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

October 13, 2014

Robin York, Administrator
Desert Rose Retirement Estate
983 Gallup Drive
Twin Falls, Idaho 83301

Provider ID: RC-587

Ms. York:

On July 11, 2014, a state licensure/follow-up survey was conducted at Desert Rose Retirement Estate, CEC, Inc. 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, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Jamie Simpson for

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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

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July 18, 2014

Robin York, Administrator
Desert Rose Retirement Estate
983 Gallup Drive
Twin Falls, Idaho 83301

Provider ID: RC-587

Ms. York:

A state licensure/follow-up survey was conducted at Desert Rose Retirement Estate between July 9, 2014 and July 11, 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 11, 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,

GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13R587		07/11/2014

NAME OF PROVIDER OR SUPPLIER

DESERT ROSE RETIREMENT ESTATE

STREET ADDRESS, CITY, STATE, ZIP CODE

983 GALLUP DRIVE
TWIN FALLS, ID 83301

(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	Initial Comments The residential care/assisted living facility was found to be in compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure and follow-up survey conducted on 07/9/14 through 07/11/14 at your facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor	R 000		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
Desert Rose Retirement Estates	RC-587	983 Gallop Dr		(208) 734-1866
Robin York	City: Twin Falls		ZIP Code: 83301	Survey Date: July 11, 2014
Survey Team Leader: Gloria Keathley, LSW	Survey Type: Licensure and Follow-up			RESPONSE DUE: August 10, 2014
Administrator Signature: Robin L York	Date Signed: 7-11-14			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	210	The facility did not provide an on-going activity program.	9-2-14	gr
2	225.01	The facility did not evaluate Resident #2's behaviors.	9-15-14	gr
3	225.02	The facility did not develop interventions to address Resident #2's behaviors	9-15-14	gr
4	260.06	The facility was not maintained in a safe and orderly manner. For example: The carpet throughout the facility was worn, the wallpaper border was torn, door frames and baseboards were scuffed, scraped or gouged, the burgandy winged-back chairs were dirty and worn, toilet seats had enamel worn off, and the caulking around toilets was missing. The following problems were identified during the tour of the facility, but were corrected on site: the dining room table was wobbly and was poorly repaired, the back of a green recliner was torn and the bathroom and vanity light in one resident's room had loose wires.	9-2-14	gr
5	300.01	The facility used a photocopy of the nurse's signature to delegate to staff.	9-2-14	gr
6	300.02	The facility nurse was not available to review and implement new orders.	9-2-14	gr
7	305.03	The facility nurse did not document she had assessed residents after they experienced a change of condition.	9-2-14	gr
8	305.08	The facility nurse did not document she had provided education to staff regarding wound care and other health related needs for Resident #1 and Resident #4.	9-2-14	gr
9	310.01.d	Unlicensed staff were determining the dose of medication to give residents without contacting the nurse for direction.	9-9-14	gr
10	310.04.e	There was no documentation the facility had provided behavior updates to the residents' physicians every 6 months regarding psychotropic medication reviews.	9-12-14	gr
11	350.02	The administrator did not complete an investigation of all accidents, incidents and bruises of an unknown origin.	9-2-14	gr
12	451.01.d	The facility did not document when substitutions were made to the menu.	9-2-14	gr
13	710.06	Resident #2 did not have a social history.	9-2-14	gr

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ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
Desert Rose Retirement Estates	RC-587	983 Gallop Dr		(208) 734-1866
Robin York	City: Twin Falls		ZIP Code: 83301	Survey Date: July 11, 2014
Survey Team Leader: Gloria Keathley, LSW	Survey Type: Licensure and Follow-up			RESPONSE DUE: August 10, 2014
Administrator Signature: Robin L York	Date Signed: 7-11-14			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
14	711.01	The facility did not document/track residents' behaviors.	9-2-14	gr
15	711.08.e	There was no documentation the facility nurse had been notified of residents' changes of condition.	9-2-14	gr
16	711.08.f	The facility did not have home health and hospice notes. COS 7-11-14 gr	gr	
17	220.02	The facility's admission agreement did not reflect they used cameras in common areas which were monitored by the owners.	9-12-14	gr

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ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
DESERT ROSE RETIREMENT ESTATE, CEC, INC	RC-587	983 GALLOP DRIVE		(208) 734-1866
Administrator	**City**		**ZIP Code**	**Survey Date**
Robin York	TWIN FALLS		83301	July 17, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Gloria Keathley	Licensure and Follow-up			August 16, 2014
Administrator Signature	**Date Signed**			
Robin L York	July 17, 2014			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only: EOR Accepted	Initials
1	153.08	The facility did not have a policy to develop interventions to prevent reoccurrence and assure protection. For example: Resident #1's multiple falls.	GHK	

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

Establishment Name: Desert Rose Retirement Estate	Operator: Robin York
Address: 973 Gallup Dr	Twin Falls 83301
County: Twin Falls; Estab #; 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.

Critical Violations	Noncritical Violations
# of Risk Factor Violations: 1	# of Retail Practice Violations:
# of Repeat Violations:	# of Repeat Violations:
Score: 1	Score:
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	☐	☐
	Employee Health (2-201)		
Y N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
Y N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
Y N	5. Clean hands, properly washed (2-301)	☐	☐
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
Y N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
Y N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
Y N	9. Receiving temperature / condition (3-202)	☐	☐
Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
Y N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
Y N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
Y N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
Y N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

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

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
Pork / Oven	170	Cottage Cheese / Fridge	49.2				
Chicken / Fridge	41°	Yogurt / Fridge	53.1				

GOOD RETAIL PRACTICES (☒= not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/in-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp. control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insects/rodents/animals	☐	☐	☐	36. Personal cleanliness	☐	☐	☐	44. Warewashing facility	☐	☐
☐	30. Food and non-food contact surfaces: constructed, cleanable, use	☐	☐	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed; cross-connection; back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) [signature] (Print) [illegible] Title Admin Date 7-11-14

Inspector (Signature) [signature] (Print) Gloria Leth Date 7-11-14

Follow-up: (Circle One) Yes No

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

Date 7/11/14

Establishment Name	Operator
Desert Rose Retirement Estate	Robin York
Address: 973 Gallup Dr	Twin Falls
County Estab # / EHS/SUR.# Twin Falls	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#19 - The facility's fridge was not keeping food at the appropriate temperature. — COS & Still discarded chicken potpie. Staff turned the fridge up to an appropriate temperature.

Person in Charge	Date	Inspector	Date
[illegible]	7-11-14	[illegible]	7-11-14