



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

September 3, 2014

David Weigt, Administrator  
Stoney Creek Living Center - JD Healthcare LLC  
3808 North 2538 East  
Twin Falls, Idaho 83301

Provider ID: RC-892

Mr. Weigt:

On July 24, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Stoney Creek Living Center-JD Healthcare 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 Donna Henscheid, SLW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

*Donna Henscheid, RN*  
for

DONNA HENSCHIED, LSW  
Team Leader  
Health Facility Surveyor

DH/sc

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



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August 5, 2014

David Weigt, Administrator  
Stoney Creek Living Center - JD Healthcare LLC  
3808 North 2538 East  
Twin Falls, Idaho 83301

Provider ID: RC-892

Mr. Weigt:

A state licensure/follow-up survey and complaint investigation were conducted at Stoney Creek Living Center - JD Healthcare LLC between July 22, 2014 and July 24, 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 24, 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,

DONNA HENSCHIED, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R892</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STONEY CREEK LIVING CENTER - JD HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3808 NORTH 2538 EAST TWIN FALLS, ID 83301</b>
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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
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 and complaint survey conducted on 07/22/2014 through 07/24/2014 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		

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

TITLE

(X6) DATE





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>Shady Creek</u>	Operator <u>DAVID Weigt</u>
Address <u>3800 N 2538 E</u>	<u>TWIN FALLS</u>
County <u>TWIN FALLS</u>	Estab # <u></u>
EHS/SUR.# <u></u>	Inspection time: <u></u>
Inspection Type: <u>High</u>	Risk Category: <u>High</u>
Follow-Up Report: OR Date: <u>N/A</u>	On-Site Follow-Up: Date: <u>N/A</u>

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 <u>0</u>	# of Repeat Violations <u>0</u>
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 Employee Health (2-201)	<input type="checkbox"/>	<input type="checkbox"/>
<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>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"/>
<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 / re-service 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>Wk McKel P.H. Pic</u>	<u>150°</u>						
<u>Ham 3/11/14</u>	<u>40</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>Steve Benoit</u> (Print) <u>Steve Benoit</u> Title <u>Manager</u> Date <u>7-24-14</u>
Inspector (Signature) <u>Mark</u> (Print) <u>Mark House</u> Date <u>7/23/14</u> Follow-up: (Circle One) <u>No</u>



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August 5, 2014

David Weigt, Administrator  
Stoney Creek Living Center - JD Healthcare LLC  
3808 North 2538 East  
Twin Falls, Idaho 83301

Provider ID: RC-892

Mr. Weigt:

An unannounced, on-site complaint investigation survey was conducted at Stoney Creek Living Center - JD Healthcare LLC between July 22, 2014 and July 24, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006403**

**Allegation #1:** The facility nurse did not assess residents after they had a change of condition.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the facility nurse not documenting an assessment was conducted after a resident fell and received a skin tear. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The facility did not investigate all accidents and incidents.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.02 for not documenting that investigations were conducted of all accidents and incidents. The facility was required to submit evidence of resolution within 30 days.

**Allegation #3:** The facility made residents do chores around the facility.

**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 administrator was not on-site sufficiently to provide supervision to staff.

David Weigt, Administrator

August 5, 2014

Page 2 of 2

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not providing supervision to all personnel. The facility was required to submit evidence of resolution within 30 days.

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,



DONNA HENSCHIED, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/sc

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



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August 5, 2014

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3808 North 2538 East  
Twin Falls, Idaho 83301

Provider ID: RC-892

Mr. Weigt:

An unannounced, on-site complaint investigation survey was conducted at Stoney Creek Living Center - JD Healthcare LLC between July 22, 2014 and July 24, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006487**

**Allegation #1:** The administrator was not at the facility sufficiently to provide supervision.

**Findings:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for the administrator not providing adequate supervision to personnel. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** The staff were not appropriately trained to respond to emergencies.

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

**Allegation #3:** There was not sufficient staff scheduled to meet the residents' needs.

**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 facility RN did not assess residents' changes in condition.

David Weigt, Administrator

August 5, 2014

Page 2 of 2

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the facility nurse not documenting when she had assessed residents' changes of condition. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility was not maintained in a clean and orderly manner.

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

Allegation #6: The facility did not provide activities.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.151.02 for not implementing their policy to provide activity opportunities. The facility was required to submit evidence of resolution within 30 days.

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,



DONNA HENSCHIED, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/sc

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