



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

September 17, 2013

Alina Pica, Administrator  
Amerihome Assisted Living  
1140 South Powerline Road  
Nampa, ID 83686

License #: RC-850

Dear Ms. Pica:

On August 14, 2013, a State Licensure survey was conducted at Amerihome Assisted Living. 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 Rae Jean McPhillips, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rae Jean McPhillips, RN, BSN  
Team Leader  
Health Facility Surveyor

RJM/ftp

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



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August 15, 2013

Alina Pica, Administrator  
Amerihome Assisted Living  
819 Powerline Road  
Nampa, ID 83686

Dear Ms. Pica:

A State Licensure survey was conducted at Amerihome Assisted Living between August 13 and August 14, 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 14, 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,

Rae Jean McPhillips, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RJM/TFP

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R850</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AMERIHOMES ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>819 POWERLINE ROAD NAMPA, ID 83686</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
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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 and follow-up survey conducted August 13, 2013 through August 14, 2013 at your facility. The surveyors conducting the survey were:</p> <p>Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Facility AMERIHOM ASSISTED LIVING	License # RC-850	Physical Address 819 South Powerline Road	Phone Number (208) 284-0961
Administrator Alina Pica	City Nampa	ZIP Code 83686	Survey Date August 13, 2013
Survey Team Leader Rae Jean McPhillips	Survey Type Licensure and Follow-up	RESPONSE DUE: September 12, 2013	
Administrator Signature 	Date Signed 8/14/13		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	219.01	There was no documentation the facility assessed a resident to ensure he was appropriate for assisted living prior to admission.	9/17/13	RM
2	305.06.a	The facility nurse did not assess a resident to determine if he was capable of self-administration of his insulin.	9/17/13	RM
3	310.01a	Insulin was not stored in a locked area.	9/17/13	RM
4	310.01.c	A temperature log was not maintained on a refrigerator that stored medication.	9/17/13	RM
5	310.04.e	There was no documentation residents' physicians were provided with behavioral updates.	9/17/13	RM
6	320.08	Resident #1's NSA was not updated yearly. COS 8/14/13	9/17/13	RM
7	335.03	The facility did not follow proper infection control techniques when: 1) they did not provide paper towels in the kitchen and bathrooms, 2) an employee was observed to have barehand contact with ready to eat food and residents' medications and 3) an employee did not wear an apron in the kitchen after cleaning residents' rooms and bathrooms.	8/14/13	
8	451.01.d	The facility did not follow the approved menu and did not document substitutions.	9/17/13	RM
9	625.01	One of four employee records did not have documentation of orientation.	9/17/13	RM
10	630.02	One of four employee records did not have documentation of specialized training in mental illness.	9/17/13	RM
11	630.03	One of four employee records did not have documentation of specialized training in developmental disabilities.	9/17/13	RM
12	640.01	One of four employee records did not have documentation of 8 hours of continuing education.	9/17/13	RM
13	711.07	Resident #1 & #3's records did not contain plans of care from outside agencies. COS 8/14/13	8/14/13	RM
14	711.08.e	There was no documentation the facility RN was notified when residents had changes in their condition.	9/19/13	RM
15	711.08.f	Resident #1 & #3's records did not contain care notes from outside agencies.	9/19/13	RM
16	730.01.h	One of two employee records did not contain delegation from the current RN.	9/19/13	RM
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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>Amberhome Assisted Living</u>		Operator: <u>Alina Pica</u>	
Address: <u>719 Powerline Rd</u>		City: <u>Nampa 83676</u>	
County: <u>Blaine</u>	Estab #:	EHS/SUR#:	Travel time:
Inspection Type:	Risk Category: <u>High</u>	Follow-Up Report: OR	On-Site Follow-Up:
Date:		Date:	

# of Risk Factor Violations: <u>2</u>	# of Retail Practice Violations: _____
# of Repeat Violations: <u>1</u>	# of Repeat Violations: _____
Score: <u>2</u>	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.

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

**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	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	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
Chicken Fridge	41	upst / fridge	41				
Chickens rest / fridge	41						

**GOOD RETAIL PRACTICES (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. Insect/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. 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) <u>ALINA PICA</u>	Title <u>Admin</u>	Date <u>8/14/13</u>
Inspector (Signature): <u>[Signature]</u>	(Print) <u>Colvin Kelly</u>	Date <u>8/14/13</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Residential Assisted Living Facility Program, Medicaid L & C, 3232 W. Elder Street, Boise, Idaho 83705 208-334-6626

Page 2 of 2 Date 8/14/13

Establishment Name <i>American Assisted Living</i>		Operator <i>Alma Plick</i>
Address		
County Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#6 - Staff were observed using bare hands on ready to eat food.  
 - Staff were educated on the use of gloves with ready to eat food -  
 \*This is a repeat violation - Please review the food handlers book and also look at the educational module on the Assisted Living website module to "Food Safety in Assisted Living" You can review this at [www.assistedliving.idaho.gov](http://www.assistedliving.idaho.gov) Please send in evidence of resolution in 10 days - DUE ON 8/24/13

#11 - Eggs were stored above ready to eat food - (NS)  
 - Staff were educated on storing eggs and meats above ready to eat food.

Person in Charge <i>Alma</i>	Date	Inspector <i>[Signature]</i>	Date 8-14-13
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