



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 28, 2014

Julie Pendleton, Administrator
Desano Place Village Memory Care
1015 E Avenue K
Jerome, Idaho 83338

Provider ID: RC-995

Ms. Pendleton:

On July 23, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Desano Place Village Memory Care. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

RAE JEAN MCPHILLIPS, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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



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August 11, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8517

Julie Pendleton
Desano Place Village Memory Care
1015 East Avenue K
Jerome, Idaho 83338

Provider ID: RC-995

Ms. Pendleton:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Desano Place Village Memory Care between July 21, 2014 and July 23, 2014, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Desano Place Village Memory Care to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **September 6, 2014**. **We urge you to begin correction immediately.**

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 **August 23, 2014**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Julie Pendleton
August 8, 2014
Page 2 of 2

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency 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 Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **August 22, 2014**.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Desano Place Village Memory Care.

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 enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 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/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R995	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2014
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NAME OF PROVIDER OR SUPPLIER DESANO PLACE VILLAGE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 E AVENUE K JEROME, ID 83338
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(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
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R 000	Initial Comments The following deficiency was cited during the licensure and follow-up survey conducted between 7/21/14 and 7/23/14 at your residential care/assisted living facility. The surveyors conducting the survey were: Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Definitions: Geri-chair = is a chair that has wheels, a high back, foot ledge and moveable locking lap tray. It must be be pushed by another individual. Res = resident	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on observation, record review and interview it was determined the facility restrained one of 4 sampled residents (Resident #1) who was placed in a Geri-chair and was unable to release the tray. The findings include: IDAPA 16.03.22.010.08 documents, "Inadequate care. When a facility fails to provide ...engages in violations of resident rights..."	R 008		

Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R995	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2014
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R 008	<p>Continued From page 1</p> <p>IDAPA 16.03.02.550.10 documents REQUIREMENTS FOR RESIDENT RIGHTS: "Freedom from Abuse, Neglect, and Restraints. Each resident must have the right to be free from... any physical or chemical restraints."</p> <p>On 7/21/14, a tour of the facility was conducted. A Geri-chair was observed in the dining room. The chair was observed to have a locking lap tray attached.</p> <p>On 7/21/14 at 11:40 AM, a female resident was observed sitting in the Geri-chair, in the dining room, with the locking tray in place.</p> <p>Resident #1's record documented she was a 78 year old female, who was admitted to the facility on 5/15/14 with a diagnosis of Alzheimer's dementia.</p> <p>"Daily Log Reports," documented the following:</p> <p>*6/25/14 at 5:38 PM, "She sad [sic] in the Geri-chair during meals."</p> <p>*6/25/14 at 9:18 PM, "...she sat in the geri-chair [sic] for dinner and she ate well 50% of her dinner...."</p> <p>*6/26/14 at 5:49 AM, "...res was trying to get up so staff assisted her to geri-chair [sic] for her safety...."</p> <p>*6/27/14 at 5:05 AM, "...res was transferred to her Geri-chair...."</p> <p>*6/28/14 at 4:34 AM, "...res was assisted to a geri-chair[sic]; Res ate 5% at breakfast."</p>	R 008		
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Bureau of Facility Standards

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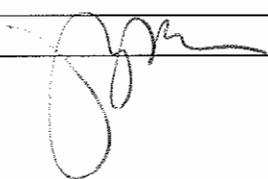
R 008	<p>Continued From page 2</p> <p>*6/28/14 at 4:39 AM, "...sahe [sic] was checked on every 15 minutes and was awake, she was up making her bed so staff and i [sic] got her up in the geri chair [sic]...res was gotten ready for the day and she was seated back into the geri chair [sic]..."</p> <p>*6/28/14 at 10:48 PM, "...res is eating really well in the geri chair [sic]."</p> <p>*6/29/14 at 4:09 AM, "...res was assisted to a Geri-chair for her own safety during meals...."</p> <p>*6/30/14 at 6:08 AM, "... res was assisted to the Geri-chair for breakfast."</p> <p>*7/6/14 at 6:42 AM, "...res was assisted up by two staff and was dressed and transferred to her Geri-chair...."</p> <p>*7/7/14 at 4:58 AM, "...Res is now sitting in her Geri-chair."</p> <p>A note titled "Eating Meals," signed and dated by the administrator, documented Resident #1 had "extreme agitation" and would "get up and not finish her meal." It further documented, Resident #1 ate better when she was sitting in the Geri-chair and "seems to resist the need to get up."</p> <p>A "Care Plan," dated 7/9/14, documented, "... [Resident #1's name] will sit in the geri-chair [sic] at mealtimes and snack times...."</p> <p>On 7/21/14 at 12:50 PM, the administrator stated, "She is in the chair because she won't sit down and eat. She gets up and walks around. She was disruptive with other residents. She would walk by and hit another resident in the head. She was put</p>	R 008		
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Bureau of Facility Standards

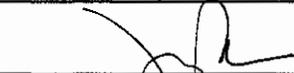
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R 008	<p>Continued From page 3</p> <p>in the Geri-chair, so she would eat."</p> <p>On 7/21/14 at 2:30 PM, Resident #1 was unable to demonstrate she could remove the tray and get out of the Geri-chair.</p> <p>On 7/21/14, six facility staff stated Resident #1 was placed in the Geri-chair because she was not eating. One staff stated, "she was too fidgety and anxious. She wasn't eating. We put her in the Geri-chair and she can't get up."</p> <p>By using a Geri-chair to restrain Resident #1 during meals and at other times, the facility violated her right to be free from restraints. This resulted in inadequate care.</p>	R 008		

R008 16.03.22.520	R008 Provider's plan of correction
The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.	The administrator <u>WILL</u> assure that policies and procedures are implemented to assure that all residents are free from inadequate care.
<p>IDAPA 16.03.02.550.10 documents REQUIREMENTS FOR RESIDENT RIGHTS: Freedom from Abuse, Neglect, and Restraints. Each resident must have the right to be free from . . . any physical or chemical restraints."</p>	<p>What Happened: One female resident was not eating well because she was continually getting up from her chair to walking around the facility. She would pick food off other resident's plates and touch other residents during mealtimes. The staff placed her in a chair with a tray and placed a meal in front of her. She did not resist the tray. She did not push or contest the tray. Instead, she focused more on her meal. Her husband would, at times, come dine with her and felt it was a great way for her to eat her meal. Her fluid and food intake increased. After mealtime, the tray was removed. The resident seemed to find a level of comfort in the chair. Many times she would fall asleep in the chair. Never was the resident forced to sit in the chair. It was offered to her. Unfortunately, staff used the chair during other times other than eating meals that the administration was unaware of and documented that it was for her safety.</p> <p>Due to the locking lap tray, the geri-chair is considered a restraint. The corrective action taken was that the locking tray has been removed from the chair and placed off-site on July 23, 2014. All Residents will be seated in only an approved dining room chair or approved standard wheelchair.</p> <p>Cameras will be monitored for anyone who may be using any form of restraint. All staff have been trained on what constitutes a restraint. Additionally, our facility has implemented a mandatory on-line training "Resident's Rights" in which the participant will read the material and be tested at the end of the session. A certificate will be printed and given to administration after completion. This training is due by August 31. Staff will be trained to report to administration of any restraint to a resident immediately.</p>
	 8/18/14



Facility DESANO PLACE VILLAGE MEMORY CARE	License # RC-995	Physical Address 1015 E AVENUE K	Phone Number (208) 595-1589
Administrator Julie Pentleton	City JEROME	ZIP Code 83338	Survey Date July 23, 2014
Survey Team Leader Rae Jean McPhillips	Survey Type Initial Licensure and Complaint Investigation		RESPONSE DUE: August 22, 2014
Administrator Signature 	Date Signed 7/23/14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	152.05.b.iii	The facility had bedrails.	8/28/14	Rm
2	009.06.c	One employee record did not contain evidence of an Idaho State Police background check.	8/28/14	Rm
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21				



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>Osano Place</u>		Operator <u>Julie Pendleton</u>	
Address <u>1015 E Ave K</u>		City/State/Zip <u>Jerome ID 83338</u>	
County <u>Jerome</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>High</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>1</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</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	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 <u>N/A</u>	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 <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"/>
	Consumer Advisory		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<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"/>
	Chemical		
<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"/>
	Conformance with Approved Procedures		
<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>sweet potatoes -</u>	<u>145</u>	<u>Pack Roast - work</u>	<u>182</u>	<u>Fruit salad - fridge</u>	<u>41</u>	<u>stew - fridge</u>	<u>45</u>
<u>worktop</u>		<u>pot</u>		<u>soup - fridge</u>	<u>47</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>[Signature]</u> (Print)	Title	Date <u>7/23/14</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inspector (Signature) <u>[Signature]</u> (Print)	Date <u>7/23/14</u>		



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

Page 2 of 2
Date 7/23/14

Establishment Name <u>Lasana Place</u>			Operator <u>Julie Penolator</u>
Address <u>1015 E. Ave K</u>			
County <u>Jerome</u>	Estab #	EHS/SUR #	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#19 - PH F's stored in Fridge #9 temperatures exceeded 41° F.

105 The Food was destroyed and staff were educated on how to properly cool Foods & to monitor temp. The thermostat was also turned down

Person in Charge <u>[Signature]</u>	Date <u>7/23/14</u>	Inspector <u>[Signature]</u>	Date <u>7/23/14</u>
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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 28, 2014

Julie Pendleton, Administrator
Desano Place Village Memory Care
1015 E Avenue K
Jerome, Idaho 83338

Provider ID: RC-995

Ms. Pendleton:

An unannounced, on-site complaint investigation survey was conducted at Desano Place Village Memory Care between July 21, 2014 and July 23, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006262

Allegation #1. The facility restrained residents.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.550 for the use of a Geri-chair, which is considered a restraint. The facility was required to submit a plan of correction within 10 days.

Allegation #2. Staff were verbally and physically abusive to residents.

Findings #2: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #3. Medication aides "pre-poured" medications.

Findings #3: Unsubstantiated. Though the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

Allegation #4. The administrator failed to report allegations of abuse to adult protection.

Findings #4: Unsubstantiated

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Allegation #5. The facility failed to notify Licensing and Certification of reportable incidents.

Findings #5: Unsubstantiated.

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,



RAE JEAN MCPHILLIPS, RN, BSN
Health Facility Surveyor
Residential Assisted Living Facility Program

RM/sc

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