



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 15, 2013

Tom Pfliger, Administrator
Edgewood Spring Creek Overland LLC
10139 W Overland Road
Boise, ID 83709

Dear Mr. Pfliger:

Congratulations to both you and your staff on your recent licensure survey and complaint investigation which was conducted at Edgewood Spring Creek Overland LLC on August 1, 2013. No deficiencies were cited during the survey which qualifies you for a *Gold Excellence in Care Award*.

With this award, you have joined the exclusive ranks of just a handful of Idaho Residential Care Assisted Living Facilities that meet this exceptional standard of care. Thank you for you and your staff's dedication to providing excellent care and ensuring the residents you serve receive superior services and live in a clean, safe and home-like environment.

Again, congratulations to you and your staff on this tremendous achievement.

Sincerely,

The Residential Assisted Living Facility Survey Team

/tfp

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2013
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK OVERLAND LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 10139 WEST OVERLAND ROAD BOISE, ID 83709
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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 deficiencies were cited during the licensure/follow-up and complaint investigation survey conducted between July 30, 2013 and August 1, 2012 at your facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		

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



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>Eddoway Spring Creek Overland</u>			Operator <u>Tom Pfliger</u>		
Address <u>16139 W Overland Rd</u>					
County	Estab #	EHS/SUR.#	Inspection time: <u>11:00 AM</u>	Travel time:	
Inspection Type: <u>Standard</u>		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>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>X</u> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)			
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
<u>X</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</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>X</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<u>X</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>X</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>X</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>X</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>X</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>X</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</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>X</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>X</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/O = not observed
 COS = Corrected on-site
 N = no, not in compliance
 N/A = not applicable
 R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Chicken</u>	<u>165</u>	<u>Veggies</u>	<u>185</u>	<u>Onions-sauce</u>	<u>160</u>	<u>Chicken Noodle Soup</u>	<u>185</u>
<u>Noodles</u>	<u>190</u>	<u>rice</u>	<u>165</u>	<u>Cottage cheese</u>	<u>36</u>		

GOOD RETAIL PRACTICES (input 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/rodent/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. Surfs 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>Thomas Pfliger</u>	(Print) <u>Thomas Pfliger</u>	Title <u>Executive Director</u>	Date <u>8/1/13</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Michael Corey</u>	Date <u>8-1-13</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>



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August 15, 2013

Tom Pfliger, Administrator
Edgewood Spring Creek Overland LLC
10139 W. Overland Road
Boise, ID 83709

Dear Mr. Pfliger:

An unannounced, on-site complaint investigation survey was conducted at Edgewood Spring Creek Overland LLC between July 30 and August 1, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005749

Allegation #1: The facility did not employ sufficient staff to meet the needs of the residents.

Findings #1: Between 7/30 and 7/31/13, twenty-two residents were interviewed. All of the residents stated there were enough staff to meet their needs. Additionally, the residents stated staff were responsive and always answered their call lights in a timely manner.

Between 7/30 and 7/31/13, three family members and an outside provider were interviewed. They stated there was adequate staffing and their loved ones' needs were being met.

Between 7/30 and 7/31/13, eight staff members were interviewed. They all stated they were able to meet residents' care needs in a timely manner with the current staffing pattern.

On 7/30/13 at 9:15 AM, the administrator and nurse stated initially the staffing pattern was two caregivers on each shift, then short shifts were added in the AM and PM, so staff overlapped. They further stated, depending on the time of day/night, there were between two staff to five staff on at a given time to accommodate busy time periods.

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

Allegation #2: Staff did not receive proper training before working independently.

Findings #2: Between 7/30 and 7/31/13, eight staff members were interviewed. They all stated that they had received proper training prior to working alone. Additionally, the staff stated there were always other staff available to answer questions if they needed assistance with an issue.

Between 7/30 and 7/31/13, twenty-two residents were interviewed. The residents stated staff were knowledgeable and met their needs appropriately.

On 7/31/13, seven employee records were reviewed. All seven employees had at least 16 hours of documented orientation training, prior to working independently.

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

Allegation #3: The kitchen/dining room floors were not kept clean, which resulted in ants in the kitchen.

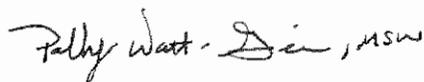
Findings #3: Between 7/30 and 7/31/13, the facility's floors in the dining room and kitchen were observed to be clean without food particles. Additionally, no ants were observed in the facility.

On 7/30/13 at 11:18 AM, the administrator and maintenance person stated that they had an exterminator visit quarterly to spray for ants, spiders and other insects. The maintenance person stated if ants were noticed in between the quarterly sprays, he had spray available and would treat the areas where ants would show up.

Unsubstantiated. The floors were observed to be clean and the facility had an appropriate insect prevention program in place if ants were to begin entering the building.

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,



Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/ftp

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