



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

August 20, 2014

Laura Elaine Todd, Administrator  
Alpine Manor  
1135 Imperial Street  
Twin Falls, Idaho 83301

Provider ID: RC-799

Ms. Todd:

On July 8, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Alpine Manor. 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RACHEL COREY, RN  
Team Leader  
Health Facility Surveyor

RC/sc

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



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
JAMIE SIMPSON – PROGRAM SUPERVISOR  
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: 208-364-1962  
FAX: 208-364-1888

July 21, 2014

Laura Elaine Todd, Administrator  
Alpine Manor  
1135 Imperial Street  
Twin Falls, Idaho 83301

Provider ID: RC-799

Ms. Todd:

A state licensure/follow-up survey and complaint investigation were conducted at Alpine Manor between July 7, 2014 and July 8, 2014. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **July 8, 2014**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

  
RACHEL COREY, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RC/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R799</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2014</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALPINE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1135 IMPERIAL STREET TWIN FALLS, ID 83301</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure and complaint investigation survey conducted on 7/7/2014 through 7/8/2014 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p>	R 000		
-------	---	-------	--	--

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

TITLE

(X6) DATE

Facility ALPINE MANOR	License # RC-799	Physical Address 1135 IMPERIAL STREET	Phone Number (208) 734-1794
Administrator Elaine Todd	City TWIN FALLS	ZIP Code 83301	Survey Date July 8, 2014
Survey Team Leader Rachel Corey	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: August 7, 2014	
Administrator Signature <i>Elaine Todd</i>	Date Signed 7-8-14		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	Two staff members did not have the required state only background check completed.	8/19/14	RC
2	225.01	The facility did not evaluate each behavior for Resident #1 and #2.	8/15/14	RC
3	225.02	The facility did not develop specific interventions for each behavioral symptom for Resident #1 and Resident #2.	8/7/14	RC
4	310.01.d	Facility staff assisted with PRN medications which required nursing judgment. For example, Resident #1 was assisted with a morphine nebulizer, which he could not request and Resident #2 was assisted with lorazepam for which she could not request.	8/15/14	RC
5	711.08.f	Outside agency service notes were not in Resident #1's record.	8/15/14	RC
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



Facility ALPINE MANOR	License # RC-799	Physical Address 1135 IMPERIAL STREET	Phone Number (208) 734-1794
Administrator Elaine Todd	City TWIN FALLS	ZIP Code 83301	Survey Date July 8, 2014
Survey Team Leader Rachel Corey	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: August 7, 2014	
Administrator Signature	Date Signed	RECEIVED	
<i>Elaine Todd</i>	7-8-14	AUG - 6 2014	

**NON-CORE ISSUES**

DIV OF LIC & CERT

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	Two staff members did not have the required state only background check completed.		
2	225.01	The facility did not evaluate each behavior for Resident #1 and #2.		
3	225.02	The facility did not develop specific interventions for each behavioral symptom for Resident #1 and Resident #2.		
4	310.01.d	Facility staff assisted with PRN medications which required nursing judgment. For example, Resident #1 was assisted with a morphine nebulizer, which he could not request and Resident #2 was assisted with lorazepam for which she could not request.		
5	711.08.f	Outside agency service notes were not in Resident #1's record.		
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



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>Alpine Manor</u>		Operator <u>Elaine Todd</u>	
Address <u>1135 Imperial St</u>			
County <u>Twin Falls</u>	Estab # <u>115</u>	BHS/SUR #	Inspection time: <u>11:30 AM</u>
Inspection Type: <u>Standard</u>		Risk Category: <u>High</u>	Travel time:
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	# of Repeat Violations
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"/>
<b>Employee Health (2-201)</b>			
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
<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"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
<u>Y</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>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
<u>Y</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
<u>Y</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>Y</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>Hot</u>	<u>48°</u>	<u>Spinach dip</u>	<u>39.8</u>				
<u>Refrigerator</u>	<u>41°</u>	<u>Sauerkraut steaks</u>	<u>18.5°</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 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>Elaine Todd</u>	(Print) <u>Elaine Todd</u>	Title <u>Admin</u>	Date <u>7-8-14</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>[Print]</u>	Date <u>7-7-14</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



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  
EMAIL: ralf@dhw.idaho.gov  
PHONE: 208-364-1962  
FAX: 208-364-1888

July 21, 2014

Laura Elaine Todd, Administrator  
Alpine Manor  
1135 Imperial Street  
Twin Falls, Idaho 83301

Provider ID: RC-799

Ms. Todd:

An unannounced, on-site complaint investigation survey was conducted at Alpine Manor between July 7, 2014 and July 8, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006322**

**Allegation #1:** The facility did not assist residents with narcotic medications as ordered.

**Findings:** Unsubstantiated. However, the facility received a deficiency at 16.03.22.310.01.d for facility staff assisting with PRN (as needed) medications which required nursing judgment.

**Allegation #2:** Residents were left in wet adult briefs for extended periods of time.

**Findings:** Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

**Allegation #3:** Staff brought their children to work, so staff were unable to attend to residents.

**Findings:** Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

**Allegation #4:** The nurse was not available to address changes in residents' conditions.

**Findings:** Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Laura Elaine Todd, Administrator

July 21, 2014

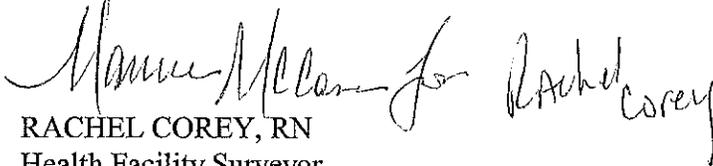
Page 2 of 2

Allegation #5: The nurse did not monitor staff who were delegated to assist with medications.

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script that reads "Rachel Corey". The signature is written in black ink and is positioned above the printed name.

RACHEL COREY, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RC/sc

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: 208-364-1962  
FAX: 208-364-1888

July 21, 2014

Laura Elaine Todd, Administrator  
Alpine Manor  
1135 Imperial Street  
Twin Falls, Idaho 83301

Provider ID: RC-799

Ms. Todd:

An unannounced, on-site complaint investigation survey was conducted at Alpine Manor between July 7, 2014 and July 8, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006370**

**Allegation 1:** Meals did not adhere to established standards for nutrition and substitutions were not documented.

**Findings:** Unsubstantiated. However, the facility was provided technical assistance to ensure fruit was served when the menu specified. The two occasions when fruit was not served, did not rise to the scope necessary to warrant a deficiency.

**Allegation #2:** Activities were not provided to residents.

**Findings:** Unsubstantiated. However, the facility was given technical assistance to continue to evaluate and develop their activity program.

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,

RACHEL COREY, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RC/sc

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