



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

August 15, 2013

Kaddy Fyfe, Administrator
Parkwood Meadows Assisted Living Community
1885 Parkwood Street
Idaho Falls, ID 83401

License #: RC-564

Dear Ms. Fyfe:

On June 13, 2013, a Complaint Investigation and Licensure survey was conducted at Parkwood Meadows Assisted Living Community. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Maureen A. McCann, RN
Team Leader
Health Facility Surveyor

MAM/TFP

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



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July 8, 2013

Kaddy Fyfe, Administrator
Parkwood Meadows Assisted Living Community
1885 Parkwood Street
Idaho Falls, ID 83401

Dear Ms. Fyfe:

A complaint investigation and licensure survey was conducted at Parkwood Meadows Assisted Living Community between June 12 and June 13, 2013. 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 **June 13, 2013**. 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,

Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/ftp

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2013
NAME OF PROVIDER OR SUPPLIER PARKWOOD MEADOWS ASSISTED LIVING CC		STREET ADDRESS, CITY, STATE, ZIP CODE 1885 PARKWOOD STREET IDAHO FALLS, ID 83401		
(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/follow-up survey and complaint investigation conducted on 6/12/13 through 6/13/13 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Rachel Cory, RN, BSN Health Facility Surveyor</p> <p>Karen Anderson, RN, BSN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Parkwood Meadows Assisted Living Community	Physical Address 1885 Parkwood St	Phone Number 208-523-7800
Administrator Kaddy Fife	City Boise	ZIP Code 83401
Survey Team Leader Maureen McCann	Survey Type Licensure/follow-up survey & complaint investigation	Survey Date June 13, 2013

NON-CORE ISSUES PAGE 1 OF 2

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	One of three staff did not have a required State Police Background check completed.	7/19/13 Muc	
2	215	The facility did not have a licensed administrator assigned to the facility responsible for day to day operations at all times between Sept. 2012 and May 2013.	7/19/13 Muc	
3	215.01	The facility administrator did not implement the facility's policy regarding: A) Providing a safe environment for Resident #3 after an elopement. B) Placing a caregiver on suspension pending an investigation. C) Notifying Resident #8's guardian after a change in condition.	7/19/13 A, B, C Muc	
4	220.02	The admission agreement did not include all required items such as: A) How levels of care and rates were calculated. B) Room rental rates. C) The method to contest charges. D) The facility's policy on transitioning to public funding.	A, B, C, D 8/12/13 Muc	
5	225.01	Resident #2 and #3's behaviors were not evaluated. ****PREVIOUSLY CITED ON 8/26/2009****	7/19/13 Muc	
6	225.02	Interventions were not developed for Resident #2 and #3's behaviors. ****PREVIOUSLY CITED ON 8/26/2009****	7/19/13 Muc	
7	305.03	A) Resident # 1 was not assessed when she had a change of condition – decline and admitted to hospice. B) The facility RN did not assess the status of Resident #2, #7 & #9's wounds.	7/19/13 Muc	

Response Required Date
July 13, 2013

Signature of Facility Representative

Date Signed

6/13/13



Facility Name Parkwood Meadows Assisted Living Community	Physical Address 1885 Parkwood St	Phone Number 208-523-7800
Administrator Kaddy Fife	City Boise	ZIP Code 83401
Survey Team Leader Maureen McCann	Survey Type Licensure/follow-up survey & complaint investigation	Survey Date June 13, 2013

NON-CORE ISSUES PAGE 2 OF 2

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
8	305.07	Resident #8's physician was not notified in a timely manner after a medication error occurred.	7/19/13 <i>mmc</i>	
9	310.04.a	Non-drug interventions were not implemented prior to starting Resident's #2 and #3 on psychotropic medications.	7/19/13 <i>mmc</i>	
10	320.01	A) Resident #4's NSA was not updated to include her gender preference for caregivers. ✓ B) Resident #2's NSA was not updated to include the necessary level of assistance with eating, nor was it implemented regarding repositioning frequently. C) Resident #7's NSA did not describe proper transferring techniques. ✓	7/19/13 <i>A, B, C mmc</i>	
11	350.02	The administrator did not complete an investigation regarding: A) A complaint with Resident #4. ✓ B) Resident #3's elopements. ✓ C) Bruising of unknown origin for Resident #7. ✓	7/19/13 <i>A, B, C mmc</i>	
12	350.07	Resident #3's elopements were not reported to Licensing and Certification.	7/19/13 <i>mmc</i>	
13	451.02	Snacks were not available and offered three times daily, nor was facility policy congruent with the state rule.	7/19/13 <i>mmc</i>	

Response Required Date
July 13, 2013

Signature of Facility Representative

Date Signed

6/13/13



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

meadows

Establishment Name Pinkwood AL			Operator Raddy Fyfe		
Address 1885 Pinkwood St			City/State/Zip Idaho Falls 83401		
County Bonneville	Estab # 20828	EHS/SUR #	Inspection time:	Travel time:	
Inspection Type:		Risk Category: High	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 <input checked="" type="checkbox"/>	# of Retail Practice Violations <input checked="" type="checkbox"/>
# of Repeat Violations	# of Repeat Violations
Score <input checked="" type="checkbox"/>	Score <input checked="" type="checkbox"/>
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
<input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance
N/O = not observed
COS = Corrected on-site
N = no, not in compliance
N/A = not applicable
R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pork	34°	beansauce	180°				
Beef stock	30°	Chicken stock	43°				

GOOD RETAIL PRACTICES (input checked = 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) <i>Raddy Fyfe</i>	(Print) Raddy Fyfe	Title ED	Date 6/13/13
Inspector (Signature) <i>Karen Anderson</i>	(Print) Karen Anderson	Date 6/13/13	Follow-up: (Circle One) Yes No



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July 8, 2013

Kaddy Fyfe, Administrator
Parkwood Meadows Assisted Living Community
1885 Parkwood Street
Idaho Falls, ID 83401

Dear Ms. Fyfe:

An unannounced, on-site complaint investigation survey was conducted at Parkwood Meadows Assisted Living Community between June 12, 2013 and June 13, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005730

Allegation #1: An identified resident was not assessed after he experienced a change in condition.

Findings #1: Insufficient evidence was available at the time of the investigation to substantiate this allegation for this resident.

Unsubstantiated. The facility RN and LPN assessed and monitored the resident after he experienced a change in condition. However, the facility was issued a deficiency at IDAPA 16.03.22.305.07 for not notifying the resident's physician in a timely manner.

Allegation #2: An identified resident was not assisted with incontinent care as documented in his negotiated service agreement (NSA).

Findings #2: Insufficient evidence was available at the time of the investigation to substantiate this allegation for this resident.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation. However, the facility was cited at IDAPA 16.03.22.320.01, for not assisting another resident with activities of daily living as documented in their NSA.

Kaddy Fyfe
July 8, 2013
Page 2 of 2

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 **June 13, 2013**. 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.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McCann".

Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/TFP

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