



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 20, 2013

Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony, Ashley Manor LLC
2703 Harmony Avenue
Boise, ID 83703

License #: RC-556

Dear Ms. Wilcox-Navarro:

On July 9, 2013, a complaint investigation and licensure survey was conducted at Ashley Manor - Harmony, Ashley Manor LLC. 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 Gloria Keathley, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor

GK/tfp

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



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July 18, 2013

Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony, Ashley Manor LLC
2703 Harmony Avenue
Boise, ID 83703

Dear Ms. Wilcox-Navarro:

On July 9, 2013, a licensure and complaint investigation survey was conducted at Ashley Manor - Harmony, Ashley Manor LLC.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that eleven (11) non-core issue deficiencies were identified on the punch list, one (1) of which was identified as a repeat punch. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than August 8, 2013.

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing and Certification
- d. Civil monetary penalties

Jeanie Wilcox-Navarro

July 18, 2013

Page 2 of 2

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. 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,

A handwritten signature in black ink, appearing to read "Jamie Simpson".

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

GK/TFP

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R556	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2013
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - HARMONY, ASHLEY MANO		STREET ADDRESS, CITY, STATE, ZIP CODE 2703 HARMONY AVENUE BOISE, ID 83703		
(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/complaint survey conducted on 7/08/2013 through 7/09/2013 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility ASHLEY MANOR - HARMONY	License # RC-556	Physical Address 2703 HARMONY AVENUE	Phone Number (208) 331-9228
Administrator Jeanie Wilcox-Navarro	City BOISE	ZIP Code 83706	Survey Date July 9, 2013
Survey Team Leader Gloria Keathley	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: August 8, 2013	

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.05.c	1 of 6 employees did not have an Idaho State Police background check. COS was found	OK	
2	260.04	The facility did not have an effective pest control program in place at all times.	8-20-13	R
3	300.01	The licensed professional nurse did not visit the facility at least every 90 days or when residents had a change in condition.	8-20-13	R
4	305.02	The licensed professional nurse did not ensure that physicians' orders were followed when Residents #2, 3, & 6 were not weighed as ordered.	8-20-13	R
5	305.03	The licensed professional nurse did not conduct an assessment when Resident #2 and 3 had changes in their physical condition 8-20-13	8-20-13	R
6	310.04.e	Resident #2 did not have a 6 month psychotropic medication review in his record and Residents #1 and 3's six month reviews did not include behavioral updates to the physician. Repeat 7/8/11	8-20-13	R
7	320.01	There was no evidence Resident #5 and 6's NSAs were fully implemented when staff did not document residents showers	8-20-13	R
8	335.03	The facility did not implement an effective infection control program when they did not have paper towels in the kitchen and staff bathrooms. Additionally, staff were observed to enter and exit the food preparation area with the same apron and gloves they were using when they changed residents' soiled bedding.	8-20-13	R
9	350.02	The administrator did not conduct an investigation into each incident and accident.	8-20-13	R
10	350.04	The administrator did not send a written response to a complainant within 30 days.	8-20-13	R
11	455	The facility did not have a seven day supply of nonperishable foods.	8-20-13	R
12	730.01.h	There was no documentation of delegation to unlicensed personnel by the licensed professional nurse to assist with medications.	8-20-13	R
13	730.01.f	1 of 6 employee records did not contain evidence of medication certification. COS was found	OK	
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Administrator's
Signature: _____

J. Wilcox-Navarro

Date: 7/9/13



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>Ashley Manor - Harmony</u>		Operator <u>Jeanie Wilcox-NAVARO</u>	
Address <u>2703 Harmony Ave.</u>		Boise	
County <u>Ada</u>	Estab #	EHS/SUR#	Inspection time: Travel time:
Inspection Type:		Risk Category: <u>H</u>	Follow-Up Report: OR On-Site Follow-Up: Date: Date:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</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"/>
<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>ham casserole - fridge</u>	<u>39</u>	<u>pick shops - oven</u>	<u>179</u>				
<u>chicken ent - oven</u>	<u>170</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>Jeanie Wilcox</u> (Print) <u>Jeanie Wilcox</u> Title _____ Date <u>7/9/13</u>	Follow-up: (Circle One) Yes <input type="radio"/> No <input checked="" type="radio"/>
Inspector (Signature) <u>[Signature]</u> (Print) _____ Date <u>7/9/13</u>	



Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702
208-334-5938

Page 2 of 2
Date 7/9/13

Establishment Name <u>Asley Manor-Harmony</u>		Operator <u>Jeanie Wilcox-Nawara</u>	
Address <u>2703 Harmony Ave</u>		<u>Boise</u>	
County <u>Ada</u>	Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#5 - STAFF were observed not to wash their hands when entering the kitchen, prior to putting on gloves and when taking OFF gloves. STAFF were observed to ~~pre~~ prepare a green salad with contaminated gloves.

COS Facility administrator & STAFF were educated on proper glove usage.

#7 - Kitchen & staff bathroom did not have paper towels
COS paper towels were placed in kitchen & bathroom.

Person in Charge <u>J Wilcox</u>	Date <u>7/9/13</u>	Inspector <u>John McWilliams</u>	Date <u>7/9/13</u>
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July 18, 2013

Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony, Ashley Manor LLC
2703 Harmony Avenue
Boise, ID 83703

Dear Ms. Wilcox-Navarro:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Harmony, Ashley Manor LLC between July 8, 2013 and July 9, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005954

Allegation #1: The facility retained an identified resident when they could not meet her needs.

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

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

Allegation #2: The facility did not use effective sanitizing techniques to clean up urine and feces.

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

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

Allegation #3: The facility was not maintained in a clean and sanitary manner.

Findings #3: Insufficient evidence was available at the time of the investigation to substantiate this allegation.

Jeanie Wilcox-Navarro, Administrator

July 18, 2013

Page 2 of 2

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

Allegation #4: The facility had a rodent problem that was not addressed.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.04 for not having an effective pest control program in place at all times. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not have a licensed administrator.

Findings #5: Insufficient evidence was available at the time of the investigation to substantiate this allegation.

Unsubstantiated.

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 9, 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,



Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/TFP

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



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Jeanie Wilcox-Navarro, Administrator
Ashley Manor - Harmony, Ashley Manor LLC
2703 Harmony Avenue
Boise, ID 83703

Dear Ms. Wilcox-Navarro:

An unannounced, on-site complaint investigation survey was conducted at Ashley Manor - Harmony, Ashley Manor LLC between July 8, 2013 and July 9, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005826

Allegation #1: Facility staff did not document showers were given per residents' negotiated service agreements.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.320.01 for residents' showers not being documented per the residents' negotiated service agreements. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not have a two-day supply of perishable foods.

Findings #2: On 7/8/13, the facility's pantry, refrigerator and cupboards were observed to have at least a two-day supply of milk, bread, meat, fruit and vegetables.

On 7/9/13 at 9:30 AM, the facility administrator stated grocery shopping was done on the 5th and 15th of the month and as needed for perishable foods.

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

Allegation #3: The facility did not have a seven-day supply of nonperishable supply of food.

Findings #3: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not having a seven-day supply of nonperishable foods. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The facility did not have foods appropriate to meet the approved menu.

Findings #4: On 7/8 and 7/9/13, kitchen inspections were conducted and the facility menu was reviewed. The kitchen and pantry were observed to have the necessary ingredients to prepare the meals for the current weekly menu.

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

Allegation #5: The facility did not monitor foods to ensure they were cooked to the appropriate temperature.

Findings #5: On 7/8 and 7/9/13, preparation of two meals were observed. During preparation of both meals, all cooked entrees were observed to be cooked to the appropriate temperature. On 7/8/13, during lunch preparation, the chicken enchiladas casserole was noted to be cooked to 179 degrees, and the cooked beans were noted to be 169 degrees Fahrenheit. On 7/9/13, the baked pork chops casserole was noted to be cooked to 179 degrees Fahrenheit.

Six residents were interviewed regarding food temperatures and stated hot foods were served hot and cold foods were served cool. All of the residents felt the foods were cooked to an appropriate temperature.

Four staff members who were observed cooking were interviewed on 7/8 and 7/9/13. All of them stated foods were always cooked to proper temperatures and thermometers were always used to verify proper and appropriate cooking temperatures.

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

Allegation #6: Residents were not receiving their supplemental drink.

Findings #6: On 7/8/13 and 7/9/13, an unannounced licensure survey and complaint investigation was conducted at the facility. During the survey observations, record review and interviews were conducted.

On 7/8/13 a tour of the facility was conducted. The facility's pantry was observed to have two cases of a supplemental nutritional drink. Additionally, a can of the drink was observed in a resident's room by his bedside.

On 7/8 and 7/9/13, two resident's records were reviewed. The medication assistance record documented the resident's received an as needed supplemental drink.

On 7/9/13 at 10:35 AM, a resident was observed drinking a supplemental drink.

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

Allegation #7: The facility retained an identified resident when they could not meet her needs.

Findings #7: Insufficient evidence was available at the time of the investigation to substantiate this allegation.

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

Allegation #8: A facility employee worked alone without a criminal history background check.

Findings #8: On 7/9/13, six employee records were reviewed. All records contained evidence of a cleared criminal history and background check completed by the Idaho State Criminal History Unit.

On 7/9/13 at 11:30 AM, the current and former facility administrators stated that employees had to pass a criminal history background check prior to working alone.

Unsubstantiated.

Allegation #9: A facility employee did not receive orientation training.

Findings #9: Six facility employee records were reviewed. The six records contained evidence of 16 hours of orientation.

On 7/9/13 at 11:30 AM, the current and former facility administrators confirmed that all employees were required to complete 16 hours of orientation.

Unsubstantiated.

Allegation #10: A facility employee worked alone and did not have CPR or first aid training.

Findings #10: On 7/9/13, six employee records were reviewed. All six records contained documented evidence of CPR and first aid training.

Unsubstantiated.

Allegation #11: The facility was not maintained in a clean and sanitary manner.

Findings #11: A facility tour was completed on 7/8/13 during the unannounced complaint investigation. The facility's common areas and residents' rooms were noted to be clean and odor free. Six residents interviewed, on 7/8 and 7/9/13, had no complaints about the cleanliness of the facility.

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

Allegation #12: Residents were not assessed by the facility's licensed professional nurse after a change in condition.

Jeanie Wilcox-Navarro, Administrator
July 18, 2013
Page 4 of 4

Findings #12: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the licensed professional nurse not conducting assessments on residents that had a change in condition. The facility was required to submit evidence of resolution within 30 days.

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 9, 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 black ink, appearing to read 'Gloria Keathley', with a long horizontal flourish extending to the right.

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

KG/tp

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