> Travel time:
Inspection Type: <u>Standard</u>	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>1</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations		# of Repeat Violations	
Score	<u>1</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>X</u> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>		
<u>X</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<u>X</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<u>X</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
<u>X</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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"/>
	<b>Protection from Contamination</b>		
<u>X</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>X</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>X</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>X</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 checked="" type="checkbox"/>	<input type="checkbox"/>
<u>X</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"/>
	<b>Consumer Advisory</b>		
<u>X</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<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"/>
	<b>Chemical</b>		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approved Procedures</b>		
<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>Butter</u>	<u>45</u>	<u>Milk</u>	<u>38</u>	<u>hamburgers - oven</u>	<u>168</u>		
<u>Hot dog</u>	<u>46</u>	<u>Meatloaf - fridge</u>	<u>40</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/Temp 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 checked="" type="checkbox"/> 46. Utensil & single-service storage	<input checked="" 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>Trena Bowhay</u> (Print) <u>Trena Bowhay</u> Title <u>Admin</u> Date <u>5-13-14</u>	Inspector (Signature) <u>[Signature]</u> (Print) <u>Patricia [Signature]</u> Date <u>5-12-14</u>	Follow-up: (Circle One) <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
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Residential Assisted Living Facility Program, Medicaid L & C  
3232 W. Elder Street, Boise, Idaho 83705  
208-334-6626

Page 2 of 2  
Date 5-11-14

Establishment Name <i>Antelope Creek</i>		Operator <i>Teresa Bowhay</i>
Address <i>3665 W 3700N</i>		
County Estab # <i>Custer</i>	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

19 Items in the fridge measured above 41°. The cook turned the fridge to a cooler setting. 3 hours later re-measured items measured below 41°. *COSV*

46 Left overs were stored in ~~one~~ containers not approved for more than one use. The cook verbalized an understanding of using appropriate containers. The facility purchased appropriate containers for leftovers. *COS*

Person in Charge <i>Teresa Bowhay</i>	Date <i>5-13-14</i>	Inspector <i>[Signature]</i>	Date <i>5-12-14</i>
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