



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

November 15, 2013

Michelle Bingham, Administrator  
Meadows Assisted Living Center  
16 Airport Road  
Salmon, ID 83467

License #: Rc-1002

Dear Ms. Bingham:

On August 7, 2013, a State Licensure survey was conducted at Jmb Services Inc. Dba Meadows Assisted Living Center. 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, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Donna Henscheid, LSW  
Team Leader  
Health Facility Surveyor

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



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

Michelle Bingham, Administrator  
Meadows Assisted Living Center  
16 Airport Road  
Salmon, ID 83467

Dear Ms. Bingham:

A State Licensure survey was conducted at Meadows Assisted Living Center between August 6 and August 7, 2013. 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 **August 7, 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.

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 Henscheid  
Health Facility Surveyor  
Residential Assisted Living Facility Program

DH/TFP

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R1002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2013</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MEADOWS ASSISTED LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>16 AIRPORT ROAD SALMON, ID 83467</b>
---	--

(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><b>Initial Comments</b></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 survey conducted on 8/6/13 through 8/7/13 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		

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



Facility	License #	Physical Address	Phone Number
Meadows Assisted Living Center	RC-1002	16 Airport Road	(208) 756-1043
Administrator	City	ZIP Code	Survey Date
Michelle Bingham	Salmon	83467	8/7/13
Survey Team Leader	Survey Type	RESPONSE DUE	
Donna Henscheid	Licensure and Follow-up	January 30, 1900	

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	220.02	The admission agreement did not provide a clear reflection of the facility's charges. The admission agreements were not signed by all involved parties.	9/19/13	DM
2	220.04	The admission agreement did not identify staffing patterns and the qualifications of the staff on duty.	9/19/13	DM
3	220.16	The admission agreement did not include information regarding contesting charges and contacting the Ombudsman.	9/19/13	DM
4	220.17	The admission agreement did not include information regarding what happens when a resident transitions to public funds.	9/19/13	DM
5	225.01	Resident #1's behaviors were not evaluated to determine if the resident would benefit from a behavior management program.	9/5/13	DM
6	250.14	The facility accepted and retained residents who had cognitive impairments. However, they did not provide an interior environment and exterior yard which is secure and safe.	11/15/13	DM
7	260.01.b	The facility did not have documentation that water samples were annually tested.	COS 8/7/13	DM
8	300.01	The facility nurse did not document the required 90 day nursing assessments for Residents #1, #2 and #3. Further, the facility nurse did not document an assessment <sup>was completed</sup> as completed when Residents #3 and #4 had changes of condition.	9/5/13	DM
9	305.02	Physician's orders did not match the information on the blister packs and the MAR for Resident #2 and #4. Not all medications were available as ordered for Residents #2 and #4. Resident #4 missed three doses of a medication when the medication was available. **Previously cited on 9/19/11**	9/5/13	DM
10	305.06	The facility nurse did not conduct an assessment to determine if residents could self-administer medications safely.	9/5/13	DM
11	310.01	The facility maintained over-the-counter medications in bulk containers.	9/18/13	DM
12	310.01.a	Not all medications were kept in a locked area or secured manner.	9/5/13	DM
13	310.03	Controlled substances were not accurately tracked.	9/18/13	DM
14	320.08	Resident #2's and #3's NSA were not reviewed when there was a change of condition. Nor were they reviewed at least every 12 months.	9/5/13	DM
15	350.02	The administrator did not complete an investigation of all incidents and accidents.	9/18/13	DM

Administrator's  
Signature:

*Michelle Bingham*

Date:

8/7/13



Facility Meadows Assisted Living Center	License # RC-1002	Physical Address 16 Airport Road	Phone Number (208) 756-1043
Administrator Michelle Bingham	City Salmon	ZIP Code 83467	Survey Date 8/7/13
Survey Team Leader Donna Henscheid	Survey Type Licensure and Follow-up	RESPONSE DUE January 30, 1900	

**NON-CORE ISSUES** 9/16/13

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
16	550.01	The facility did not have written acknowledgement that residents had received copies of their rights.	9/5/13	DB
17	600.01	The facility did not have up and awake staff, but had residents with night needs.	9/10/13	DB
18	625.03.1	Four of six staff did not have infection control training.	9/10/13	DB
19	630.01	Two of six staff did not have dementia training	9/10/13	DB
20	630.02	Six of six staff did not have mental illness training.	9/10/13	DB
21	711.08.e	Care notes did not include notification of the nurse when residents experienced a change of condition	9/10/13	DB
22	711.11	There was no documentation to explain why medications were not given.	9/10/13	DB
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				

Administrator's  
Signature:

*Michelle Bingham*

Date:

8/7/13



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 <i>Medicaid Assisted Living</i>		Operator <i>Michelle Bingham</i>	
Address <i>16 Airport Rd, Salmon</i>			
County <i>Lemhi</i>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <i>High</i>	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"/>
	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 / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> <u>N</u>	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> <u>N</u> <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input checked="" 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
<i>Potato Salad - refrigerator</i>	<i>36.6°</i>	<i>macaroni + cheese in oven</i>	<i>165°</i>				

### 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) <i>Michelle Bingham</i> (Print) <i>Michelle Bingham</i> Title <i>Admin</i> Date <i>8/7/13</i>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <i>Dominic Henschel</i> (Print) <i>Dominic Henschel</i> Date <i>8/7/13</i>	



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

Page 2 of 2  
Date 8/7/13

Establishment Name <i>Meadows Assisted Living</i>		Operator <i>Michelle Bingham</i>	
Address <i>16 Airport Rd, Salmon</i>			
County <i>Lammi</i>	Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

20. The facility stored personal food items in the refrigerator which was not date-marked or disposed of according to COS. The administrator removed out-dated items and will ensure all food is date-marked.

Person in Charge <i>Michelle Bingham</i>	Date <i>8/7/13</i>	Inspector <i>Donna Hendrix</i>	Date <i>8/7/13</i>
---	-----------------------	-----------------------------------	-----------------------