



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: 208-334-6626
FAX: 208-364-1888

July 29, 2013

Tracey Brent, Administrator
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, ID 83704

License #: RC-718

Dear Ms. Brent:

On May 21, 2013, a Complaint Investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor 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 Polly Watt-Geier, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Polly Watt-Geier, MSW
Team Leader
Health Facility Surveyor

PWG/ftp

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



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June 5, 2013

CERTIFIED MAIL #: 7007 3020 0001 4050 8104

Tracey Brent
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, ID 83704

Dear Ms. Brent:

Based on the complaint investigation survey conducted by our staff at Aarenbrooke Place-Cory Lane, Ashley Manor LLC between May 15, 2013 and May 21, 2013, we have determined that the facility failed to provide supervision to ensure ordered treatments, medications and Activities of Daily Living needs were met. Additionally, the facility failed to protect residents right to be treated with dignity and respect.

This core issue deficiency substantially limits the capacity of Aarenbrooke Place-Cory Lane, Ashley Manor LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

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 18, 2013**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Tracey Brent
June 5, 2013
Page 2 of 2

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, 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. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **June 20, 2013**.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **July 5, 2013**, 45 days from the exit conference. **We urge you to begin correction immediately.**

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities in Idaho, the Department will have no alternative but to initiate an enforcement action against the license held by Aarenbrooke Place-Cory Lane, Ashley Manor 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.

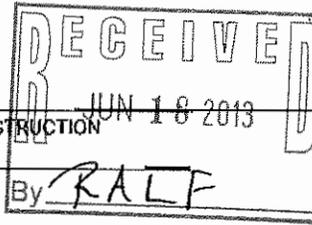
Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 334-6626 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



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

JS/pwg



PRINTED: 05/31/2013
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R718	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ By <u>RALF</u> B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2013
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NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - CORY LANE, ASHLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9327 CORY LANE BOISE, ID 83704
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R 000	<p>Initial Comments</p> <p>The following deficiencies were cited during the complaint investigation survey conducted between May 15, 2013 and May 21, 2013 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Leader Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Survey Definitions: ADL = Activities of Daily Living BMP = Behavior Management Plan CMS =Centers for Medicaid and Medicare Services hr = hour MAR = Medication Assistance Record mcg = micrograms med = medication meds = medication med tech(s) = medication technician(s) NSA = Negotiated Service Agreement PT = patient R = Right RN = Registered Nurse ROM = Range of Motion Ted hose = Thromboembolism-deterant hose used to aide in circulating blood and lymphatic fluid through the legs.</p>	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care.	R 008		

Bureau of Facility Standards

Tracey Brent

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

6-18-13

Bureau of Facility Standards

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R 008	<p>Continued From page 1</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide supervision to 3 of 7 sampled residents (Residents' #2, #6 and #9) to ensure ordered treatments, medications and Activities of Daily Living needs were met. Additionally, the facility failed to protect 1 of 7 sampled residents (Resident #9) and potentially 100% of the residents' right to be treated with dignity and respect. The findings include:</p> <p>I. SUPERVISION</p> <p>According to IDAPA 16.03.22.012.25, supervision is defined as "a critical watching and directing activity which provides protection, guidance, knowledge of the residents general whereabouts, and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement or other legal requirements."</p> <p>1. Resident #6 was a 67 year-old male, admitted to the facility on 12/7/11, with diagnoses including schizoaffective disorder and depression.</p> <p>A. Implementation of Toe Treatments</p> <p>On 5/17/13 at 8:40 AM, Resident #6 stated, "the health care here is bad. I have been asking them to clean my toe and they have not done it. I had surgery on my toe, and there were instructions to soak it. They don't do any of the instructions that</p>	R 008	<p>Resident #6 Moved out of facility due to non-payment.</p> <p>Resident #2 the team reviewed and updated the NSA with appropriate interventions for staff to try and get resident into showers. BMP initiated to address residents frequent refusals of showers.</p> <p>Resident #9 was placed on the daily bathing schedule for staff to assist.</p>	

Bureau of Facility Standards

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R 008	<p>Continued From page 2</p> <p>the doctor gave. The nurse has not seen my toe." At this time, Resident #6's right big toe was observed to be red and swollen, with a dried scab around the border of the nail. His toe was exposed with no bandage.</p> <p>Resident #6's record contained post-operative instructions, dated 5/6/13, for a "partial nail avulsion and chemical matricectomy right hallux." The instructions documented the following:</p> <ul style="list-style-type: none"> *Postoperative instructions were to be done for three weeks *Do not allow scab to form *Soak the toe twice daily for 10 to 15 minutes *With initial soak, place foot and bandages directly in the water and remove the bandages after they loosen; continue foot soak for 10 to 15 minutes **Clean the nail grooves with a Q-tip during each soak. Pull back on the cuticle to keep it from adhering to the underlying wound and to promote drainage." *Apply antibiotic ointment then cover with gauze and tape or a band-Aid. *Call the doctor for excessive pain, redness extending up the toe, white or yellow drainage, or for fever or chills. <p>Resident #6's, May 2013 MAR documented the following treatments were to be done to his toe:</p> <p>**Daily Foot Soaks. 6:00 PM. Soak feet daily and dried [sic] carefully then apply Miconazole powder</p>	R 008	<p>100% audit completed to identify all residents' requiring physician ordered treatments.</p> <p>Shower schedule has been developed to ensure that all residents are scheduled for the showers identified in each of their individualized NSA's.</p> <p>100% audit completed on medications in the facility to ensure that all medications that are ordered by physician are in the facility.</p> <p>The facility Medication Techs have been in serviced on the importance of ordering all medications when there are a 7 day supply of medications left in the facility to ensure that the residents do not go without their prescribed medications.</p> <p>The Asst. Manager and/or RN will monitor all medications and assure that they have been ordered with</p> <p>All treatments will be entered onto the MAR/EMAR system for the Med Tech to complete task. The RN will review each Treatment and ensure that all Med Tech's understand and know how to do each treatment ordered by the physician.</p>

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R 008	<p>Continued From page 3</p> <p>daily after cleaning."</p> <p>*Bacitracin, apply twice daily to great toe.</p> <p>The May 2013 MAR did not include placing a dressing over the toe or cleaning it with a Q-tip as prescribed. Additionally, the post-operative instructions required twice daily soaks, not once daily like the MAR listed. The MAR also described applying Miconazole powder daily, which was not included in the post-operative instructions.</p> <p>The May 2013 MAR also documented the following:</p> <p>*From the 7th through the 10th, the 6:00 PM, foot soak was not done, with the reason documented as "toe wrapped" or "toe not healed."</p> <p>*The Bacitracin ointment was not applied for the following days:</p> <ul style="list-style-type: none"> *9th (PM application) *10th (AM and PM application) *12th (PM application) *13th (AM application) <p>Five applications of the antibiotic ointment were not applied, with the reason documented as "toe wrapped."</p> <p>Resident #6's record did not contain a nursing assessment of his toe to determine if his toe was healing appropriately or if there were any identified concerns, which would need to be reported to the physician.</p> <p>There was no documentation indicating caregivers had been instructed on what abnormal signs and symptoms to observe for, as required</p>	R 008	<p>A 24-hour reporting process will occur with the team during the week in the AM with the team to identify concerns that happen in the facility with the residents in a 24-hour period. (ie: New orders; refusal of cares/medications, Incident/Accidents, etc.) By each resident, so appropriate intervention can be put into place.</p> <p>If a resident receives a new treatment the RN will put into place training with the Medication Techs to ensure they are trained on the procedure to follow the Physician order.</p> <p>When residents refuse showers the Facility staff will re-approach at a Later time and/or approach with a different caregiver. If the resident Continues to refuse the shower they Will be put onto the next shift shower Schedule until the resident agrees to Shower. If the resident continues to The team will develop an appropriate BMP for that individual resident with updates to the NSA.</p>	
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R 008	<p>Continued From page 4</p> <p>in the post-operative instructions.</p> <p>On 5/17/13 at 10:10 AM, a caregiver stated she was unaware of the treatments being done to the resident's foot, as the "med tech" did the treatments. She stated she was unaware of what staff were to monitor for.</p> <p>On 5/17/13 at 10:15 AM, a med tech stated the evening shift did the foot soaks. She further stated, they had not been applying a dressing to the toe, because "it seemed like it was making it worse."</p> <p>On 5/17/13 at 10:30 AM, the facility RN stated she had not assessed Resident #6's foot and she was unaware of the required treatments, "I have only been here two weeks."</p> <p>On 5/17/13 at 11:30 AM, the assistant administrator stated she was unaware that Resident #6's post-operative instructions were not being followed, but stated the resident had given his notice to move out.</p> <p>On 5/17/13 at 2:16 PM, a caregiver stated she was unaware of what treatments were required for Resident #6's foot or what signs and symptoms staff were to observe for.</p> <p>The facility did not provide supervision to ensure Resident #6's post-operative instructions were implemented as ordered. Resident #6's toe was observed red, swollen, scabbed over and not covered with a bandage. According to the post-operative instructions, staff were to report increased redness, a dressing was to be applied and the toe was not to be allowed to be scabbed over (with proper foot soaks being conducted). Additionally, foot soaks were not implemented</p>	R 008	<p>The oncoming shift will run a report prior to Narc count to determine if medications from the previous shift were omitted. At the time of the report the Medication Tech will complete the task with direction from the RN. Each medication technician will take inventory of the medication cart during their shift to ensure that there are the medications in the facility to assist residents with</p> <p>medications as ordered by their physician. The care giving staff will document all refusals of cares on the 24-hour book to ensure that the each shift continues to encourage the resident to accept the care outlined in their NSA.</p> <p>All staff has been in serviced on the above systems.</p>	

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R 008	<p>Continued From page 5</p> <p>twice daily as ordered, the toe was not cleaned with a Q-tip, nor was the antibacterial ointment consistently applied. The nurse did not monitor the healing of Resident #6's toe, nor were instructions provided to staff on what signs and symptoms to observe for.</p> <p>B. TED hose</p> <p>On 5/16/13 at 11:15 AM, during a tour of the facility, Resident #6 was observed in his room not wearing TED hose.</p> <p>On 5/17/13 at 8:45 AM, Resident #6 stated, "They [staff] are supposed to help me put on my TED hose, but they refuse to do it." The resident was not observed wearing his TED hose at this time. His legs were observed to be swollen.</p> <p>A wound clinic note, dated 2/22/13, documented "PT will need assist with compression socks. Ideally put on first thing in morning and off at bedtime...If staff unable to perform these tasks, need to let me know and we need to look into alternative compressive therapy. PT needs to have compression to prevent venous ulcers."</p> <p>A fax from the physician, dated 4/26/13, documented "Patient describes compression stockings not being applied daily...mandatory that compression stockings be placed daily. Please apply to routine documented med list to ensure compliance by staff."</p> <p>The April 2013 MAR documented that on the 7th, 8th, 9th, 18th, and 29th, the resident was assisted with his TED hose in the AM, but the PM shift documented the TED hose were not taken off, because "Socks not on." It was unclear if the resident had actually been assisted with the TED</p>	R 008	<p>The Asst. Manager and/or RN will monitor all orders that are received and followed according to physician orders daily with oversight from Administrator. The Asst. Administrator will ensure that the residents who refuse cares are added to the next shifts task list until they Accept the care outlined in their NSA with oversight from the Administrator. The reports that are ran from each of the Medication Techs will be reviewed in the daily meeting by the team and weekends by the assistant Manager or Designee with oversight from the V.P. of Operations.</p> <p><i>Completion Date: July 5th 2013</i></p>	

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R 008	Continued From page 6 hose on those days, since it was documented they were not on for the evening shift to take off. The April 2013 MAR documented that on the 5th, 11th, and 14th, Resident #6's TED hose were applied at 3:00 PM, then taken off at 8:00 PM, yet the AM shift documented the TED hose were applied at 8:00 AM. It was unclear if the TED hose were applied at 8:00 AM on those days as documented, since the MAR also documented they were applied at 3:00 PM. The May 2013 MAR documented the resident refused his TED hose on the 3rd, 4th, 5th, 10th, and 13th. On the 2nd, 9th, 11th, and 12th, the MAR documented the AM shift assisted the resident with his TED hose, but the PM shift documented his TED hose were not removed, because "socks not on." It was unclear if Resident #6 was assisted with his TED hose on those days. There was no documentation in the record to indicate that the physician was notified when Resident #6's TED hose were not consistently implemented. On 5/17/13 at 10:10 AM, a caregiver stated "I don't usually see him wearing TED hose." She further stated, it was the responsibility of the "med tech" to assist the resident with TED hose. On 5/17/13 at 10:15 AM, a med tech stated the resident frequently refused to wear his TED hose. On 5/17/13 at 10:30 AM, the facility nurse stated she was unaware if Resident #6's TED hose had been implemented as ordered. On 5/17/13 at 2:16 PM, a caregiver stated the	R 008		

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R 008	<p>Continued From page 7</p> <p>identified resident sometimes refused to wear his TED hose, but that some staff also did not assist the resident and would just document that he refused.</p> <p>The facility did not provide supervision to ensure Resident #6 received assistance with his TED hose as ordered. The physician was not notified when the resident's TED hose was not consistently implemented as ordered, so that an alternative compression method could be evaluated.</p> <p>C. Medication not implemented</p> <p>Resident #6's record contained a physician order, dated 5/3/13, which documented "As for the Fungal rash - stop clotrimazole, begin Lamisil. Apply very small amount to affected areas once a day till resolved."</p> <p>A progress note from the assistant administrator, dated 5/3/13 at 2:30 PM, documented the Lamisil ordered was received at the facility and "staff to continue to monitor."</p> <p>The May 2013 MAR documented the Lamisil was not implemented as ordered, nor was the clotrimazole discontinued. Fourteen days elapsed, without implementation of an ordered medication.</p> <p>On 5/17/13 at 10:32 AM, the facility nurse stated she did not have knowledge of the order as the assistant administrator was the one who processed the new orders.</p> <p>Resident #6's Lamisil medication was not implemented as ordered.</p>	R 008		

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R 008	<p>Continued From page 8</p> <p>The facility did not provide supervision to ensure Resident #6's post-operative instructions were followed and that his TED hose and Lamisil were implemented as ordered.</p> <p>2. Resident #2 was a 95 year-old male, admitted to the facility on 11/20/12 with a diagnosis of dementia and history of pressure ulcers on buttocks.</p> <p>Resident #2's NSA, dated 3/29/13, documented the resident needed staff assistance with bathing two times a week and as needed. The NSA also documented the resident was resistive to bathing.</p> <p>On 5/16/13 at 1:59 PM, the acting administrator stated Resident #2 did not have a BMP to manage refusals of showers or baths.</p> <p>The shower book contained a list of residents and the date of their showers. The list documented Resident #2's showers were scheduled for Monday evenings and Thursday evenings.</p> <p>The March 2013, "ADL Sheet," documented the resident received a shower/bath and his hair was washed on 3/6/13.</p> <p>The April 2013, "ADL sheet," documented the resident received a shower/bath on 4/11/13 and refused a shower on 4/15/13.</p> <p>The May 2013, "ADL sheet," documented the resident refused a shower/bath on 5/13 and 5/16/13. There was no documentation Resident #2 received a shower/bath in May.</p> <p>Between March 1, 2013 and May 21, 2013 (approximately 2 1/2 months), the ADL sheets</p>	R 008		
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R718	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2013
NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - CORY LANE, ASHLE		STREET ADDRESS, CITY, STATE, ZIP CODE 9327 CORY LANE BOISE, ID 83704		
(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 9</p> <p>documented the resident had only received two shower/baths and only had his hair washed once.</p> <p>On 5/15/13 at 11:42 AM, a family member stated they did not know when the resident last received a shower or a bath.</p> <p>On 5/15/13 at 3:08 PM, a caregiver stated Resident #2 received showers occasionally, but not as often as he should. The staff stated the resident would verbally refuse showers.</p> <p>On 5/15/13 at 3:12 PM, a med tech stated Resident #2 usually had his showers. The staff stated if the resident was asked if he would like a shower, he would refuse. However, if the resident was told it was time to shower, he would not refuse.</p> <p>On 5/17/13 at 10:14 AM, a random staff stated the last time staff could remember giving Resident #2 a bath was about a month ago. The staff stated some staff reported he refused baths, but he had not refused for him/her.</p> <p>Resident #2 was not assisted with bathing according to his NSA and only received two shower/baths within a 2 1/2 month time-frame.</p> <p>3. Resident #9 was a 70 year-old female, admitted to the facility on 3/8/11 with diagnoses of systematic lupus erythematosus, fibromyalgia syndrome and osteoporosis.</p> <p>Resident #9's NSA, dated 3/16/13, documented the resident needed total assistance with bathing including hair and private areas because of decreased ROM and safety, one to two times a week. Additionally, the NSA documented the staff were to assist the resident with her medications</p>	R 008		

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R 008	<p>Continued From page 10 per physician's orders.</p> <p>A. Assistance with bathing</p> <p>The shower book contained a list of residents and the date of their showers. The list documented Resident #9's showers were scheduled for Tuesday evenings and Friday evenings.</p> <p>The March 2013, "ADL Sheet," did not contain signatures indicating Resident #9 received a shower/bath in March.</p> <p>The April 2013, "ADL sheet," documented Resident #9 received a shower/bath and her hair was washed on 4/2/13. The ADL sheet further documented the resident had refused a shower on 4/5/13.</p> <p>The May 2013, "ADL sheet," documented Resident #9 received a shower on 5/17 and 5/19/13.</p> <p>Between March 1, 2013 and May 21, 2013 (approximately 2 1/2 months), the ADL sheets documented the resident had only received three shower/baths and only had her hair washed once.</p> <p>On 5/17/13 at 2:00 PM, Resident #9 stated she was unable to take a full shower unassisted due to rotator cuff injuries, an injured ankle and was not able to stand independently. She stated, "they are supposed to help me, but it has been a couple of months since they have helped me." She further stated, the staff would say they were going to help her with showers, leave the room and not return, so she had just been giving herself sponge baths at her bathroom sink. Resident #9 also stated she washed her own hair the previous day because no one would help her</p>	R 008		

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R 008	<p>Continued From page 11</p> <p>and it took a considerable amount of time due to her rotator cuff injuries.</p> <p>On 5/17/13 at 2:05 PM, Resident #9's roommate stated she had not witnessed staff come in to assist Resident #9 with bathing "for a very long time."</p> <p>On 5/17/13 at 2:00 PM, a staff member stated many residents had complained about not getting showers and it had been reported to administration.</p> <p>On 5/17/13 at 2:08 PM, a staff member stated med techs do not assist residents with their cares.</p> <p>On 5/17/13 at 2:19 PM, a staff member stated some caregivers documented they had assisted residents with showering or changing of attends, when they had not. Additionally, the staff member stated some staff would write refused when residents had not really refused, because they "don't like doing showers." Additionally, the staff member stated many residents were missing showers on a consistent basis.</p> <p>Resident #9 was not assisted with bathing according to her NSA and only received three shower/baths and had her hair washed once within a 2 1/2 month time-frame.</p> <p>B. Assistance and monitoring of medications</p> <p>A physician's order, dated 3/26/13, documented the resident was to receive Butrans 10 mcg/hr patch once a week.</p> <p>The May 2013 MAR, documented the resident's pain patch was replaced on 5/10/13. The MAR</p>	R 008		

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R 008	<p>Continued From page 12</p> <p>further documented on 5/17/13 (the day the pain patch should have been switched), the patch was not placed. The reason documented was that it was "too kold [sic] patch off due to itchiness."</p> <p>On 5/20/13 at 10:55 AM, Resident #9 stated, "I should have had a new patch on Friday [5/17/13], but I still have the old patch on." During this time, the surveyor observed the patch on the resident; the patch was dated "5/10 at 5:00 PM."</p> <p>On 5/20/13 at 2:10 PM, a med tech stated the patch was not available as they were waiting for it from the pharmacy.</p> <p>On 5/20/13 at 2:13 PM, Resident #9's controlled substance log was reviewed. The log documented the last patch was placed on 5/10/13 and there were no other patches available for future applications.</p> <p>On 5/20/13 at 2:16 PM, the medication ordering sheets were reviewed and Resident #9's Butrans ordering sheet could not be located.</p> <p>On 5/20/13 at 2:18 PM, a med tech called the pharmacy to determine if the Butran patch had been reordered. The med tech reported the pharmacy told her it had been verbally reordered on 5/19 and would be at the facility the on 5/21.</p> <p>On 5/21/13 at 2:50 PM, Resident #9 stated she still had not received her new patch as it had not come in from the pharmacy yet.</p> <p>Resident #9's Butran's patch was placed on 5/10/13 and a new patch should have been applied on 5/17/13; however, a new patch was not available, as it had not been ordered until 5/19/13 (two days after it should have been</p>	R 008		
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R 008	<p>Continued From page 13</p> <p>placed). Resident #5 went without her pain patch for 5 days.</p> <p>The facility did not provide supervision to Residents' #2, #6 and #9 to ensure ordered treatments, medications and their Activities of Daily Living needs were met.</p> <p>II. Resident Rights - Dignity and Respect</p> <p>IDAPA 16.03.22.550 documents, "The administrator must assure that policies and procedures are implemented to assure that residents' rights are observed and protected."</p> <p>IDAPA 16.03.22.550.03.b documents, "each resident has the right to be treated with dignity and respect...."</p> <p>1. Resident #9 was a 70 year-old female, admitted to the facility on 3/8/11 with diagnoses including: systematic lupus erythematosus, fibromyalgia syndrome and osteoporosis.</p> <p>On 5/17/13 at 12:18 PM, Resident #9 stated that a couple of weeks ago, after Resident #9 requested a room tray for not feeling well, Staff A stomped into her room and accused her of lying. Resident #9 said Staff A called her a "liar" over and over again. The resident said she told Staff A, she no longer wanted a food tray and Staff A replied, "you don't deserve it any way" and left the room. The resident stated Staff A had been observed by other residents and staff to enter the kitchen and give them instructions not to give her a meal that day, because Resident #9 had lied.</p> <p>An incident report, dated 4/14/13, documented Resident #9 had reported to Staff H, that Staff A had called Resident #9 a "liar." The incident</p>	R 008	<p>100% audit was completed with all residents to ensure there being treated with Respect and Dignity. With that audit two employees were suspended with one being substantiated for violating residents rights and dignity resulting in termination.</p> <p>All staff has been in serviced on Resident Rights and Dignity and the appropriate reporting if they suspect these are being violated. During the audit it was discussed with each resident who to report to if they feel their rights and dignity are being violated.</p>	

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R 008	<p>Continued From page 14</p> <p>report further documented the resident denied that she had lied, but Staff A continued to say Resident #9 was lying. The incident report also documented Resident #9 reported that Staff A had been overheard telling the kitchen staff not to serve her a room tray. The incident report further documented the administrator investigated the incident by interviewing Staff A and Staff E, who apparently witnessed the incident; however, no other staff or residents were interviewed.</p> <p>An undated witness statement, signed by Resident #9, a random resident and Staff H was attached to the incident report. The statement documented, Staff A told Resident #9 she was lying, which Resident #9 denied and Staff A continued to say Resident #9 was lying. The statement also documented Staff A was observed by other residents and staff telling the kitchen staff that Resident #9 "was not to be served unless she came out because she had lied to her." Additionally, the statement documented, "the housekeeper was also there to hear the accusations."</p> <p>The incident report and investigation, did not include interviews with other residents or staff, including the housekeeper mentioned on the witness statement, to determine if Resident #9's right to be treated with dignity and respect had been violated.</p> <p>On 5/17/13 at 2:00 PM, a staff member stated she had witnessed Staff A yelling at Resident #9 that she was a "liar" in front of other staff and residents.</p> <p>On 5/17/13 at 2:08 PM, a second staff member stated, she had witnessed Staff A being rude to Resident #9 and calling her a "liar." The staff</p>	R 008	<p>When and if items come up at resident council meetings the Activity Director will fill out a concern form and deliver it to the Administrator. The Administrator along with the department supervisor will investigate and come up with a plan and present it at the next resident council unless it is brought by a specific resident then it will be addressed with that resident.</p> <p>Each employee is responsible for reporting abuse and/or violation of resident rights. The Administrator will oversight to ensure that all employees are trained and investigations are completed with appropriate follow up according to regulation with oversight from V.P. of Operations.</p> <p><i>Completion Date: July 5, 2013</i></p>	

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R 008	<p>Continued From page 15</p> <p>member stated, Staff A had withheld Resident #9's supplement drink after this incident.</p> <p>On 5/17/13 at 2:16 PM, a third staff member stated she had heard of the incident with Resident #9, but had not witnessed it. She further stated, she saw Resident #9 the next day during lunch and noticed that she appeared "sad." When she asked the resident why she was "sad," Resident #9 stated she was called a "liar" by Staff A.</p> <p>On 5/17/13 at 3:12 PM, the assistant administrator stated she was not aware of staff being verbally inappropriate towards residents in the last three months.</p> <p>On 5/17/13 at 3:14 PM, the acting administrator stated she could not locate any active investigations regarding allegations of staff being verbally inappropriate towards residents. The acting administrator also stated there had been a previous staff who was terminated for mistreating the residents, but she was unaware of any current staff being verbally inappropriate towards residents.</p> <p>On 5/20/13 at 10:45 AM, a random resident who witnessed the incident, stated "I don't know what brought it on." Staff A "came in and said [Resident # 9's name] lied to her...She came in and she yelled and pointed her finger....I went to a meal later and saw that the caregiver went to the kitchen window and told them not bring [Resident #9's name] a room tray...She (Staff A) is very hateful every time she is around [Resident #9's name] and I don't know why nothing has been done.... [Resident #9's name] is very upset with everything and her overall well-being has gone down."</p>	R 008		

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R 008	<p>Continued From page 16</p> <p>On 5/20/13 at 2:52 PM, the assistant administrator stated she was aware of an incident between Staff A and Resident #9, but she did not know the details. The assistant administrator stated initially Resident #9 did not want Staff A to help her, but then all of a sudden they were getting along again. The assistant administrator stated she did not ask the resident why she did not want Staff A to assist her, but she had turned the information over to the administrator.</p> <p>On 5/21/13 at 12:40 PM, the administrator stated she was made aware of the incident on 4/14/13 and talked to Resident #9 on 4/16/13. She stated she had completed an investigation by interviewing Staff A and Staff E, who had been present at time of the incident. She stated both staff denied that Staff A had called Resident #9 a "liar."</p> <p>The facility failed to protect Resident #9's right to be treated with dignity and respect by not thoroughly investigating a report that Staff A had called Resident #9 a "liar" and retaliated against Resident #9 by withholding her room tray.</p> <p>2. Protecting 100% of residents' right to be treated with dignity and respect</p> <p>"Resident Council Minutes," dated 10/15/12, documented the kitchen servers were "really sarcastic," "they don't acknowledge them [residents]," and "they don't bring anything back that was asked for." Additionally, the minutes documented the medication techs and aides were "not being helpful to residents and are still very loud."</p> <p>"Resident Council Minutes," dated 11/1/12,</p>	R 008		
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PRINTED: 05/31/2013
FORM APPROVED

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R 008	<p>Continued From page 17</p> <p>documented the kitchen staff were "rude and making nasty comments to residents. They also look at the resident and give them a 'you don't matter' look." The minutes also documented staff needed "to stop raising their voices." The minutes documented that Staff C, E and D were always "shouting" and Staff C was "the biggest offender." The minutes further documented the residents were "sick of hearing them [staff] cuss. (Using the F bomb)."</p> <p>The employee records for Staff C, D and E were all reviewed on 5/20/13. Staff D had one write-up, dated 5/1/13, which documented the staff member had called a resident a "midget." The employee's record documented the employee was given a warning. Staff C and E's records did not contain write-ups or investigations of their violations of residents' rights.</p> <p>"Resident Council Minutes," dated 12/6/12, documented "a resident suggested the use of a swear jar. The note further documented if staff use the "F-bomb" they should put money into the jar.</p> <p>"Resident Council Minutes," dated 1/3/13, documented the "evening staff fights" and are "in piss ass moods."</p> <p>"Resident Council Minutes," dated 2/4/13, documented that "caregivers have been rude and yelling residents."</p> <p>There was no investigation documenting what steps were taken to address the violations of residents' right to dignity and respect, which had been documented on the resident council meeting notes between 10/15/12 and 2/4/13.</p>	R 008		

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R 008	<p>Continued From page 18</p> <p>On 5/16/16/13 at 1:06 PM, a random resident stated Staff F has "no patience" and "talks rudely" towards residents and "yells at them."</p> <p>On 5/17/13 at 2:00 PM, a second random resident stated Staff D spoke "harshly" and "sarcastic" towards her and "comes in here, slams doors, tries to tell me what to do or she will tell me to go back to my room, while I am at the medication cart." She further stated, she had told the administrator about it and "she has done nothing about it."</p> <p>On 5/17/13 at 2:16 PM, a staff member stated she had witnessed another staff member yell at a resident before.</p> <p>On 5/17/13 at 3:02 PM, a third random resident, stated staff could treat residents better. The resident stated not all staff responded, or helped residents, when they asked for assistance. "They say they will help, but never come back to assist the resident with their needs."</p> <p>On 5/17/13 at 3:14 PM, the acting administrator stated there had been a previous staff who was terminated for mistreating the residents, but she was unaware of any current staff being verbally inappropriate towards residents.</p> <p>On 5/20/13 at 12:27 PM, a fourth random resident stated staff would get into verbal disagreements with residents. She stated when medications were not available, residents and staff would "argue over the meds."</p> <p>On 5/21/13 at 2:50 PM, a fifth random resident stated she had pushed her call light, because she needed assistance to go to the bathroom. She stated a staff member finally came, turned the</p>	R 008			

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R 008	Continued From page 19 call light off and left the room without asking her what she needed or providing her with the assistance she required. On 5/21/13 at 3:00 PM, Staff G was observed answering a random resident's call light, ten minutes after the call light was initiated. The staff member was observed to enter the room at a leisurely pace, walk over to the wall and turn the call light off, without acknowledging the resident. When the state surveyors requested the staff member assist the resident, the staff member stated, "and what does she need help with?" The tone in which the staff spoke, was flat, without expression or concern for the resident. Between October 2012 and May 2013, residents reported their concerns of not being treated with dignity and respect during resident council meetings and to administration. There was no documented follow-up to these concerns. As a result, residents' right to be treated with dignity and respect continued to be violated.	R 008		



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Aarenbrooke Place - Cory Lane	Physical Address 9327 Cory Lane	Phone Number 376-1300
Administrator Tracy Brent	City Boise	Zip Code 83704
Team Leader Polly Watt-Geier	Survey Type Complaint	Survey Date 05/21/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	159.01	The facility's record procedures did not ensure records were accurate, for example: staff documented residents refused medications and treatments when they had not, narcotic tracking sheets did not match MARs and medications were documented as given when they had not been given.		6/20/13 PAG
2	225.01	The facility did not evaluate Resident #3's behaviors.		6/20/13 PAG
3	225.02	The facility did not develop interventions for Resident #3's behaviors.		6/20/13 PAG
4	300.01	The facility did not ensure a nurse was available to conduct a nursing assessment every 90 days.		6/20/13 PAG
5	300.02	The facility nurse did not assess residents when they had changes of conditions. For example: Resident #1's skin issue and two random residents abnormal blood glucose levels. Additionally, mechanical soft diets were not implemented as ordered.		6/20/13 PAG
6	305.02	Resident #3, #6 and #9's medication orders were not congruent with their MARs. Additionally, not all PRN medications were available as ordered.		7/15/13 PAG
7	305.06.a	The facility nurse did not assess Resident #3's ability to safely self-administer medications.		7/24/13 PAG
8	310.01.a	Medications were observed unsecured in the medication refrigerator and medication room.		6/20/13 PAG
9	310.01.c	A temperature log was not maintained for a medication refrigerator.		6/20/13 PAG
10	310.01.f	Medication aides did not observe residents taking their medications.		6/20/13 PAG
11	310.04	Psychotropic medication reviews did not contain behavioral updates.		6/20/13 PAG
Response Required Date 06/20/13	Signature of Facility Representative <i>Tracy Brent Administrator</i>		Date Signed 5/21/13	



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NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
12	320.01	Resident #1's NSA was not implemented regarding bathing. Resident #6's and #9's NSA did not reflect their current care needs regarding care of wounds. Additionally, all residents' NSAs were not implemented regarding laundry services, as the facility ran out of laundry soap for extended periods of time.		7/15/13 Push
13	350.02	The facility administrator did not investigate all complaints and incidents. Such as: one incident of a resident leaving the building and not returning; complaints by residents.		7/15/13 Push
14	350.04	The administrator did not provide a written response to complainants, including complaints brought up during resident council meetings.		6/28/13 Push
15	405.05	Cardboard boxes were stored next to a gas water heater.		6/28/13 Push
16	451.01.d	The facility did not document substitutions, when the menu was not followed.		7/18/13 Push
17	451.02	Snacks were not offered three times a day (in between meals and bedtime).		6/28/13 Push
18	711.01	The facility did not document Resident #3's frequency of behaviors, interventions used and the effectiveness of those interventions.		6/28/13 Push
19	711.04	The facility did not notify a physician when Resident #6 consistently refused his TED hose.		6/28/13 Push
20	711.08.e	Medication aides did not notify the nurse when random residents' had abnormal blood glucose levels.		6/28/13 Push
21	711.11	The reason why medications were not given was not documented or in some instances the reason was inaccurate.		6/28/13 Push
22	711.14	Disposition of a random resident's belongings was not documented after discharge.		6/28/13 Push
23	735.04	The facility did not appropriate track controlled substances entering the facility.		6/28/13 Push

Response Required Date
06/20/13

Signature of Facility Representative

Tracy Brent Administrator

Date Signed

5/21/13



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>Assisted Living Place - Complex</u>		Operator <u>Tracy Brent</u>	
Address <u>1327 Complex</u>			
County <u>BL</u>	Estab # <u>1</u>	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type: <u>Complaint</u>	Risk Category:	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>6</u>	# of Retail Practice Violations <u>3</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>6</u>	Score <u>3</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
Y (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)		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
Y (N)	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
Y (N)	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	10. Records: shelfstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
Y (N) (N/A)	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
Y (N) (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y (N) N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
(Y) N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
(Y) N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
Y N N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
Y N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
Y N (N/A)	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>Hand soap / sink</u>	<u>17</u>	<u>Raw beef / table</u>	<u>73.5</u>	<u>Pork / table</u>	<u>167</u>		
<u>Hand soap / sink</u>	<u>62.5</u>	<u>Bread / steam table</u>	<u>175</u>				

GOOD RETAIL PRACTICES (X = 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 checked="" 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. Insect/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 checked="" 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 checked="" 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>Tracy Brent</u> (Print) <u>Tracy Brent</u> Title <u>Admin</u> Date <u>5/21/13</u>	Follow-up: (Circle One) <u>Yes</u> No
Inspector (Signature) <u>Billy D. [unclear]</u> (Print) <u>Billy D. [unclear]</u> Date <u>5/21/13</u>	



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

Page 2 of 2
Date 5/21/13

Establishment Name Karentonka Conflines	Operator Tracey Bost
Address 9327 Conflines	
County Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

1. The kitchen manager did not demonstrate knowledge of food safety. For example, we observed a chicken being washed in a sink in between functions and food and food objects not appropriately stored, not appropriately thawed, not covered, all food contact surfaces not cleaned and sanitized and not knowing knowledge of proper P. temperatures.
5. The food contact surfaces were not cleaned with food grade sanitizer. This included the use of mop buckets, with some hand sanitizer bottles and gloves, to touch sweep counters, spatulas, cheese and kitchen surfaces. Kitchen manager had stored bread to prepare ready to eat food, left out without proper time other kitchen items and then used said food items to place ready to eat bread, lettuce, onion, beans, etc. in ready plates.
7. Paper towels were not readily accessible or were inappropriate type size.
11. Raw chicken, raw hamburger, lunch meat and ham were observed thawing together with it being partially segregated.
12. A dead mouse of 1 1/2 inch was clearly seen and then perched on counter, then the 1 1/2 inch mouse was seen on a counter and the sanitizer bucket was tested in the 1 1/2 inch and was empty.
20. Lettuce was not labeled with date and type of product.
35. The clean table was observed to have a sticky white/yellow substance in the water where water was stored. Staff were not knowledgeable as to how to clean ^{from} the table. Also, the dish rack were covered with a brown sticky substance and were used to scrub the dishes clean.
39. On three separate occasions, meat was observed sitting in a sink without covering water.
45. See item #12 - mop cloth was dirty and not clean.

Person in Charge Tracey Bost Admin	Date 5-21-13	Inspector Patty Dutt DC	Date 5/21/13
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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

Establishment Name <u>Assisted Living - Compliance</u>		Operator <u>Tracey Brent</u>	
Address <u>3232 W. Elder Street</u>			
County <u>Ada</u>	Estab #	EHS/SUR.#	Inspection time: <u>1:00 PM</u> Travel time:
Inspection Type: <u>Follow-up</u>	Risk Category:	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>0</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>0</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"/>
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 N/A	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 N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<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"/>
Conformance with Approved Procedures			
<u>Y</u> N (N/A)	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>4/2/13</u>	<u>41°</u>	<u>4/2/13</u>	<u>41°</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>Tracey Brent</u> (Print) <u>Tracey Brent</u> Title <u>Admin</u> Date <u>5/29/13</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>Polly...</u> (Print) <u>Polly...</u> Date <u>5/29/13</u>	



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: 208-334-6626
FAX: 208-364-1888

June 5, 2013

Tracey Brent, Administrator
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, ID 83704

Dear Ms. Brent:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC between May 15, 2013 and May 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006035

Allegation #1: Kitchen practices did not meet the Idaho Food Code

Findings #1: Substantiated. The facility was not following Idaho Food Code and failed their Food Establishment Inspection. The facility's kitchen will be inspected again in 10 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG

c: 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: 208-334-6626
FAX: 208-364-1888

June 5, 2013

Tracey Brent, Administrator
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, ID 83704

Dear Ms. Brent:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC between May 15, 2013 and May 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005918

- Allegation #1:** The facility did not document substitutions when the planned menu was not followed.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01.d for not documenting substitutions made to the planned menu. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** Kitchen was not following Idaho Food Code.
- Allegation #2:** Substantiated. The facility was not following Idaho Food Code and failed their Food Establishment Inspection. The facility's kitchen will be inspected again in 10 days.
- Allegation #3:** The facility did not offer residents snacks in between meals and at bedtime.
- Findings #3:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.02 for not offering snacks to residents between meals and a bedtime. The facility was required to submit evidence of resolution within 30 days.

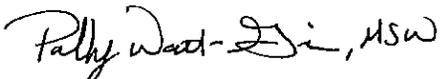
Tracey Brent, Administrator
June 5, 2013
Page 2 of 2

Allegation #4: Residents were not provided therapeutic diets as ordered by their physicians.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 for not implementing residents' therapeutic diets as ordered by their physicians. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG

c: 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: 208-334-6626
FAX: 208-364-1888

June 5, 2013

Tracey Brent, Administrator
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, ID 83704

Dear Ms. Brent:

An unannounced, on-site complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC between May 15, 2013 and May 21, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005848

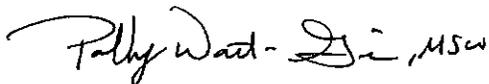
- Allegation #1:** Residents' Negotiated Service Agreements (NSA) were not implemented.
- Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for not implementing Resident's NSAs. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not document substitutions when the planned menu was not followed.
- Findings #2:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01.d for not documenting substitutions when the planned menu was not followed. The facility was required to submit evidence of resolution within 30 days.
- Allegation #3:** Kitchen was not following Idaho Food Code.
- Findings #3:** Substantiated. The facility was not following Idaho Food Code and failed their Food Establishment Inspection. The facility's kitchen will be inspected again in 10 days.

Tracey Brent, Administrator
June 5, 2013
Page 2 of 2

- Allegation #4: Resident's medications were not available as ordered by the physician
- Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not having all Resident's medication available as ordered by their physician's. The facility was required to submit evidence of resolution within 30 days.
- Allegation #5: Facility was not kept clean and odor free.
- Findings #5: An unannounced, onsite survey was conducted from 5/15/13 through 5/21/13. Throughout that time the facility was observed to be clean and generally odor free. Housekeeping staff were observed throughout the survey, cleaning residents rooms and keeping the facility odor free.
- Residents were interviewed and did not have complaints regarding the facility's cleanliness or regarding odors in the facility.
- Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.
- Allegation #6: The facility's Administrator did not give complainants a written response to their complaints.
- Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not providing a written response to complaints made by residents. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG

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